

**DERBYSHIRE COUNTY COUNCIL**

**CABINET**

**6 NOVEMBER 2012**

**REPORT OF THE STRATEGIC DIRECTOR – ADULT CARE**

**RESPONSES TO THE CONSULTATION ON PROPOSED CLOSURE OF  
DERWENT HOUSE HOME FOR OLDER PEOPLE**

**ADULT CARE**

**1. Purpose of the Report**

To inform Cabinet of the responses to the consultation on the proposed closure of Derwent House Home for Older People in Chesterfield and to inform Cabinet about the Equality Impact Assessment carried out on the proposal.

To seek the approval of Cabinet to proceed with the closure of the home to allow the development of the site as extra care accommodation, subject to planning permission being granted.

Officers appreciate that there are a number of decisions regarding the closure of council run care homes that Cabinet is being asked to make within a short period of time. These decisions are being made pursuant to the overarching strategy for accommodation, care and support for older people in Derbyshire. It is acknowledged that this report contains similar information to other reports regarding the closure of homes. It is important for Cabinet Members to consider each report on its own merits and take into account the individual set of circumstances relating to each home and its individual residents before making any decision about its future.

**2. Information and Analysis**

A report was presented to Cabinet on February 20<sup>th</sup> 2012 which set out

a revised plan for implementing a strategy for accommodation, care and support for older people in Derbyshire. The development of the proposals was carried out after a Stage 1 consultation in 2009-10.

These proposals centred on a £200m investment in specialist community care centres and extra care schemes. One of the key features of the plan involves consolidation of specialist services for complex needs including dementia into a reduced number of specialist community care centres, giving optimal possible coverage across the county.

The report proposed Derwent House Home for Older People as the preferred site for the development of an additional extra care scheme for the Chesterfield area. An extra care scheme on this site would be in addition to the proposed schemes in Chesterfield at both Foolow Court and at the former Ashbrook Day Centre in Ashgate. The total capacity of these schemes would offer sufficient access to extra care for the local population. Finally, Harehill Court, owned by Chesterfield Churches Association has many of the characteristics associated with an extra care scheme and gives further choice to local people.

Cabinet agreed that the future of each home potentially affected by these proposals over the five year duration of the implementation of the plan should be decided at an appropriate time on an individual basis by Cabinet after Stage 2 of the consultation process. This decision would be made after a detailed consultation process and the completion of an Equality Impact Analysis. The priorities for Stage 2 consultations are homes for older people where the sites would be suitable for development. The consultation on the future of the remaining homes for older people will be undertaken at a later date.

Derwent House Home for Older People in Chesterfield has been identified as having the potential for development as an extra care scheme. It is a purpose-built unit which was built in the mid-60s for 50 residents. It now offers 40 permanent and short-term beds as well as some day-care. Currently it has 31 residents.

Consultation on the proposed closure of Derwent House Home for Older People ran for a 12 week period between May 25th to August 17th 2012. Detailed consultation has taken place with the residents of Derwent House Home 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 are set down in Appendix 4.

## Summary of Consultation

The consultation can best be summarised as follows:

- Staff, some residents, family carers and friends broadly accept that Derwent House Home for Older People is not wholly conducive to providing a high quality physical environment. Many believed that more could be done to improve the physical environment of the home.
- There was an acceptance from the majority of participants that the Council has to plan ahead for the needs of the local population.
- There was an acceptance from many participants that extra care scheme will be a significant future benefit to local people.
- Very strong 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.
- Many family carers expressed their concerns about the possibility of residents moving from the immediate locality.
- Many family carers were clear that they had particularly welcomed their relatives living in a Council run residential home because of the quality of support offered by managers in the home and overall adherence to standards. Strong views were expressed that this quality was not so readily found in all other care settings.
- Many family carers were concerned as to how a process of moving homes for their relatives would be handled and were worried that the burden of making arrangements would fall on them or, alternatively, that their relatives would be placed in a home with little choice over the arrangements made.
- All family carers were concerned that their relatives were paying a high price for the Council creating a better facility as these

residents would have the upset of a move but potentially would not benefit from the new facilities an extra care scheme will offer.

- There is very little support from current residents or their representatives for the proposal to close the home at this time.

Based on experience within Derbyshire from other consultations, 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 were 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. This would be coordinated by a case worker but with input from the resident, family carer and staff at Derwent House Home for Older People. 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 mitigate many of the concerns particularly expressed by residents and family carers about the potential impact of a move on vulnerable older people. The consultation process has been thorough and gathered the views of many with a keen interest in the future of the home and its residents. It is the view of officers that the proposed development of the site is in the long-term interests of older people in the area and indeed that was acknowledged by many respondents. It is, however, fully accepted that the proposal would result in significant disruption to the lives of the current residents and that managing this change would require considerable careful planning in line with the pledges made. Maintaining contact with relatives and friends would need to be fully explored as part of the process of choosing a new home and staff will work with relatives and close friends of the residents to minimise the potential impact if a new care home were chosen which was not readily accessible by car or public transport. Given that Chesterfield is served by good public transport it is anticipated that in the majority of cases ease of access to a new care home will not be problematic.

It should be noted that continuity of staffing for individual residents will not be achieved unless residents move to another Derbyshire County Council Home for Older People to which staff currently employed at Derwent House Home for Older People have been redeployed. The nearest Council care homes are shown on the map of local care home provision. If residents were to move to a home where some staff from Derwent House Home for Older People were redeployed this would enable continuity but this cannot be guaranteed. The nearest Derbyshire County Council homes in terms of miles travelled are as follows:

Red House – 1.3 miles

The Spinney – 2.3 miles

Staveley Centre – 5 miles

Within a five mile geographical radius of Derwent House Home for Older People there are twenty-six care homes and at any one time there will be vacancies in a number of these, although this number will fluctuate on a daily basis depending on demand and vacancies being made available.

Given that a six month period has been identified for the closure of the home if the proposal is agreed by Cabinet, it is reasonable to assume that a significant number of alternative options will be available for residents to choose from. Based on individual assessments it may be that some residents will choose to move outside the immediate locality to be closer to relatives or friends.

Given that many of the residents at Derwent House have varying degrees of dementia, one of the main choices in finding an appropriate home will be the quality of care for that particular condition. Homes may choose within their statement of purpose to register with CQC a specialism in caring for people with dementia. In addition to the Staveley Centre nine homes within a five mile radius of Derwent House are registered with a specialism in dementia. The Staveley Centre offers purpose built accommodation specialising in the care of people with dementia and is the first specialist community care centre built under the Council's Accommodation, Care and Support strategy.

A map showing the location of care homes which are within a five mile radius of Derwent House, is included as Appendix 7.

In each instance where a resident moves out of the immediate area Adult Care will explore all means to help ensure that visiting and friendship patterns are maintained. It is anticipated though that given the proximity of several care homes to Derwent House, then many residents may choose to stay within the immediate locality. Adult Care firmly believes that it is in the interests of residents to maintain these links and will 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 some instances this may mean that social workers will also need to explore options such as the Chesterfield Social Car Scheme if the new home is not accessible on a bus route. In a small number of cases Adult Care may need to assist financially to prevent hardship.

Many involved in the consultation process were concerned at the trauma which can be associated with a move and how far this may impact on the health and well-being of residents.

There can be no doubt that a major change such as moving care home can be stressful and impact on a resident's health and well-being but this can be mitigated by the preparation for the move being carefully and sensitively planned by social care staff (both social workers and staff in Derwent House), relatives and friends as well as staff in the home to which the current residents of Derwent House Home for Older People move. The pledges set out the broad approach to how the assessment process will be addressed and this is supplemented by the Major Change Guidance which is included as Appendix 6. The Major Change Guidance also covers the management of risk so that not only are the needs, wishes and aspirations of residents thoroughly considered but also risks inherent in the move are given close attention and comprehensively addressed.

Research studies have been carried out on the impact on the individual resident of moving residential homes because of a closure. Considered as a whole, the results are inconclusive. Some demonstrate an increase in deaths after a move but others do not share the same findings. Some research has shown that good planning will mitigate the potential risk of a move. 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 Guidance (Appendix 6).

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 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 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.

No one will be moved if the risk assessment concludes that the risk of serious injury or mortality cannot be achieved at minimal levels.

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 able to be fast-tracked through the Adult Care complaints process if they are not satisfied if the support they are receiving at any stage in the process.

Derwent House site remains the most suitable option within the locality for an extra care scheme subject to further site investigations and planning permission being granted. The other potential options for a proposed extra care scheme in Chesterfield in addition to the current schemes in place or under development were as follows

- Site of former Newbold Secondary School: Chesterfield Borough Council owns the freehold on this site. The Council's priority for the Accommodation, Care and Support strategy is to use its own land for extra care schemes wherever possible to reduce risks to delivering the programme.
- Red House Home for Older People: the site is too small with shared use of the grounds. In addition, access to the site is limited.

In addition, during the consultation process, two other sites were mentioned by relatives of residents:

- Saltergate – this land was formerly the site of Chesterfield Town Football Club and is now being developed for housing.
- Parkside – this site is currently in use as sheltered housing and is owned by Chesterfield Borough Council. The site is too small to provide extra care housing on the scale required.

### **3. Financial Considerations**

Consultation on the proposed closure of Derwent House home for older people was embarked upon following approval by Cabinet on the 20 February 2012 of the 'Revised Plan to Deliver the Strategy for Accommodation, Care and Support for Older People in Derbyshire'. The report contained detailed financial appendices on the implications of the new strategy. Derwent House was identified as an immediate priority for

Stage 2 consultation and would, if closed, release funding for the revenue model currently being proposed for Phase 1 of the Implementation Plan – the delivery of 3 specialist community care centres (Swadlincote, Chesterfield and Darley Dale) and the 3 Extra Care schemes at Foolow Court (Chesterfield), Cressy Fields (Alfreton) and Clay Cross.

The costs of decommissioning Derwent House Home for Older People would be met from the funding previously agreed for the Capital Plan for 2012-13. The report to Cabinet, 'Prudential Code for Capital Finance Approvals & Treasury Management Strategy' was approved on 24th January 2012 which included the costs of the Accommodation, Care and Support strategy at £42.3 million.

Should Cabinet conclude that Derwent House Home for Older People will not close there will be costs associated with keeping it open. These costs will vary according to the future plan for the home and an up to date option appraisal of costs would be needed. Costs could include investment to ensure the home continues to meet health and safety standards, increased investment to ensure the home's fabric is upgraded to meet modern standards or substantial investment to completely refurbish the home. The last option would also result in a significant loss of residential capacity which would compromise the viability of Derwent House as a traditional residential care home.

The following 3 options illustrate the potential costs involved if Derwent House Home for Older People were to remain open:

1. Maintain open with minimal change. This would ensure essential improvement costs and the backlog of maintenance costs are met as well as addressing costs associated with the Equality Act. Estimated costs for this are £703,000
2. An improved level of refurbishment – estimated costs could vary from £703,000 up to £2,249,600 depending on the level of work undertaken. This would retain the current number of beds but would not meet the standards the Council now aspires to in terms of dignity and respect
3. Complete refurbishment up to an optimum standard – in the Cabinet report of August 24<sup>th</sup> 2010, this was estimated to be £2,812,000. This would result in a reduced number of beds to ensure that residents received increased levels of dignity and respect and therefore would result in less income for the council.



Should Derwent House Home for Older People remain open, the Council would not receive a Capital Receipt for the land value and would in addition have to find on-going revenue costs for the establishment. The budget for the home for 2012-13 is £760,079.

Should Cabinet agree to the proposal of closing Derwent House Home for Older People, then some additional costs would 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. The additional costs, based on current total occupancy would be up to £76,960 per annum based on average top up fees paid across the County. This top up fee will 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 Derwent House Home for Older People this would affect 34 employees who would be placed at risk of redundancy. Every effort would be made, however, to identify suitable alternative employment through the Council's redeployment procedure.

If a decision is made to close the home a period of formal consultation would commence with staff and trade unions representing staff currently employed at Derwent House Home for Older People.

#### **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 National Assistance Act 1948 and subsequent community care and equalities legislation.

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 re-assignment, 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 3, 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 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. Equal Opportunities Considerations**

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 5.

The Equality Impact Analysis, together with the Summary of Consultation highlights the concerns of the current residents 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 strongly mitigate the potential adverse effects through the thorough implementation of the Major Change Guidance. This will involve carrying out a detailed assessment of residents, with the full involvement of family carers and friends as well as staff at Derwent House Home for Older People, 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.

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 Joint Strategic Needs Assessment data. Its conclusion is that there are no factors which may result in discrimination against groups of people with protected characteristics but that the Council must adhere to the pledges it has made to residents as well as its Major Change Guidance to ensure that the impact of a move is mitigated as far as possible by careful planning.

In considering the closure of Derwent House Home for Older People, the potential for an adverse impact on individual residents must be balanced against the overall benefits that that implementation of the Accommodation, Care and Support strategy will have for the wider community. A further extra care scheme in Chesterfield will enable many older people to live independently for longer with a wide range of support to hand in purpose-built accommodation built to a high standard.

Cabinet must carefully consider the findings of this analysis as well as the consultation report (Appendix 4) 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.

## **7. Property Considerations**

If Cabinet approves the change of use of the site proposed in this report, draft designs for the proposed Extra Care Scheme will be developed with the Bidder currently in the SSD 1203 extra care procurement. These would still be subject to planning determination and approval being given by Chesterfield Borough Council Planning Department. As the procurement progresses the planning submission would be made by the Preferred Bidder, supported by Derbyshire County Council as their partner.

It is anticipated that a planning application will be submitted in 2014 with a view to the scheme being delivered in 2015. The detailed planning application approval process will include opportunity for feedback from local individuals as well as from statutory consultees, such as the local parish council and DCC highways department.

An early decision on the proposed closure of Derwent House is sought because the building and physical environment is in a poor state. The Care Quality Commission's last grading on the physical environment was only a one star. At the time the star rating was still used by the Care Quality Commission the range was from no stars to a maximum of 3.

## **8. Background Papers**

Cabinet report dated 03.08.10 'Consultation in Relation to Developments in Residential and Community Care Services for Older People'.

Cabinet report dated 20.02.12 'Revised Plan to Deliver the Strategy for Accommodation, Care and Support for Older People in Derbyshire'.

Appendix 1 – Consultation leaflet.

Appendix 2 – Pledges for Residents.

Appendix 3 - Using the Equality Duties to Make Fair Financial Decisions' (*recently updated and called 'Making Fair Financial Decisions'*).

Appendix 4 – Summary of Consultation.

Appendix 5 - Equality Impact Analysis.

Appendix 6 – Major Change Guidance

## Appendix 7 – Map of Care Homes Within Five Mile Radius of Derwent House

### **9. Key Decision**

Yes

### **10. OFFICER'S RECOMMENDATIONS**

It is recommended that Cabinet:-

10.1 Give careful consideration to the outcome of the consultation on the future of Derwent House Home for Older People and the Equality Impact Analysis.

10.2 Approve the closure of the Derwent House Home for Older People, to allow the redevelopment of the site, subject to planning permission, as an extra care scheme.

10.3 (a) Subject to 10.2 above, to approve the work with residents and family carers to commence enabling residents to move to new accommodation within the next six months, and

(b) for this work to be carried out in accordance with the pledges made and the Major Change Guidance, and;

10.4 Approve formal consultation with staff and trade unions representing staff at Derwent House Home for Older People.

**Bill Robertson**

**Strategic Director – Adult Care**

**County Hall**

**MATLOCK**

## How To Have Your Say

We're keen to hear what you think about our plans and we're making it easy for you to give us your views.

We'll be holding consultation meetings to explain more about our plans and how they could affect you if you live at Derwent House.

We'll also discuss our plan with you in smaller groups, individually and with your relatives, friends or advocates.

Our consultation starts on Friday 25 May and lasts for 12 weeks.

To give us your views you can:

- **write to** – David Gurney, Group Manager (Performance), Derbyshire County Council, County Hall, Matlock, Derbyshire, DE4 3AG
- **email** – david.gurney@derbyshire.gov.uk
- **phone** – David Gurney on 01629 532209.

For more details about our consultation visit our website at: [www.derbyshire.gov.uk/derwenthouse](http://www.derbyshire.gov.uk/derwenthouse)

**All comments must be received by Friday 17 August 2012.**



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**DERBYSHIRE**  
County Council  
Improving life for local people

## Derbyshire County Council

# Your Care

# Your Future

# Our Priority

**Our plans to develop care, living and support services for older people.**

Proposed closure of Derwent House Home for Older People, Newbold, Chesterfield.

**DERBYSHIRE**  
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Improving life for local people



**At Derbyshire County Council we're committed to providing the best possible care and services for older people. We're delivering some of them already. But we'll need to make changes so we can meet the needs of local people in years to come.**

That's why we're looking to replace many of our residential homes with 1,600 extra care apartments across the county. It means local people will have their own 'front door' and enjoy high quality, independent living with round-the-clock care when it's needed.

It means couples will be able to stay together, be part of the community and not feel isolated. We know that's not what everyone needs so we'll still provide specialist services and some care home places for those who need them.



One of the changes we are proposing is to close Derwent House home for older people.

We want to replace the 40-bed home in Ulverston Road, Newbold, Chesterfield, with up to 50 state-of-the-art one and two-bedroomed extra care apartments for local people on the same site.

If you are a permanent resident at Derwent House you would need to move to other accommodation if the decision is made to close the home. You would also have a guaranteed place in the new extra care development when it is finished if you wanted it.

We are now holding a 12 week consultation to ask for your views on our plan.



## Our Plan

**We are proposing to close Derwent House home for older people.**

In its place we would build up to 50 extra care apartments and community facilities, giving people:

- their own front door so they can live more independently
- the security of 24/7 care on site if or when it is needed
- the opportunity to stay living together as a couple if one person needs more care than the other
- the chance to 'personalise' how and when they receive their care and arrange for other help with things like laundry, shopping and cleaning
- communal areas like activity rooms, residents' lounges and patios or gardens to meet and socialise with other residents
- community facilities like a restaurant, a hairdressing salon and social rooms.



## What happens next...

**When our consultation ends we'll consider your views and take them into account before we make any final decisions. We are likely to make a decision on the future of your home in November 2012.**

If the county council decides to close Derwent House we'd carry out a full assessment of your needs before anything happens. We would talk to you, your relatives, friends or an advocate about the best place for you to live. Normally this process will take around six months.

We promise that you'll continue to get high quality care – as good as or better than you currently receive.

We'd help you to make the best choice for your future care and make sure it happens as smoothly as possible.

**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.

## **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](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 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.

## **Summary of consultation process concerning proposed closure of Derwent House Home for Older People.**

### **Consultation schedule:**

The consultation period lasted from May 25<sup>th</sup> 2012 to August 17<sup>th</sup> 2012. The consultation was advertised through a number of channels.

Leaflets and letters were sent at the start of consultation to:

- Residents, regular respite care and day-care clients and relatives
- Staff at Derwent House
- Chesterfield Borough Council
- County Councillors representing Chesterfield Wards
- Borough Councillors
- Local GP practices which provide a service to residents
- Age UK
- Alzheimers Society
- Chesterfield CVS
- Derbyshire Carers Association
- Derbyshire Older People's Advisory Group
- Derbyshire LinkS
- Chesterfield 50+ forum
- Chief Executive of East Midlands Ambulance Service
- Chief Executive of Derbyshire PCT
- Chief Executive of Chesterfield Royal Hospital NHS Foundation Trust
- Chief Operating Officer of North Derbyshire Clinical Commissioning Group
- Chair of North Derbyshire Clinical Commissioning Group

- Chief Executive of the Care Quality Commission
- Local residential and nursing home owners
- Local operational staff
- Trade Unions

In addition to the above, a press release was circulated and a webpage opened on the Have Your Say section on Derbyshire County Council's website.

Finally, as part of the consultation itself, an information stall was set up for one day at Newbold library which is a local community facility close to Derwent House

**Meetings with Relatives and Residents at Derwent House held on June 15<sup>th</sup> and July 3<sup>rd</sup> 2012 and summary of written submissions subsequently received**

Feedback

Through all the debate and discussion most people recognised the need to plan for the future, but overwhelmingly the residents, relatives and carers were concerned about the impact closure would have. It was very clear that people felt that Derwent House is a very good establishment, offering excellent care and should remain open. It was acknowledged that there may need to be a refurbishment programme and new facilities within the home to ensure the standards are met, but this was felt by the majority of people to be the best option for Derwent House and its residents. The extra care housing projects were seen as something which would be of benefit for the future, but of no benefit whatsoever to the present resident.

*'I don't think there is a problem with the building'* - resident

*'Why knock down and disrupt lives, why not build on a different site'* – relative

*'Newbold Green or Parkside sites could be used'* - relative

*'Spend money on Derwent House and build extra care somewhere else'*- resident

*'If it's not broke, don't fix it'* – resident

*Why was Saltergate allowed to go private? Derbyshire County Council and Chesterfield Borough Council could have built a village i.e. extra care and care centre there?' – relative*



*‘Chesterfield Borough Council should work with Derbyshire County Council on identifying alternative sites like Newbold Green [Newbold Secondary School].  
– relative*

*‘Having spent time for respite care at [...] Derwent House [...] my feelings about [it] is that [it is] overdue for redevelopment’ – written submission from client*

*‘Upgrading the rooms to include private bathrooms is a worthwhile aspiration but for most of the current residents need help to bath so what advantage would that be? As one lady at the meeting said her generation had been brought up with a tin bath in front of the fire and an outside toilet, so to have a sink in the room and a toilet down the hall way was great’ - relative*

## Response

The cost of addressing the maintenance backlog and essential improvement costs is estimated to be £703,000. These costs could rise to £2,812,000 dependent on the degree of further improvements then required to improve the physical environment.

Other options were considered by the Council. Red House Home for Older People’s site was discounted as it is not big enough, access is problematic and the site is also used by another facility.

Chesterfield Borough Council own the freehold on the site formerly occupied by Newbold Secondary School. The Council’s priority for the Accommodation, Care and Support strategy is, however, to use its own land for extra care schemes wherever possible to reduce risks to delivering the programme.

During the consultation alternative sites were raised as possibilities.

- Saltergate – this land was formerly the site of Chesterfield Town Football Club and is now being developed for housing.
- Parkside – this site is currently in use as sheltered housing and is owned by Chesterfield Borough Council. The site is too small to provide extra care housing on the scale required.

## **Relationships**

### Feedback

Concern was expressed that the move would mean that residents would lose contact with friends and staff whom they knew and trusted.

*'Residents know one another; if you move them they won't know anyone' - relative*

*'I felt like the 'new girl' when I first came, it took a long time to make friends but now I don't want to lose them' – resident*

*'Residents have a good relationship with the staff, they trust them and rely on them, and so do we' - relative*

*'It takes time to make friends; it will be hard to lose them' – relative*

*'Can't staff move with them?' - relative*

*'Could they be moved as a pair so they are with someone they know?' – relative*

*'Derwent House has everything I need and the care is excellent' - resident*

### Response

The views expressed by relatives and residents have been carefully considered by officers. The Council is committed to ensuring that if residents have particular friends who they wish to stay together with after a move we will advise on accommodation where this can be facilitated. We would also endeavour to keep residents in contact with one another if they live in different places by facilitating contact arrangements to suit residents and their carers. We have also committed to ensuring that a member of staff from their present care home in addition to their social worker will be able to visit residents to find out how they are settling after the move and check if there is anything else which needs to be done. It is hoped that this approach will help to mitigate the concerns expressed by residents and families.

It may be possible for there to be some continuity of care but this cannot be guaranteed. Continuity of care can only be provided if residents were to move to a Council-run care home to which employees have been re-deployed. The possibility of this occurring will only be clearer once residents are making their choices as to where they wish to move and staff are exercising their options with advice and support from Human Resources. These two processes are likely to be happening in parallel.

## **Upset/distress**

### Feedback

A great deal of concern was raised about the detrimental effects a move would have on residents' health and wellbeing.

*'I have just got settled here - now you want to move me again'* - resident

*'If you move my mum it might kill her'* - relative

*'My dad has been here 10 years, it is his home'* - relative

*'I am worried that if she has to move she will give up and die'* – relative

### Response

The pledges issued to residents and relatives will assist in mitigating the concerns expressed by many residents and relatives. All residents will have an assessment of their individual needs and options for the future will be carefully considered along with them and their family carers.

Each individual resident and their family will have a careful plan about any future move to another place to live. We will work at the pace of the resident to minimise any distress caused by any future move. It is recognised that a move of home can be a traumatic event for a resident and every step will be taken to mitigate this and its impact on the health and well-being of residents. It is acknowledged, however, that while an adverse impact on a resident's health and well-being can be mitigated, it may not be possible to eliminate it completely.

## **Locality:**

### **Feedback:**

Being able to live in the local area was seen as important to both residents and relatives:

*'It is wrong to move people away from their home'* – resident

*'Relatives have to rely on public transport to visit, so it needs to be local'* – relative

*'Local connections are important'* - relative

*'She has been to the same GP surgery for 50 years she is well known locally'*  
- relative

Response:

Part of the process of identifying a suitable alternative home will be to ascertain its accessibility to local community services they currently use as well as accessibility for visitors who will also be provided with advice on getting to and from the new home in the most cost-effective way. Given the number of homes near to Derwent House and the public transport links in Chesterfield, it is anticipated that many moves will result in residents still living close to their current community. It is recognised that we will need to put in place opportunities for family and friends to visit their relatives by individual discussion to meet family needs. Use will be made of befriending services and other local social car schemes to ensure family and friends are able to visit residents in their new homes if it is not located in the immediate vicinity of Derwent House. All residents have been offered the opportunity to return to the newly built accommodation should they wish to do so to return to the area and be supported in extra care accommodation. It is acknowledged such a move may not be appropriate for all residents.

## **Quality of Care**

Feedback:

Everyone praised the quality of care that is provided at Derwent House, and stated that they had confidence in the local authority to provide this good standard of care. There was much anxiety about the possibility of moving into private care homes.

*'I need to know my mother will definitely receive at least the current level of care she has now'* – relative

*'We moved our mother from a private home – it was terrible'* – relative

*'I have been to private homes, they don't reach anywhere near the standard of care at Derwent House'* - relative

*'The building is not important, the atmosphere and caring staff are the most important things that are needed'*- relative

*'Derwent House is an excellent care home with very caring staff; in fact many residents think of it as their home and the staff as part of their family. It is true that the facilities such as on-suite bathrooms are unavailable but*

*as many residents cannot even bath or shower themselves this is not an issue. What is important is that residents receive exemplary care. The question of why close such an excellent resource was asked repeatedly at our consultation meeting' - relative*

*'My mother [...] suffering from dementia used to live in sheltered accommodation with visits from Social Services three time a day. She was also offered day care support but became unable to cope. She was lonely, frightened and very insecure. She went to live in Derwent House and, once settled, she blossomed. She has company, enjoys her food, takes her medication and is looked after by kind people. Anxiety lines disappeared from her face' - relative*

#### Response:

Officers have noted carefully the very positive comments on the quality of care provided at Derwent House. The proposal to close the home does not stem, however, from the Council's concern on the quality of care provided by its staff but for two other reasons. Firstly, the Council believes that the Derwent House site offers the best option for an extra care scheme to serve local people and thereby assist them to live independently for longer in their own community. Secondly, there are significant costs in addressing the quality of the physical environment and bringing these up standard.

Officers have also noted the concerns of relatives about the quality of care in the independent sector. The standards of care provided in these homes are monitored by CQC, who perform the regulatory duties both in the independent sector and in Council homes. In addition to this, staff in the Contracts Section undertake announced visits to care homes to check compliance with the Council's terms and conditions and will follow up with the care home any concerns expressed by operational staff over the care provided to individual relatives. As is the case in any setting offering care services, standards can vary and the perception of quality can be subjective based on individual experiences.

#### Capacity:

##### Feedback:

People were concerned that the plans were weighted towards extra care and not enough residential beds were being planned for people with complex care needs other than dementia. Of immediate concern was the availability of alternative places if the home were to close.

*'This plan represents a huge loss of council capacity to provide care for the oldest and most frail members of the community' - relative*

*'A comparative amount of investment should be going into dementia care. It is as important as extra care' - relative*

*'Where is my mother going to live, has any advanced planning been done to theoretically place existing residents?' - relative*

*'How many places have been earmarked and where?' – relative*

*'As far as we could ascertain, there has been no advanced planning to determine the availability of suitable places. Given that Derwent House is just one of three residential homes earmarked for demolition, and as far as we can tell, the vast majority of the residents will have similar needs, where are all these old people to be homed? What about those in the process of entering into the care system in the near and medium term future? Surely there will be more potential residents than suitable accommodation.'* - relative

Response:

In preparing the Accommodation, Care and Support strategy approved by Cabinet on February 20<sup>th</sup> 2012, close consideration was given to the demographic trends and what services the Council needed to provide in future years. Within the Chesterfield area, the Council has developed the Staveley Centre as a central focus for the delivery of both residential and community-based services for people with dementia. Alongside those services offered by the Council, the independent sector offers a wide range of choice in the area with accommodation offered in 26 care homes within a five mile radius, 9 of whom in addition to the Staveley Centre have included dementia as a specialism in their statement of purpose for the Care Quality Commission. The Contracts Section in Adult Care continues to work with care homes in the independent sector to identify where improvements can be made to enable these homes to extend the range of needs they can meet. Council-owned care homes in Chesterfield will continue to offer the current range of support offered by Derwent House, subject to planned consultation on their future as set out in the Accommodation, Care and Support strategy.

A number of concerns were expressed about immediate capacity in the Chesterfield area to meet the needs of current residents. On August 28<sup>th</sup> 2012, seventeen vacancies were listed in the Chesterfield area. This number fluctuates on a regular basis. While many comments were expressed about where residents may move to if Derwent House were to close, this decision is not one for Adult Care staff to make. Should a decision be made for the home to close, then detailed assessments will be carried out by case workers with individual residents who will then be able to choose the most appropriate care home to move to. There is no fixed date for the home to close and it is

accepted that the speed of moves to a new home will be dictated by residents choosing a home and then by beds being available. This may result in the home being open for longer than six months, which the Council has indicated to be best practice for the timescale between a decision being made on the home's future and the home actually closing.

### **Cost:**

#### **Feedback:**

The cost of new builds versus refurbishment was raised and there was concern expressed about the public/private partnership proposals.

*'Waste of bloody money' - resident*

*'£200m would go a long way to maintain/refurbish existing council accommodation' - relative*

*'If it goes private the cost will go up' – relative*

*'It is untrue to suggest that demolition is the only viable choice, embodied energy in the existing structure and the energy required to manufacture new building materials means retaining existing structure and improving performance is a much better approach from an environmental point of view' – relative*

*'Is the plan to privatise in the future?' - relative*

*'A fair financial decision has to undertake provision for the most vulnerable NOW. Keep the residential homes and use what money is available to build Extra Care centres where they can' - relative*

#### **Response:**

The details of the cost of the entire Accommodation, Care and Support strategy are contained within the Cabinet report of February 20<sup>th</sup> 2012 together with details of the potential optimum refurbishment costs of Derwent House. Cabinet determined that the overall cost of the strategy was affordable and that the strategy is designed to meet the long-term needs of Derbyshire citizens. There are no plans to increase the cost of care on the basis of implementing the strategy. The intention of the strategy is for partnerships to develop between housing providers with Derbyshire, who will provide the core care hours.

**Staff:**

## Feedback:

The future for the staff was of concern to residents and relatives. The consensus of opinion was that the staff groups were excellent and provided care that could not be faulted. People were worried about the impact that closure would have on their employment prospects.

*'How many staff will be made redundant' – relative*

*'You will have to get rid of staff if you are spending so much money' - resident*

*'Staff are brilliant, they all know the residents' - relative*

## Response:

Officers note the very positive comments on the quality of care offered and the concerns that relatives and residents have for the future employment of staff they value highly. If Cabinet were to decide that the home should close detailed consultation will start with staff and trade unions representing staff on employment opportunities. Staff training in independent sector care homes is also monitored by both the Contracts Section in Adult Care and the Care Quality Commission.

**Impact of the strategy on residents:**

## Feedback:

There was a lot of discussion about the function of extra care housing and it was felt that this kind of accommodation would not be suitable for the current residents, therefore the proposal was of no benefit to them and their lives would be disrupted for no gain whatsoever.

*'It seems like residents of Derwent House are the sacrificial lambs'- relative*

*'Extra care is not suitable for residents at Derwent House' – relative*

*'Residents could not look after themselves in a flat – that is why they are here'- relative*

*'My mum is not bothered about 'en suite' she just wants to feel safe and be looked after' – relative*

*'The strategy relies totally on the transfer of their land for the construction of this new type of accommodation leaving no leeway to make any kind of meaningful response for existing residents, you are not offering them*



*the choice to stay where they are’ – relative*

*‘To demolish Derwent House and the other homes and replace them with flats with their own front door with care on site would be a step back for her and other residents and one my mother could not manage’ – relative*

Response:

Officers accept that developing an extra care scheme may be limited benefit to the current residents at Derwent House, many of whom will now have needs which may not be adequately met within an extra care setting. It is the role of the Council however to plan to ensure that the services it provides directly and commissions are in line with changing demographic trends. The consultation carried out with Derbyshire citizens and reported on in the Cabinet paper on August 3<sup>rd</sup> 2010 entitled Consultation in Relation to Developments in Residential and Community Care Services for Older People demonstrated that changing pattern of services to be provided by the Council would be in line with increased aspirations of Derbyshire citizens. These views were echoed by those who attended a drop-in session at Newbold library and which are recorded later in this summary.

## **Process**

Feedback:

There was some scepticism about the consultation process, with some people feeling that decisions might already have been made, and that the local members should have been part of the consultation process.

*‘Shouldn’t cabinet be here for us to put our points to?’ – resident*

*‘Irrespective of what is being said here today DCC is going to go ahead and invest for the future’ - relative*

Response:

Officers responded to this within the consultation meetings themselves to explain the process of decision-making on matters subject to consultation and the basis on which Cabinet would be asked to make a decision on the future of the home. Officers explained that they would be required to present to Cabinet a full and detailed summary of the comments from all those who respond within the consultation process.

## Comments from Interviews Undertaken by an Independent Person

Six residents at Derwent House had no relative who could assist, if required, in presenting their views in the consultation process. As a result, an Independent Person visited these residents with the specific remit of obtaining their views and submitting these as part of the consultation process. Of these six residents, three have capacity in terms of decision-making and three do not. It is important to stress that the role of the Independent Person is not to assess the capabilities of the individual residents or how feasible their opinions are as to where should live in future but to ensure that their views are available for the consultation. The following extracts from the Independent Person's report demonstrates the range of views expressed in the interviews that were undertaken:

*Resident A liked being at Derwent House stating that "staff and people were friendly". For him living in Newbold was important as he was brought up in the area, and had always lived locally. He said "I still have friends nearby and don't want to lose contact with them". For him the closure of Derwent would be "a bad thing". However, he did state that he would be interested in returning to one of the new 'extra care' apartments if this was possible in the future.*

*Resident B has a degree of awareness but was not very communicative and has some problems with retaining information. However, he was quite forthright in his view that it would be "all right" if Derwent House closed down even though he got on well with staff. He was clear that he was not worried about moving.*

*Resident C is very much minded to live independently anyway so he was not worried about the possible closure of Derwent House. He seems to find residential care restrictive and feels he could live alone with support. He stated that "he didn't mind moving and could adapt to anybody" but would like to be considered for one of the new apartments if and when they were built.*

*Resident D has very limited comprehension and therefore was difficult to engage with about the possible closure of Derwent House. She has been a resident at Derwent for a long time and said she "likes the people there". She didn't express any particular view and said she would talk to the manager. I feel that more ongoing discussion with this resident might be more productive than a 'one-off' consultation.*

*Resident E liked the idea of 'extra care' apartments and would like to get one himself if he could have the necessary support. He stated quite clearly that he "wouldn't be bothered about about moving to another Home". He said that he*

*had made friends in Newbold and that he would miss them a bit. However, if he was to move "it was important to stay in the Chesterfield area and have my own room".*

*Resident F stated that she "likes living at Derwent House and the 35pennness of the people". She said she thought the proposed changes were "a sensible thing to do" but would have to consider it and then "was not sure what to think". She then said she wouldn't mind moving to another place although she would miss staff and friends for a while but thinks she could get to know other people. She went on to say she wanted time to prepare and wants to stay in the Chesterfield area. This resident presented on one level as having a reasonable understanding of the relevant issues but her underlying confusion and limited ability to retain information were soon apparent. Again she would benefit from a more ongoing discussion on the implications of the proposals.*

Response:

Officers note the views of the residents concerned and the very positive views expressed on the staff and facilities at Derwent House. Determining where individual residents would move to if a decision were made to close the home would be based on the views of the resident as well as an assessment of capabilities, which will include the full involvement of staff at Derwent House. If residents do not have an advocate and/or lack capacity to make decisions, the Council will request the services of an independent advocate to ensure that the decision on where a resident moves is based on a full understanding of their wishes, needs and capabilities.

### **Staff feedback**

A meeting with staff was held on June 12<sup>th</sup> 2012. This focused on the Accommodation, Care and Support strategy; the particular plans for Derwent House; and the future of current residents.

The main points that arose concerned the assessment process in determining the wishes, needs and capabilities of residents; how residents would be involved in choosing a home to move to; the basis for determining the balance between care homes and extra care schemes; the level of support on offer to residents in extra care schemes; care home capacity in the area.

Officers went through with staff in detail how the process of assessment would be carried out with the full involvement of all who know the resident and the key role residents, their relatives, their advocates (if required) would play in the selection of a future care home.

Officers reported that the balance of care homes and extra care schemes has been considered fully in the planning of the Accommodation, Care and Support strategy, recognising that the independent sector have a key role to play in the provision of care home places as they already provide the majority of places.

Officers reported in detail how a resident in an extra care scheme would have their needs met through a combination of core hours provided within the scheme itself supplemented by the use of personal budgets for those who are eligible for support under the Fair Access to Care Services criteria.

### **Comments from information stall at Newbold Library held on July 12<sup>th</sup> 2012**

The event was advertised in the library, local GP surgery, the local post office and at Derwent House itself.

Display material and leaflets were placed in the foyer and a representative of the consultation team was available for the whole of the day to gather views, answer questions and provide more detail about the proposals.

Over 30 people attended the drop-in session and the majority view of local people was that the accommodation strategy was the right way forward and that the proposal to close Derwent House and build extra care on the site would be a benefit for the area and indeed of benefit to them personally in the future.

*'A good idea, my sister would love a place like that where she could stay in Newbold where she belongs'*

*'We definitely need better facilities'*

*'I think it is a good idea, Derwent House is old and something needs to be done with it.'*

*'Put my name down for a flat!'*

*'Good idea, it's what I would want'*

*'Good idea, sound like the way forward'*

In contrast to the consultation with current residents and carers consultation there was a general consensus that extra care housing was a very good idea, and that this kind of accommodation was preferred to the traditional communal residential setting that Derwent House offers.

*'Currently we are both fit and well, but it is important to plan for the future and we wouldn't want to go into a home, so extra care sounds good.'*

*'We will all come to need help at some point, sounds like something I would be interested in'*

There was some acknowledgement that current residents would need to be found other accommodation and people were anxious to know that the move would be done sensitively.

*'As long as the residents are taken care of'*

*'What will happen to the people who live there? It's important that they are looked after'*

*'I understand it is an emotive subject, but as long as there is somewhere local for residents to go to it sounds very positive'*

*'I am sorry for the people who live there who will be disrupted, but it is the future that has to be planned for'*

Some concern was expressed about the financial implications of the strategy, the public/private partnership arrangements and one person felt that the money could be spent better on services for younger people.

*'I agree in principal, extra care sounds ok but the funding needs to be looked at, some people get everything for free and others have to pay'*

*'A good idea. But how much will it cost?'*

*'Are housing associations the best partners or will they be more focused on profit?'*

*'Needs to be available to all, not just council tenants'*

*'The council should be spending more money on children's services and mental health services for young people, but I agree that residential homes need upgrading, everyone should have at least have a toilet in their room'*

Response:

The views expressed reflect closely the overall tenor of the consultation held previously on the strategy and summarised in the Cabinet paper on August 3<sup>rd</sup> 2010 entitled Consultation in Relation to Developments in Residential and Community Care Services for Older People. The main feature of the views expressed is that people want to live independently for longer and that extra

care offers additional options for them to consider achieving that wish.

Concerns were expressed in two main themes: the welfare of residents affected by a potential closure and the viability of the scheme. Ensuring that the health and well-being of residents is maintained through a period of major change will be undertaken by careful and sensitive planning at each stage using the principles set out in the Major Change Guidance. The viability of the scheme itself has been subject to thorough planning within the preparation of the Accommodation, Care and Support strategy.

**Derbyshire County Council****Equality Impact Analysis Record Form 2011**

Department	Adult Care
Service Area	
Title of policy/ practice/ service of function	Plan for accommodation, care and support for older people in Derbyshire  Proposed closure of Derwent House Home for Older People
Chair of Analysis Team	David Gurney, Group Manager - Performance, Adult Care

**Stage 1. What is being analysed/ assessed**

- a. Why has the policy, practice, service or function been chosen?
- b. What if any proposals have been made to alter the policy, service or function?

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 Derwent House Home for Older People in Chesterfield, Derbyshire.

There are concerns that the building no longer adequately meets the needs of current and prospective future residents primarily in terms of sufficient room sizes and the lack of en-suite facilities both of which are important factors in terms of providing care with dignity and respect.

It is proposed to redevelop the site currently occupied by the Home, in order to develop extra care housing within the Council's Strategy for Older Persons Accommodation, Care and Support.

The proposed extra care housing scheme would contain up to 50 units offering local people the opportunity to live independently in a setting which offers them support from staff on-site. The accommodation offered will be of a high specification so the physical environment is manageable by people with physical disabilities. This type of accommodation will be of interest to people who recognise that they have or will increasingly have support needs but who do not wish to consider residential care as an option either now or in the future. Although there are many advantages to this type of scheme, one of the most significant is that couples can live together longer with more support for the carer.

## **Stage 2. The team carrying out the analysis**

<b><i>Name</i></b>	<b><i>Area of expertise/ role</i></b>
David Gurney	Group Manager, Performance, Adult Care
Louise Swain	Service Manager, Consultation and Engagement
John Cowings	Senior Policy Officer, Equalities
Janet Greenfield	Unit Manager, Derwent House Home for Older People

## **Stage 3. The scope of the analysis**

The analysis will examine the proposals and consider how they could affect current residents of the Home, their families and carers, older people in the area needing supported accommodation, and the wider community. It



specifically seeks to identify whether any of the impacts could amount to unlawful discrimination or other form of prohibited conduct as defined by the Equality Act 2010, and to highlight any issues which the Council needs to take note of when making its final decision whether or not to proceed with the closure.

The analysis uses a range of information about the older people currently living in Derwent House Home for Older People, and the views and opinions of residents, their families and carers, older people in the area and the wider community on the proposals, which have been obtained through a comprehensive consultation exercise during 2012.

It will also examine the pledges which the Council has made to support the residents affected directly by the proposals, to assess whether these will provide adequate support for residents if they are required to move to alternative accommodation.

#### **Stage 4. Data and consultation feedback**

##### **a. Sources of data and consultation used**

<b><i>Source</i></b>	<b><i>Reason for using</i></b>
Census and demographic data on area served by home	Provides information on potential demand/ users of home and future services
Joint Service Needs Assessment	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

<b>Source</b>	<b>Reason for using</b>
	their families/ family carers, partner organisations, and other stakeholders, including people in the local community
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

## **Stage 5. Analysing the impact or effects**

a. What does the data tell you?

<b>Protected Group</b>	<b>Findings</b>
Age	Currently 31 people are resident at Derwent House. 15 (48 %) of the residents are aged between 80-90 and 9 (29 %) are aged over 90 years old. Only 7 residents (23 %) are aged under 80.
Disability	<p>All residents could be described as 'frail elderly' of whom 17 have some form of dementia. Although residents have a range of other conditions which provides them with protection under the Equality Act as a disabled person, none have a primary condition of being blind or deaf.</p> <p>Of the 31 residents, 5 require the use of a wheelchair for all or some of the time to assist with their mobility.</p>
Gender (Sex)	There are male and female residents.

Gender reassignment	<p>Not highlighted as relevant to residents of this Home.</p> <p>One of the benefits which might arise out of the implementation of the new strategy for older persons accommodation, care and support is that the new services and accommodation could be more inclusive of older people from diverse communities, particularly as the extra care housing and the specialist community care centres will enable people to enjoy a greater level of privacy.</p>
Marriage and civil partnership	<p>None of the residents live as a couple within the Home and none of the residents are living separately from their spouse or partner.</p> <p>The proposals for extra care housing would enable couples to remain together in the future, irrespective of their marital or civil partnership status.</p>
Pregnancy and maternity	<p>Not relevant to the residents of Derwent House Home for Older People.</p>
Race	<p>30 residents (96.7%) define themselves as being of White British ethnic origin, and one resident's first language is a language other than English. To place this within context the population of Chesterfield, which forms the catchment area for Derwent House itself is 96.14% white (derived from Office for National Statistics 2009 data) and so the residents of the home closely reflects the local population.</p> <p>One of the benefits which might arise out of the implementation of the new strategy for older persons accommodation, care and support is the development of services which are better able to support people from BME communities to access the new Community Care centres and the planned supported housing.</p> <p>In the immediate term, particular attention needs to be paid to the assessment and resettlement of the</p>

	one resident who is not white British and for whom English is not his first language.
Religion and belief including non-belief	Of the 31 residents, 26 describe themselves as Christians and 5 do not belong to a faith group. Currently, residents are able to access local churches and groups, and ministers currently visit residents at the home to support them. If the proposals are implemented, officers assisting residents to move to alternative accommodation will need to take into account where and how residents follow their chosen faith.
Sexual orientation	<p>Sexual orientation has not been highlighted by residents, their families or carers as a relevant factor to this proposal/ for the 31 residents.</p> <p>One of the benefits arising from the new strategy for accommodation, care and support is that older people from the lesbian, gay and bisexual community would have greater privacy and be able to live with their partner, if they have one. Studies carried out by Age UK have highlighted the need for many older LGB people to receive support and to be able to participate in community life, especially if they do not have the support of their families.</p>

#### Non-statutory

Socio-economic	<p>7 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>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.</p>
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	<p>The authority 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/ Geographical	<p>Derwent House Home for Older People serves a potentially diverse geographical area, although all residents and their families or carers have established links to the town or nearby settlements. The Home is located in Chesterfield and 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 Chesterfield, 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</p>

	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 Home if they were to wish to remain in contact with some residents they have known for some time.
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- b. What does customer feedback, complaints or discussions with stakeholder groups tell you about the impact of the policy, practice, service or function on the protected characteristic groups?

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 to close Derwent House Home for Older People, including current residents, 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 Chesterfield area or which work with older people and carers.

This included:

- Meetings with relatives and friends of residents held at Derwent House Home for Older People on June 15th and July 3rd 2012
- A briefing to employees working at Derwent House Home for Older People on June 12th 2012 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 via the Have Your Say webpages of the Council's website – this invited people to contact David Gurney, Group Manager in the Adult Care Department 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 covering Chesterfield.
- A drop-in session at Newbold Library on July 12<sup>th</sup> 2012 to gather the views of the community.

A copy of the more detailed responses to each set of consultation is also attached to the Cabinet Report as appendix 1. Please consult this for a more detailed account of the feedback received.

<b><i>Protected Group</i></b>	<b><i>Findings</i></b>
Age	<p>The proposal will impact on older people as the current Home provides accommodation for older people, including a number of people who have dementia.</p> <p>The Council's proposals and its pledges are intended to result in improved services and accommodation for older people in the longer term and provide a high level of dignity and care for residents directly affected if the Home is closed.</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 31 existing 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> <p>A number of studies have been carried out into the impact of moving people from one institutional setting to another as a result of closure. The findings vary considerably in terms of the risk this may pose to individual residents' health and well-being. There can be no doubt that a poorly coordinated move will add to the stress on a resident. Adult Care's Major Change Guidance is designed to ensure that the assessment process is thorough, that risks are identified and limited through mitigation and that, as a result, the stresses of a move are reduced as far as is practically possible.</p> <p>Whilst people generally support the proposals to</p>

	<p>improve the quality of services for older people, not everyone believes that the closure of Derwent House is necessary to achieve the aims and objectives of the strategy for accommodation, care and support. Some expressed a view that the Home could or should be modernised to avoid disruption, stress and illness to existing residents.</p> <p>Family carers and friends did not believe the new facility would benefit current residents.</p> <p>There is also concern over the availability and likely costs of alternative supported accommodation and whether this will limit the choices residents and their families have. This is mitigated by the pledge stating that the council will meet within reason the additional costs through moving to a new provider.</p> <p>There is also some level of concern that residents will have to move to a Home which is not run by the authority and which cannot guarantee the same level of accountability back to the community which a council-run home provides.</p>
Disability	<p>The consultation has particularly highlighted fears amongst residents and their families/ carers that moving will damage the health and wellbeing of existing residents, because of the upheaval, the impact of a physical move, and the uncertainty they have over the quality of care they will receive when they move.</p> <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,</p>



	<p>should the proposals go ahead.</p> <p>The Major Change Guidance referred to in the previous section 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 well-being, 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 Derwent House Home for Older People 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> <p>The authority may wish to ensure that any further consultation considers whether there is any evidence of differential impact arising from the proposals specifically on grounds of gender.</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 impact on grounds of gender re-assignment/ gender identity.</p>
Marriage and civil partnership	<p>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.</p>

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 or specific faith groups. They are concerned that moving to alternative accommodation could make it difficult for them to sustain these ties.</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

Socio-economic	<p>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.</p> <p>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 may need to provide more clarity about</p>
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	<p>exactly what costs would be covered, for how long and on what basis, should the proposals go ahead, so that residents, their families, carers or any advocate on their behalf has clear information about the costs of moving and how the costs of alternative accommodation would be met.</p> <p>Clarity on this at the earliest stage possible will assist residents in understanding the range of choice they have and will help focus them on viable alternatives to the current care setting.</p>
Rural/ geographical	<p>The families/ carers of residents have highlighted possible difficulties in relation to the proposals. In particular, a number have indicated that moves to alternative locations could make it difficult for them to continue visiting and providing support.</p> <p>A number of respondents have highlighted concerns over residents losing friendships built up whilst in Derwent House if the proposals go ahead and residents are moved to other care homes.</p> <p>Addressing these concerns will be an important factor in planning any move of a resident to new accommodation.</p>

- c. Are there any other groups of people who may experience an adverse impact because of the proposals to change a policy or service who are not listed above?

No.

- 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.

**Stage 6. Ways of mitigating unlawful prohibited conduct or unwanted adverse impact, or to promote improved equality of opportunity or good relations**

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. Additional depth is provided to the pledges within the Major Change Guidance, which gives more detail on the processes. This will be a key document for Adult Care staff in undertaking the assessment and the moves of residents to new settings.

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

**Stage 7. Do stakeholders agree with your findings and proposed response?**

The consultation has shown that a range of opinions and concerns exist amongst residents, their families and carers, and other stakeholders in relation to the proposals to close Derwent House Home for Older People, and the need to move residents to alternative suitable alternative accommodation, if the proposals are agreed by Cabinet and go ahead.

Whilst most respondents welcome the Council's proposals for improving the

quality of accommodation, care and support across Derbyshire, most of those directly affected are not in favour of Derwent House Home for Older People closing. Should the Council decide to proceed, however, respondents want to see a good package of support to residents in line with the pledges made.

## **Conclusions and recommendations**

The Council's strategy for older persons' accommodation, care and support can significantly improve the quality of services and housing options for older people, resulting in a range of services that can assist in promoting equality for older people, including people with dementia.

The specific proposal to close Derwent House Home for Older People will directly affect 31 current residents and their families or carers. Those directly affected if the closure goes 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 current accommodation and care they receive and would prefer not to be asked to move.

The Council's Adult Care Department has carried out a programme of detailed careful and sensitive consultation with a range of people who may be affected by the proposals, especially residents and the families of the residents of Derwent House Home for Older People.

Adult Care has also agreed a package of support to try and reduce the impact of having to move to alternative accommodation by providing a statement of pledges, which begin to outline how individuals can influence the process and be supported, if they have to move. These pledges are comprehensive in their coverage of the likely issues identified at this stage and if delivered in a fair and sensitive way will certainly improve what could be a traumatic change and set of upheavals for the older people living at Derwent House Home for Older People. These pledges run alongside the Major Change Guidance produced by Adult Care which, in conjunction with the pledges, sets out a comprehensive method by which the assessments will be conducted and any move successfully planned to reduce the risk to a resident's health and well-being. Should the authority decide to proceed with its proposals then Adult Care will need to implement the Major Change Guidance and these pledges,

providing more information to residents and their families and carers, and involve them in decisions about the moves and how their needs will be best met in new settings.

Although the proposals could affect residents 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 along with the more detailed record of consultation by Elected Members required to make the decision over whether to proceed with the proposed closure of Derwent House Home for Older People. 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.

## Stage 8 and 9. Action Plan for responding to findings

<b><i>Aim/ objective/ issue identified</i></b>	<b><i>Planned action</i></b>	<b><i>Who</i></b>	<b><i>When</i></b>	<b><i>How will this be monitored?</i></b>
1 – Ensure that people likely to be affected by the proposals continue to receive information and are able to influence decisions affecting them	Relay the decision on the future of the home is communicated promptly to residents and their family carers and friends	Assistant Director (Direct Care)	On the same day as Cabinet reaches its decision – estimated to be November 6th 2012	Feedback from residents and their families/ carers
2 – Ensure that managers in the care home and appropriate fieldwork staff understand the pledges and the major change guidance.	Meet staff and ensure that the two documents are fully understood	Group Manager (Performance)	Prior to Cabinet decision, week commencing October 29 <sup>th</sup> 2012	Confirmation of date meeting held
3 – Ensure that the pledges and Major Change Guidance are followed through accurately into practice as residents are assessed and alternative	Review documentation and case notes recorded on the Adult Care electronic social care record and through discussion with staff	1. Management Team for Fieldwork Services (Chesterfield) 2. Service Manager and Group Manager	Continued process	Through regular channels of line management up to Assistant Director level

<b><i>Aim/ objective/ issue identified</i></b>	<b><i>Planned action</i></b>	<b><i>Who</i></b>	<b><i>When</i></b>	<b><i>How will this be monitored?</i></b>
provision is discussed.		for Direct Care with line management responsibility for the Home		
4 – Ensure there is a direct point of contact within the department should a resident, family carer or friend have concerns about the process	Publish the phone number of the complaints administrator	Group Manager (Performance)	Within one week of the cabinet decision	By checking the presence on file of a letter being sent
5 – Use the experience to inform future proposals	Record the experiences of those affected by the proposals.	Service Manager for Consultation and Engagement	During the course of the proposed closure with results collated at the end of the process	Through asking residents, family carers and friends to complete a diary and submit this.  Through completing a survey of residents, family carers and friends after the



<b><i>Aim/ objective/ issue identified</i></b>	<b><i>Planned action</i></b>	<b><i>Who</i></b>	<b><i>When</i></b>	<b><i>How will this be monitored?</i></b>
				home has closed
6 – Review the overall process of residents moving home to determine any lessons which need to be learnt	Monitor and evaluate how smoothly and successfully moves from the home to other providers take place.	Group Manager (Performance)	After the first review in a new placement once the Transfer to New Provision Summary and Feedback Sheet has been completed	
7 – Ensure that residents can continue to follow their chosen faith in the setting to which they move	Monitor the support plans of each resident	Management Team for Fieldwork Services (Chesterfield)	At the point the support plan is agreed	Prior to the resident moving
8 – Issue standard letter to set out what is meant by the Council meeting the reasonable additional costs of a new placement	Letter sent to residents and family carers/friends	Group Manager (Performance)	Within one week of the	By checking the presence on file of a

<b><i>Aim/ objective/ issue identified</i></b>	<b><i>Planned action</i></b>	<b><i>Who</i></b>	<b><i>When</i></b>	<b><i>How will this be monitored?</i></b>
			cabinet decision	letter being sent
9 – Issue standard letter to set out what is meant by the Council helping to assist with transport arrangements	Letter sent to residents and family carers/friends	Group Manager (Performance)	Within one week of the cabinet decision	By checking the presence on file of a letter being sent
10 – Address the risks to residents' health and well-being and determine through the support plan what mitigation needs to be put in place, paying particular attention to the needs of the resident who is not white British	Thorough assessments undertaken in line with the Major Change Guidance	Case Workers	Within 6 weeks of the cabinet decision	By the management team in Chesterfield checking case files

## **Stage 10. Monitoring and review/ mainstreaming into business plans**

Please indicate whether any of your actions/ objectives has been added to service or business plans and your arrangements for monitoring and reviewing progress/ future impact?

See earlier suggestions for action plan

## **Stage 11. Publishing the completed analysis**

Completed analysis approved by Mary McElvaney in September 2012

Where and when published?

This analysis was published alongside a Cabinet report on the proposed closure of Derwent House Home for Older People on 6 November 2012.

Version: 0.03 FOI Status: Public	Major Change and Closure Guidance	Issued: August 2012 Review Due: August 2012
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## APPENDIX 6

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

## Approval and Authorisation

Name	Job Title	Date
Authored by:	David Gurney and Katey Twyford	August 2012
Approved by:	Assistant Director	Month Year
Authorised by:	Policy and Procedures Group	Month Year

## Change History

Version	Date	Name	Reason
V 0.03	August 12		
V 1			
V 2	Month Year		
V 3	Month Year		

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](mailto:dawn.nash@derbyshire.gov.uk)

Version: 0.03 FOI Status: Public	Major Change and Closure Guidance	Issued: August 2012 Review Due: August 2012
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## Contents

<a href="#"><u>1. Introduction</u></a>	63
<a href="#"><u>2. Stage One: Agreeing the strategy and plan</u></a>	64
<a href="#"><u>2.1. The case for change</u></a>	64
<a href="#"><u>2.2. Consulting on the strategy or proposals</u></a>	64
<a href="#"><u>2.3. Criterion for agreeing change or closure</u></a>	65
<a href="#"><u>2.4. Preparing for the consultation</u></a>	66
<a href="#"><u>2.5. Undertaking the consultation</u></a>	67
<a href="#"><u>2.6. Analysis and submitting the proposal for consideration and approval</u></a>	68
<a href="#"><u>2.6.1. Gathering and analysing the information</u></a>	68
<a href="#"><u>2.6.2. Selecting the best format to present the proposals</u></a>	68
<a href="#"><u>2.6.3. Including key information in the report or presentation</u></a>	68
<a href="#"><u>2.6.4. Confirming the outcome of the consultation and the proposed strategy</u></a>	69
<a href="#"><u>2.7. Preparing for the next stage</u></a>	69
<a href="#"><u>3. Stage Two: Consulting on the Delivery Plans</u></a>	71
<a href="#"><u>3.1. Background to consultation on specific delivery plans</u></a>	71
<a href="#"><u>3.2. Good practice in Stage Two consultation</u></a>	71
<a href="#"><u>3.3. Next steps after the Stage two consultation</u></a>	73
<a href="#"><u>4. Stage Three: Working with individuals to manage the change or closure</u></a>	75
<a href="#"><u>4.1. Process of Assessment</u></a>	75
<a href="#"><u>4.1.1. Supporting individuals to communicate their needs and wishes</u></a>	76
<a href="#"><u>4.1.2. Consideration of risks</u></a>	76
<a href="#"><u>4.1.3. Multi-disciplinary contribution to the assessment</u></a>	77
<a href="#"><u>4.1.4. Important and useful information about an individual</u></a>	77
<a href="#"><u>4.2. Support planning</u></a>	77
<a href="#"><u>4.3. Monitoring the transition arrangements</u></a>	77
<a href="#"><u>4.4. Providing independent information and support</u></a>	78
<a href="#"><u>4.5. Resettlement</u></a>	78
<a href="#"><u>4.5.1. Choice and control</u></a>	78

Version: 0.03 FOI Status: Public	Major Change and Closure Guidance	Issued: August 2012 Review Due: August 2012
-------------------------------------	-----------------------------------	--

<a href="#"><u>4.5.2. Financial implications</u></a>	78
<a href="#"><u>4.5.3. Considering the options available</u></a>	78
<a href="#"><u>4.5.4. Making the transition</u></a>	79
<a href="#"><u>4.5.5. Reviewing the transition and new arrangements</u></a>	79
<a href="#"><u>4.5.6. Timescales for making the move</u></a>	80
<a href="#"><u>4.6. Managing any complaints</u></a>	80
<a href="#"><u>5. Stage four: Making the transition – the practical steps</u></a>	81
<a href="#"><u>5.1. Closing down a service or building –</u></a>	81
<a href="#"><u>5.1.1. Pre-planning: at least three months before closure</u></a>	81
<a href="#"><u>5.1.2. Four weeks notification of closure</u></a>	82
<a href="#"><u>5.1.3. Reminders to agencies and contractors: one week before closure</u></a>	82
<a href="#"><u>5.1.4. Final task for closure: on the last day</u></a>	83
<a href="#"><u>5.2. Preparing to take up occupancy in a new building</u></a>	83
<a href="#"><u>5.2.1. Ordering furniture and equipment: four months ahead of completion</u></a>	83
<a href="#"><u>5.2.2. Confirm delivery dates – one month before completion</u></a>	83
<a href="#"><u>5.2.3. Initial tasks upon occupancy</u></a>	84
<a href="#"><u>5.2.4. Settling in: the first twelve months</u></a>	84
<a href="#"><u>Appendix 1: Pre-move checklist</u></a>	85
<a href="#"><u>Appendix 2: Process of the move</u></a>	86
<a href="#"><u>Appendix 3: Post move arrangements and review</u></a>	87
<a href="#"><u>Appendix 4: Transfer to new provision – summary and feedback sheet</u></a>	89

Version: 0.03 FOI Status: Public	Major Change and Closure Guidance	Issued: August 2012 Review Due: August 2012
-------------------------------------	-----------------------------------	--

## 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:

Stage 1: Agreeing the strategy and plan

Stage 2: Consulting on the delivery plans

Stage 3: Working with individuals to manage the change or closure

Stage 4: 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. Stage One: Agreeing the strategy and plan

The modernisation 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.

### 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 Consultation<sup>1</sup> 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.

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<sup>1</sup> HM Government, Cabinet Office Code of Practice on Consultation, July 2008



**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.

### 2.3. 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 set of 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.

Version: 0.03 FOI Status: Public	Major Change and Closure Guidance	Issued: August 2012 Review Due: August 2012
-------------------------------------	-----------------------------------	--

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	

Version: 0.03 FOI Status: Public	Major Change and Closure Guidance	Issued: August 2012 Review Due: August 2012
-------------------------------------	-----------------------------------	--

	Task	<input checked="" type="checkbox"/>
3.6.	number of options for consideration be clear what the preferred option(s) is / are	
3.7.	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 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 assessment 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

Version: 0.03 FOI Status: Public	Major Change and Closure Guidance	Issued: August 2012 Review Due: August 2012
-------------------------------------	-----------------------------------	--

- Appropriate support is provided for anyone who has identified communication needs
- There is a central coordinating role to ensure consistency where the consultation involves multiple groups, services or facilities
- Records of meetings and consultation events are recorded and stored in a timely manner (guidance on standards for meeting are available on the Authority's intranet site).

## **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)

Version: 0.03 FOI Status: Public	Major Change and Closure Guidance	Issued: August 2012 Review Due: August 2012
-------------------------------------	-----------------------------------	--

- 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 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**

At the conclusion of Stage 1 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

Version: 0.03 FOI Status: Public	Major Change and Closure Guidance	Issued: August 2012 Review Due: August 2012
-------------------------------------	-----------------------------------	--

across the Authority. Consideration should be given on how best to include current service users 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. Stage Two: 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. Stage Two 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. Stage Two 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 Stage Two 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 assessment should be conducted in parallel with the consultation.

***Good practice guidelines set out in the Stage One section on 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 and equality impact assessment teams 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.	

Version: 0.03 FOI Status: Public	Major Change and Closure Guidance	Issued: August 2012 Review Due: August 2012
-------------------------------------	-----------------------------------	--

	Task	<input checked="" type="checkbox"/>
4.	Supporting materials are in place, including:	
4.1.	Key messages from Stage One 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 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"> <li>Those receiving the service</li> <li>Family carers, advocates and any close friends acting in effect as next of kin</li> </ul>	
7.2.	<ul style="list-style-type: none"> <li>Staff are notified that the process will begin and their role within it</li> </ul>	
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"> <li>Digital or hardcopy questionnaires</li> </ul>	
9.2.	<ul style="list-style-type: none"> <li>Group meetings or one to one conversations *Note1</li> </ul>	
9.3.	<ul style="list-style-type: none"> <li>Web-based comments</li> </ul>	
9.4.	<ul style="list-style-type: none"> <li>Letters and emails</li> </ul>	
9.5.	<ul style="list-style-type: none"> <li>Telephone enquiries.</li> </ul>	
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	



Version: 0.03 FOI Status: Public	Major Change and Closure Guidance	Issued: August 2012 Review Due: August 2012
-------------------------------------	-----------------------------------	--

	Task	<input checked="" type="checkbox"/>
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 Stage two 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/service users are to be best met during a period of transition to assist them in making the right choices for their future.

Version: 0.03 FOI Status: Public	Major Change and Closure Guidance	Issued: August 2012 Review Due: August 2012
-------------------------------------	-----------------------------------	--

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.

Version: 0.03 FOI Status: Public	Major Change and Closure Guidance	Issued: August 2012 Review Due: August 2012
-------------------------------------	-----------------------------------	--

#### **4. Stage Three: 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 Electronic Social Care Record, 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/service user 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.

#### **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.

#### **4.2. Support planning**

A new and detailed 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 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 support plan agreed.

##### **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 Choice Directive is applicable at all times 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 Qualities 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 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

Version: 0.03 FOI Status: Public	Major Change and Closure Guidance	Issued: August 2012 Review Due: August 2012
-------------------------------------	-----------------------------------	--

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 Electronic Social Care Record 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.



## 5. Stage four: Making the transition – the practical steps

If the building is to be replaced and there is a particular item that service users 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.

### 5.1. Closing down a service or building –

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

#### 5.1.1. 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 service users / 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. <b>This inventory must be retained, and must be accurate for audit purposes.</b>	
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	

Version: 0.03 FOI Status: Public	Major Change and Closure Guidance	Issued: August 2012 Review Due: August 2012
-------------------------------------	-----------------------------------	--

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.	

### 5.1.2. 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.

<b>Task – The following organisations have been notified in writing:</b>	<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, wander guard, burglar alarm.	

### 5.1.3. 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:

<b>Task</b>	<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.	

Version: 0.03 FOI Status: Public	Major Change and Closure Guidance	Issued: August 2012 Review Due: August 2012
-------------------------------------	-----------------------------------	--

Task	<input checked="" type="checkbox"/>
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.	

#### 5.1.4. Final task for closure: on the last day

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

## 5.2. 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.

#### 5.2.1. Ordering furniture and equipment: four months ahead of completion

Task	<input checked="" type="checkbox"/>
Give Manufacturers estimated delivery dates	
Arrange for quotation for the supply and fitting of curtains and bed throws.	
Arrange with builder when curtain contractors can take an accurate measurement.	

#### 5.2.2. Confirm delivery dates – one month before completion

Task	<input checked="" type="checkbox"/>
Confirm delivery dates with builders and manufacturers.	

### 5.2.3. Initial tasks upon occupancy

The manager of the new facility will need to:

Task	<input checked="" type="checkbox"/>
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.	

### 5.2.4. 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)	

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

Version: 0.03 FOI Status: Public	Major Change and Closure Guidance	Issued: August 2012 Review Due: August 2012
-------------------------------------	-----------------------------------	--

## 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?	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?	Case worker
Has transport been arranged taking account of how many people will be travelling with the resident/client and who they will be?	Unit manager

Version: 0.03 FOI Status: Public	Major Change and Closure Guidance	Issued: August 2012 Review Due: August 2012
-------------------------------------	-----------------------------------	--

Task	Person responsible
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 all the following documentation completed, dated and ready to travel with the resident/client? <ul style="list-style-type: none"> <li>• Moving Book</li> <li>• Life Book</li> <li>• Personal Service Plan</li> <li>• Manual Handling Plan</li> <li>• Medication Assessment Record Sheet</li> <li>• Key contacts for family, friends and Adult Care staff</li> <li>• Details of when the most recent medical examination took place.</li> </ul>	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 service user 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"> <li>• identifying the items to travel with them and those to arrive in advance?</li> </ul>	Unit Manager

Version: 0.03 FOI Status: Public	Major Change and Closure Guidance	Issued: August 2012 Review Due: August 2012
-------------------------------------	-----------------------------------	--

Task	Person Responsible
<ul style="list-style-type: none"> <li>packing personal possessions in a suitcase or suitable travel bag (not in a plastic bag)?</li> </ul>	
Have travel arrangements been made which include: <ul style="list-style-type: none"> <li>who is to travel with the resident/client (eg, key worker, relative or carer, or a combination)?</li> <li>the date and time of day travel is to take place, avoiding times that would disrupt routine?</li> </ul>	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"> <li>confirmation, in advance, by staff in the receiving care setting that the new setting is fully prepared?</li> <li>identification of the manager on duty in the new setting to receive them?</li> <li><i>whether the resident/client and their relatives or carers accompanying them are to receive a meal or snack and drink on arrival?</i></li> <li>the receiving staff knowing what is likely to be the resident/client's greatest concern - for example where their personal possessions are?</li> <li>informing relatives and carers or friends of their safe arrival?</li> </ul>	Unit Manager

### Appendix 3: Post move arrangements and review

Task	Person Responsible
Have the following contact details been provided to the receiving home?  Originating home Health contacts, particularly the GP / District Nurse / CPN with responsibility for the service user 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.	Unit Manager
Have arrangements been made for a follow up visit by	Case worker

Version: 0.03 FOI Status: Public	Major Change and Closure Guidance	Issued: August 2012 Review Due: August 2012
-------------------------------------	-----------------------------------	--

Task	Person Responsible
the Fieldwork services case worker?	
Has a provisional date for the 28 day review been set? Are all potential attendees aware of this date?	Case worker
Are arrangements clear for any agreed visit from staff of the previous setting – date / time, for how long?	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 28 day review been held?	Case worker
Was it on schedule? If not, why not?	Case worker
Has the 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 SERVICE USER:**

**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**

## Derwent House Home for Older People Care homes within five and ten mile radii



CE Policy and Research Reference 0039  
20 August 2012  
Policy and Research Division  
Chief Executive's Office  
Derbyshire County Council

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- LA care homes
- ◆ Independent sector care homes
- Five mile radius
- Ten mile radius