

## **Executive**

**29 October 2015**

Report of the Director of Adult Social Care from the portfolio of the Executive Member for Adult Social Care and Health

### **The Next Phase of the Older Persons' Accommodation Programme: deciding the future of Grove House and Oakhaven Older Persons' Homes**

The purpose of this report is to provide Members with the results of the consultation undertaken with the residents, relatives and staff of Grove House and Oakhaven residential care homes to explore the option to close each home with current residents moving to alternative accommodation, and for Members to make a decision about whether to close Grove House and Oakhaven. The context for this decision is that the Older Persons' Accommodation Programme aims to meet people's changing needs for accommodation with care, and in-particular the needs of those with dementia and the demographic challenges faced by the city, through delivering additional Extra Care accommodation and new, good quality, residential and nursing care accommodation.

### **Recommendations**

1. The Executive are asked to:
  - a. Note that the Older Persons' Accommodation Programme aims to address the needs and aspirations of older people who need accommodation and care, both now and in the future, equipping York to meet their needs by delivering new Extra Care accommodation and good quality residential and nursing provision which meets modern day standards.
  - b. Receive the outcome of the consultation undertaken with residents, family, carers and staff of Grove House and Oakhaven to explore the option to close each home with current residents moving to alternative accommodation.

- c. Agree to the closure of Grove House and Oakhaven residential care homes and require that residents' moves to their new homes are carefully planned and managed in line with the Moving Homes Safely protocol.
- d. Agree that the Grove House site should be sold forthwith in order to generate a capital receipt to support the wider Older Persons' Accommodation Programme.
- e. Agree the procurement of a partner to develop the Oakhaven site as a new Extra Care facility for Acomb.

*Reason: In order to increase the supply of good quality accommodation with care for independent living together with new residential and nursing home provision to address the changing needs and aspirations amongst York's older population and ensuring that more can choose to live independently at home.*

## **Summary**

- 2. The Older Persons' Accommodation Programme aims to meet people's changing needs for accommodation with care, and in-particular the needs of those with dementia and the demographic challenges faced by the city, through delivering additional Extra Care accommodation and new, good quality, residential and nursing care accommodation.
- 3. On the 30th July 2015 the new Executive agreed its vision for a new Older Persons' Accommodation programme. This involves delivering, by the end of 2018, 525 new units of accommodation of which 343 will serve those with high care needs including dementia, facilitating the replacement of 225 out of date care beds. All new facilities would incorporate modern day features including bigger bedrooms, self-contained bathrooms and better communal and social spaces, all absent from current facilities. The current CYC run facilities fall short of current CQC expectations and would therefore provide no certainty of provision into the future.
- 4. This increase in the supply of accommodation with care will set York on the right path to deal with a 50% increase in the number of citizens over 75 by 2030.
- 5. This report provides Members with the results of the consultation undertaken with the residents, relatives and staff of Grove House and Oakhaven residential care homes to explore the option to close each home with current residents moving to alternative accommodation

6. The consultation has engaged all residents, many of their relatives as well as staff. A range of issues, concerns and queries have been raised, which have been addressed at the time or in follow-up conversations and/or correspondence. Many expressed understandable concern about the impact that closure can have upon elderly and vulnerable residents and for this reason oppose the closures. The six week consultation concluded on 16<sup>th</sup> October 2015.
7. The issues raised in the consultation process had been anticipated in the development of the Programme and in the conduct of consultation upon home closure and the management of any potential moves. In particular, the Moving Homes Safely protocol has been developed (and used) to ensure that the management of any move is focused on the needs of each individual and handled in such a way as to minimise distress. We therefore conclude that no new issues have been raised which bring into question the need for the closure of Grove House or Oakhaven nor the plan and purpose behind the Older Persons' Accommodation Programme.
8. In addition, the views and wishes of current residents, their relatives and staff at Grove House and Oakhaven should be considered in the light of the needs of the wider older persons' population of York, both now and in the future. For these the overwhelming wish is to remain living independently in their own home if they can and when this is not possible, to live independently in Extra Care accommodation or, for the smallest proportion, to move to good quality residential or nursing care.
9. The public consultation which underpins the Older Persons' Accommodation Programme identifies that 97% of questionnaire respondents agreed that bigger bedrooms, en-suite facilities, wider corridors and more social space should be key features of residential care homes. Bigger bedrooms give more social space for residents to entertain visitors, they can accommodate the resident's own furniture and bigger rooms give staff more space in which to work and support residents, particularly where bed hoists need to be used.
10. The consultation has revealed the historic bias in provision of Extra Care and residential care towards the east of the city. However, provision in the west is growing and the recommendation to Planning Committee on 22<sup>nd</sup> October to approve the application to build a 90 bed care home at the Terry's Chocolate Works site will further redress the balance. The council's intention to use the site of Oakhaven as the location of a new Extra Care facility for Acomb is further proof of progress towards re-balancing of provision in the city.

11. The progress forward of the Older Persons' Accommodation Programme is dependant upon the closure of existing council-run OPHs as this releases revenue savings, capital receipts and land to allow us to invest in modernising York's provision. Any delay in closures will incur an additional monthly cost to the Programme of £22k, or £260k for a full year, and will delay the conclusion of the Programme, currently scheduled for Q4 2018.

## **Background**

12. For older people it is recognised that having adequate accommodation is fundamental for dignity and security. Having access to appropriate accommodation with care underpins health and well-being and is the cornerstone to the delivery of sustainable NHS and social care services. York's older residents want to remain living independently in their own home for as long as they can and, if they must move, want choice over where to live to receive care.
13. York's older population is growing rapidly with the number of 75+ residents expected to increase by 50% by 2030; the number with complex needs including dementia is growing even faster. York does not currently have sufficient accommodation with care to cater for this rising population. Further, current supply is no longer fit for purpose, particularly Council run OPHs which are outdated and lack modern facilities: for example, just 31 of the 225 bedrooms have en-suite facilities.
14. In 2011 many residents, relatives and many others were engaged in consultation on the Council's review of residential care homes and the options available to replace them. Following that consultation the Council started on a programme to replace council-run older persons' homes with new and alternative provision and, later in 2011 and in 2012, consulted on and then closed Fordlands older persons' home and Oliver House older persons' home. Over the following three years there has been further progress and change with residents being kept informed via meetings, press coverage, etc.
15. On 30 July 2015, the Council's Executive agreed detailed plans for Older People's Accommodation in the city. These plans seek to address the needs of York's ageing population, replacing the council's seven outdated Older People's Homes with more modern accommodation.
16. One of the key aims of the plan is to maximise use of York's existing Sheltered Housing stock, converting some to Extra Care Housing and therefore making it more accessible for people with higher care needs by

increasing the care and support available. This will include increasing overnight care services and developing individual packages of care so people can remain independent in their own home. This work has begun: Auden House Extra Care scheme now has 24/7 care available and early in 2016 Glen Lodge will also have 24/7 care available. These changes allow a person with high care needs to live in these schemes as a viable alternative to residential care.

17. The Older Persons' Accommodation Programme will provide replacement accommodation to facilitate the replacement of the Council's seven OPHs. Further, it creates additional capacity in order to allow for population change. The provision of accommodation for those with high care needs is particularly important as it means that the needs of the increasing number of people with complex care needs including dementia can be met. The expected outcomes are listed below:

Table: Expected outcomes achieved by the Programme

Where	When	Total	High Care Needs	Medium Care Needs	Low Care Needs
Auden House Extra Care	Apr - 15	41	16	15	10
Glen Lodge Extra Care (existing)	Feb -16	42	17	15	10
Marjorie Waite Court Extra Care	Q3 -16	42	17	15	10
Chocolate Works Care Home	Q1 -17	90	90	0	0
Red Lodge – Care Home	Q2 -17	46	46	0	0
Glen Lodge Extra Care (extension)	Q3 -17	27	20	4	3
New Extra Care Scheme in Acomb	Q2 -18	50	20	15	15
Red Lodge - Extra Care	Q2-18	105	35	35	35
Burnholme Care Home	Q4-18	82	82	0	0
<b>TOTAL</b>		<b>525</b>	<b>343</b>	<b>99</b>	<b>83</b>

18. The Older Persons' Accommodation Programme should also be seen in the context of our wider efforts to re-model the provision of care services and, in particular, our work with Health colleagues to modernise re-ablement services, align step-down provision and extend support for people with dementia.

### **The Context for the Consultation**

19. Following the decision of Executive on 30<sup>th</sup> July 2015 to sanction “a six week period of consultation... with the residents, family, carers and staff of two of the Council's OPHs to explore the option to close each home with current residents moving to alternative accommodation”, this

consultation began on 7<sup>th</sup> September 2015 and ended on 16<sup>th</sup> October 2015. It is agreed “that a... report on the outcome of this consultation be received at the Executive before a final decision to close is made”.

20. Grove House on Penleys Grove Street [Guildhall ward] and Oakhaven on Acomb Road [Holgate ward] will be the first CYC run older persons' homes to be consulted on closure during this phase of the Older Persons' Accommodation Programme. The reasons for choosing these homes are described in **Annex 1**.
21. The majority of residents at Grove House and Oakhaven have lived there for only a short period of time:

	Moved in 2015	Moved in 2014	Moved 2013 or before
Grove House	26%	34%	39%
Oakhaven	22%	39%	39%

## The Consultation Process

22. It was agreed that we would follow the same approach to consultation and, subject to Member decision, closure, as was followed for Oliver House and Fordlands Road. For these homes we used the Moving Home Safely protocol which proved to be appropriate and successful; a copy is attached at **Annex 2**.
23. Residents, relatives and staff have been engaged in consultation. Each was invited to meetings on 7<sup>th</sup> September 2015 and was informed that their home would be the subject of consultation on closure. They each then received a letter giving more detail of the reasons why closure is considered necessary and setting out how the consultation would be conducted. Copies of these letters are attached at **Annex 3**.
24. A key feature of the consultation is that everyone affected (residents, relatives and staff) had the chance to talk on a one-to-one basis about the proposal to close the home. Most importantly, each resident who had capacity was able to be consulted individually and face-to-face, alongside a care manager. Residents were able to choose to have a family member, or close friend, present and could also call on the support of independent advocacy support. At these meetings we:
  - a. talked through and explained the proposals and recorded views and discussed wishes;

- b. explained and explored the options that could be open to the resident should the closure be agreed; this may include sheltered housing with extra care or moving to an alternative care home, this will be based on individuals' needs;
  - c. talked through the 'Moving Homes Safely' protocol so that the resident fully understands (and hopefully was reassured by) the process that would be followed should the closure be agreed.
25. Residents and their family / friends were also offered the opportunity to respond to the consultation in writing.

### **The Outcome of the Consultation**

26. The following residents, relatives and staff have been engaged in the consultation process:

	<b>Grove House</b>	<b>Oakhaven</b>
Residents	23	23
Relatives	23	23
Staff	30 staff (1 manager/24 care staff/5 general assistants)	30 staff (1 manager/21 care staff/6 general assistants/2 cooks)

27. The following engagements were made and/or responses received:

	<b>Grove House</b>	<b>Oakhaven</b>
Residents	10 residents attended briefing (7 Sept) 15 residents face to face meetings (7/8 Oct) One resident died 15/09 Two residents in hospital One resident is about to move to nursing care Four residents lack capacity 9 verbal comments received	2 residents attended briefing (7 Sept) 6 residents face to face meetings (8 Oct) 16 residents lack capacity 6 verbal comments received

	Grove House	Oakhaven
Relatives	<p>23 letters sent (7 Sept)</p> <p>23 telephone calls and meeting requests made (16 Sept)</p> <p>2 relatives had meetings with Management (16 Sept)</p> <p>20 telephone calls made by Home Manager to confirm any additional comments (7/8 Oct) No additional meetings needed.</p> <p>18 sent MHS protocol</p> <p>3 calls to the Hotline</p> <p>3 Care Homes Consultation contact</p> <p>1 MP contact</p> <p>1 General email/letters</p>	<p>23 letters sent (7 Sept)</p> <p>23 telephone calls and meeting requests made (16 Sept)</p> <p>2 relatives had meetings with management (15/21/28 Sept)</p> <p>7 relatives group meeting (2 Oct)</p> <p>8 relatives group meeting with MP (2 Oct)</p> <p>23 sent MHS protocol</p> <p>1 call to the Hotline</p> <p>10 Care Homes Consultation contact</p> <p>1 MP contact</p> <p>16 General emails/letters</p> <p>1 Freedom of Information request</p>
Staff	<p>Staff briefing 7 Sept</p> <p>18 attended staff drop-in session on 10 September</p> <p>Full staff meeting 17 Sept to discuss Code of Conduct</p> <p>Offered further individual meetings</p> <p>No staff used hotline/Email address</p>	<p>Staff briefing 7 September</p> <p>12 attended staff drop-in session on 10 September</p> <p>Offered further individual meetings</p> <p>No staff used hotline/Email address</p>

28. The majority of relatives did not request an additional meeting with the Home Manager and wanted to wait until the Executive decision was made before having a meeting, if necessary, with the care manager/home manager to discuss next steps. On a daily basis the Managers speak with residents/relatives and discussions relating to the consultation have been recorded. It should also be noted that a significant number of residents do not have the capacity in terms of



decision making to fully engage with the consultation process. In this case relatives have been contacted and a discussion has taken place.

29. A general petition that opposes the closure of Grove House (2,136 signatories) and a separate petition that opposes the closure of Oakhaven (921 signatories) have been collated by family members and received by the council. The Grove House petition also included 136 qualitative comments and these have been read and feed into the analysis below.
30. The themes that emerge from the consultation are:
  - a) Effect on residents happiness and wellbeing
  - b) Concern over where residents will be moved to
  - c) Closure of home will be a loss to the community
  - d) Residents settled living in the same neighbourhood they've lived in all their lives
  - e) Important for current residents to stay together
  - f) Unnecessary stress and upset to residents and families
  - g) Loss of quality OPHs
  - h) Issues with original letter sent
  - i) Lack of alternative provision in Acomb
  - j) Loss of jobs.
31. We have also received an enquiry from Julian Sturdy MP regarding the consultation on the option to close Grove House. Rachael Maskell MP has met with the relatives of residents at both homes and also met with Officers of the Council; she asks that the closure of the homes be delayed.

## **Responses to the Issues raised during Consultation**

### Concerns about Closure

32. Residents, relatives and staff are understandably concerned about the proposal to close their home.

33. Issue: The stress it will cause to residents.
34. Response: We are aware that the process of consultation on the option to close a residential care home can be stressful and, should the decision be made to close, the process of moving equally so. The Council developed and adopted the Moving Homes Safely Protocol in 2011, drawing upon good practice guidance, in order to minimise stress where we can. In addition, we follow good practice by setting a reasonable time period for the consultation but ensuring that it is not too long, in order to keep to a minimum the period of uncertainty. Likewise, we ask Executive to make a decision regarding closure soon after the consultation period has closed in order to minimise any period of uncertainty.
35. Issue: The choice of new accommodation available.
36. Response: There are a range of options available to the 46 residents of Grove House or Oakhaven should they be required to move.

We work with each individual resident. We will explore their wishes and, as part of this, their needs and abilities.

For some, they may have the wish and the ability to move to a place where they can live more independently but safe in the knowledge that care support is available if they need it. This model of accommodation with care is called Extra Care.

Some residents could move to nursing care if they require it; the authority cannot provide this type of care in its own care homes. It is not uncommon for some of our residents to move to nursing care as and when their needs increase.

Some residents could move to other residential care in the city including independent sector provision; at any one time the authority has access to approximately 20 care beds although each is only to be used if it is suitable for the individual needing care.

Some may choose to move with friends from their current home, although as yet none have expressed this as a preferred choice.

Should the decision to close be made, we will have given residents over three months to identify their preferred new home and up to a further two months to move. Availability of accommodation will depend upon the individual choices made by residents but what we do know is that, in any week, the council has access to a range of care beds in the independent sector and some may choose to move to Haxby Hall. In addition, Extra

Care accommodation is becoming available. By arranging moves over a relatively long period of time we maximise the opportunity for people to get the home they choose and we minimise the impact on care placements for people currently living in their own home who need to move.

37. Issue: The perceived quality of any new accommodation compared to the existing home.
38. Response: The quality of care provided at Grove House and Oakhaven is not in doubt: it is good. However, the quality of the building is not and the lack of en-suite accommodation and small bedrooms mean that the majority of alternative provision in the city is far better. While Oakhaven has more ensuite bedrooms than most, the bathrooms are small and, because they were retro-fitted to an existing building, the bedroom sizes are small. The existing buildings are no longer fit for purpose.

The Council has previously assessed [as reported to Executive in 2011] whether any of the council run older persons' homes can be re-modelled in order to address these physical limitations. The conclusion was that the size of each, with the exception of Haxby Hall, prevent this being cost-effective and even in the case of Haxby Hall, remodelling when compared to re-provision is not cost-effective.

With specific reference to Grove House and Oakhaven, re-modelling would have the following impact:

- Grove House: loss of at least 7 bedrooms with an estimated capital cost for remodelling of c£2.5m;
- Oakhaven: loss of at least 11 bedrooms with an estimated capital cost for remodelling of c£2.2m.

However, such work and expenditure will not change the fundamental problem with each home: that social space is inadequate and cannot be extended because the buildings are too small. Further, small site sizes combined with 40 year old buildings make any investment a poor choice for the future.

The public consultation which underpins the Older Persons' Accommodation Programme engaged citizens and stakeholders via public meetings attended by 104 people, drop-in sessions across the city and a questionnaire completed by 1,163 people. 97% of questionnaire respondents agreed that bigger bedrooms, en-suite facilities, wider corridors and more social space should be key features of residential

care homes. In particular, bigger bedrooms were seen as essential: they would give residents more space to entertain visitors, allow for more personalised rooms (e.g. accommodating the resident's own furniture) and give staff more room in which to work and support residents. They will need to have enough circulation space for wheelchairs. En-suite facilities were seen by most as being essential, although 11 questionnaire respondents felt that they were not needed.

The Fundamental Standards (Health and Social Care Act 2009 (Regulated Activities) Regulation 2014 discuss premises and equipment under Regulation 15. It states that these “must be suitable for the service provided, including the layout, and be big enough to accommodate the potential number of people using the service at any one time. This includes sufficient toilets and bathrooms for the number of people using the service, adequate storage space, adequate seating and waiting space”. The Standards also require that building layout and services ensure that privacy, dignity and confidentiality are not compromised. The key factor is that people's needs must be taken into account when premises are designed, built, maintained, renovated or adapted.

39. Issue: The perceived impersonal nature of larger care homes.
40. Response: The decision as to where a resident will move to, if the decision to close is made, will follow careful examination of their wishes. A dedicated care manager will explore options with each resident and, if this is needed and appropriate, ensure that time is taken to visit new accommodation to “see how it feels”. Because these choices will be driven by the wishes of each individual, larger care homes are neither ruled in nor ruled out.

However, it is worth noting that many of the larger care homes actually organise themselves along “family” lines, with residents living in areas that encourage smaller groups to form and for those groups to develop “family” habits of eating and socialising together.

41. Issue: Residents remaining living in the same community they have lived all their lives and fear for them losing touch with family and friends.
42. Response: An analysis of where existing Grove House and Oakhaven residents lived before they moved shows that only two Grove House residents lived in the Groves and a further four lived locally (out of 23) while only six Oakhaven residents lived locally (out of 23), as illustrated by the maps in **Annex 3**. Therefore, closing either of these homes will not break community links for the majority of residents.

A further analysis shows that family of the residents of both Grove House and Oakhaven live across the city and some live further afield. Only 8 relatives of residents at Grove House live close by while only 10 relatives of Oakhaven residents actually live in Acomb.

43. Issue: Moving very elderly and very frail people and a fear that they will be unable to build relationships with the new residents and carers they find themselves among.
44. Response: We are aware of the frailty of residents and have developed our approach to consultation and, should a decision to close be made, our approach to moving residents specifically with this in mind. Our approach is set down in our Moving Home Safely protocol. This protocol draws upon nationally recognised good practice and was used to positive acclaim during previous moves. Key to this process is that a dedicated care manager will be assigned to support each resident through any change.

Should a decision to close be made we will not rush to move residents. Instead, the dedicated care manager will work with each resident and together they will seek out new accommodation; practical and other support will be given to facilitate the move. During this process residents can and may choose to move as a friendship group and effort will be made to accommodate this wish.

Each of these steps and the individual approach taken is intended to ensure understanding and engagement, reduce anxiety and make the move go smoothly.

As part of the process to move we will review new arrangements a few months after they have begun in order to check that all is going well.

45. Issue: The loss of a valued community facility.
46. Response: The Older Persons' Accommodation Programme is mindful of the need and wish to allow people to continue to live in their own home for as long as possible and, should they have to move to more suitable accommodation, we wish to see this located across the city so that, if they choose, people can maintain friendship and other links. However, to achieve this and in order to modernise the range of accommodation available to older people, we need to close some facilities, such as Oakhaven, and then re-build new Extra Care accommodation on that site.

### Concerns regarding communication

47. Issue: The original letter sent to residents of Oakhaven.
48. Response: At the beginning of the consultation process one error was made in written communication with relatives of residents of Oakhaven: the letter they received referred to Grove House rather than Oakhaven. While this error may have caused some confusion, and is unfortunate, the contents of the letter were otherwise as they should have been and all relevant information was communicated. Staff contacted each relative to apologise for the error and to seek their views on the consultation on closure; each relative also received a corrected copy of the letter.
49. Issue: the conduct of the meeting held at Oakhaven on 7<sup>th</sup> September 2015.
50. Response: The meeting was challenging for all concerned and in order to ensure that proper communication and understanding flowed from it, following the meeting everyone received a letter with details of the content of the meeting. A follow up telephone call was made to all relatives and a range of face to face meetings have taken place with the Home Manager to further discuss matters relating to the subject of the consultation.

The information shared at the meeting on 7<sup>th</sup> September 2015 was in line with the proposal and the plans to modernise older people's homes across the City, and, where questions were asked and a detailed response was required, staff have taken time and effort to talk to relatives since that date, either on the telephone or, in the case of the Home Manager, face to face.

It is clear from the reports that we have received that emotions were evident at the meeting on 7<sup>th</sup> September (as is to be expected) and, in those circumstances, it is a judgement-call as to whether those emotions should be allowed to be expressed (even if this does mean that people end up "talking over each other") or whether the expression of view should be more tightly controlled. As the meeting was held in the home and was attended by people who knew each other or at least are likely to have been in similar home meetings before, it was felt appropriate that emotions were allowed to be expressed. It is also appropriate that, following that meeting, each relative was contacted on a one-to-one basis in order to discuss matters further.

Some questions were asked at the meeting on 7th September which were outside of the Manager's area of responsibility – such as wider issues to do with council-wide budget management, debt and financial control – and it was appropriate that they did not answer these questions. The purpose of the meeting was to begin the discussion of the option to close Oakhaven and the Manager's role was to focus on that subject.

### The distribution of care beds across the city

51. Issue: The distribution of accommodation for older people across the city is of concern to some respondents to the consultation with a belief that Acomb is under-served.

Response: An analysis of independent sector care beds across York show a bias of provision on the east side of the river. This bias is also reflected in the distribution of current council owned care beds. This bias is historic although in recent years there has been new home development on Gale Lane and at Poppleton Park. Because this bias is historic it is clear that many residents currently choose to move location when they need residential care, as the maps in **Annex 3** show.

The Older Persons' Accommodation Programme seeks to begin to correct this bias, and at the same time move towards the provision of better quality residential care provision and, more importantly, independent living models of care, by supporting the building of a new residential care home at the Terry's Chocolate Works and a new Extra Care scheme in Acomb.

Planning Committee, when they meet on 22<sup>nd</sup> October 2015, are recommended to approve the application for the building of a new 90 bed residential and nursing care home at the Terry's Chocolate Works. It will open early in 2017.

### Impact on Delayed Transfer from Care

52. Issue: there is concern that the option to close one or more residential care homes will have an adverse effect upon the efforts of social care and health partners to effectively manage the transfer of patients from NHS care [Delayed Transfer from Care].
53. Response: as described above, the process of closure and movement of existing residents is a deliberative one and one which will not be rushed; we have given ourselves five months to do this. Because the process is deliberative we will also factor in any potential impact upon

and competing demands from our health colleagues, ensuring that we minimise the impact upon patients transferring from care. We will keep this matter under constant review and adjust any plans accordingly.

It is also worth noting that the vast majority of patients who transfer from NHS care move back to their own home; of those who are going to a care home, two-thirds move into residential care and one third into nursing care. The numbers for 2014/15 are as follows:

- 78.5% return to their own home; and
- only 21.5% (96 in total) moved into residential (58) or nursing care (38).

The four step-down beds at Grove House could be moved to Windsor House. However, before any decision is made about this we will further engage Health colleagues in order to ensure that any changes we made dovetail with their wider review of step-down and rehabilitation services.

#### Ownership

54. Issue: Julian Sturdy MP has queried, amongst other matters raised by constituents, the basis upon which the Council owns the site of Grove House: was it sold for the use of care provision only?
55. Response: The acquisition of the land upon which Grove House now stands was a land purchase from a charity but no encumbrance on use is recorded in the Deed of Sale dated 8<sup>th</sup> March 1965.

#### Speed of closure

56. Issue: Rachael Maskell MP has met with relatives of residents of both Grove House and Oakhaven and has also spent time with Officers of the council, seeking to understand the proposals for Grove House and Oakhaven. She reports many of the concerns which are detailed above. However, she also queries the need for urgency in closing the homes, particularly Oakhaven given that any re-development will not begin for some months.
57. Response: Should a decision to close Oakhaven be made, the proposal would be to seek a development partner – to include a Housing Association – who would fund, build and operate an Extra Care scheme on the site. We would procure this partner via a competitive process (most likely the North Yorkshire County Council Extra Care Framework).

In order for this procurement to be a success, those bidding for the opportunity would need certainty that the site will be available and so the



procurement should not start until the decision to close has been made. Therefore, any delay in closing the home will delay the provision of new facilities on this site. Further, delay and uncertainty can be equally as unsettling for residents as is the decision to close.

With regard to Grove House, should a decision to close be made, it is proposed that the site be sold so that the capital receipt could support the delivery of the Programme. This sale would need to take place as soon as possible as the Programme currently relies on the use of the Venture Fund to pay for up-front investment; early receipt of the money from the sale of Grove House would reduce the use of the Venture Fund and associated costs.

It is estimated that, should the decision be made to not close or to delay the closure of Grove House or Oakhaven the authority will incur an additional monthly cost to the Programme of £22k, or £260k for a full year.

However, we continue to evaluate other sites in the Acomb area which could be used to deliver the wider objectives of the Programme and, importantly, which help to re-balance the provision of accommodation with care.

Other concerns raised by Rachael Maskell MP and covered in a local news report are addressed in responses listed above but, for completeness, can be summarised as:

- a. The consultation process for Grove House and Oakhaven has been on-going for six weeks and in that time we have engaged all residents (with capacity) and all relatives, as detailed above.
- b. Good practice guidance says that consultation on closure should allow sufficient time but should not be overly long. Similarly, once a decision to close has been made, moves should take place within a reasonable amount of time and not be prolonged. A process which is too lengthy can cause stress and anxiety amongst those affected.
- c. Should the decision be made to close either Grove House or Oakhaven, or both, we will work with individual residents and their relatives to identify where they can and wish to move to next and assist with this move. The process is personalised and deliberative and will not be rushed. We have allocated up to five months to complete this process.

- d. This specific element of the Older Persons' Accommodation Programme should be seen in the light of a programme that begun in 2011 and of which there has been extensive debate and engagement since March of this year.
- e. An analysis shows that family of the residents of both Grove House and Oakhaven live across the city and some live further afield. Only 10 relatives of Oakhaven residents actually live in the Acomb area. For many residents a move may bring them closer to relatives not further away.
- f. An analysis of independent sector care beds across York show a bias of provision on the east side of the river. This bias is also reflected in the distribution of current council owned care beds. This bias is historic although in recent years there have been new residential care developments on Gale Lane and at Poppleton Park. Because this bias is historic it is clear that many residents currently choose to move location when they need residential care.
- g. The Older Persons' Accommodation Programme seeks to begin to correct this bias, and at the same time move towards the provision of better quality residential care provision and, more importantly, independent living models of care, by supporting the building of a new residential care home at the Terry's Chocolate Works and a new Extra Care scheme in Acomb. The best location for the new Extra Care Scheme in Acomb is on the Oakhaven site.
- h. Planning Committee, when it meets on 22<sup>nd</sup> October, is asked to approve the building of the 90 bed residential care home at the Terry's site, adding to provision in the West of the city. It will open early in 2017.
- i. The use of the Lowfields site for specialist accommodation with care for older people has been the subject of previous procurement which concluded that such development was unaffordable. However, we continue to examine the use of this site to meet housing, health and care objectives.
- j. Should Oakhaven close, Acomb will still retain a wide range of accommodation with care for older people including the council run provision at Windsor House and Gale Farm Court and several privately run residential and nursing care homes.

### Staff concerns

58. We continue in discussion with staff and do not envisage significant staff loss.
59. HR drop in sessions have taken place in each home (9 Sept-1 Oct) with additional sessions at West Offices for staff to discuss their options. There are 60 staff currently employed in Grove House and Oakhaven (including two managers) and a preliminary mapping exercise has been completed regarding the needs of the business, job roles, training needs, location of individuals, and current requests for voluntary redundancy/redeployment. Staff could potentially be redeployed across the five remaining services with minimum voluntary or compulsory redundancy needed.
60. Should a decision to close be made, a dedicated resource from the Workforce Development Unit would work one day per week with individual staff to tailor training and support to ensure staff are up-skilled and competent in their role moving forward. This includes ensuring there is a benchmark for all staff to achieve i.e. NVQ Level 2 in care. Courses relating to change management and development are an integral part of this.

### **Grove House and Oakhaven Transition Plan**

61. Should the decision be made to close either Grove House or Oakhaven, or both, we have assessed what a likely transition plan would look like.
62. There are currently 46 permanent residents at Grove House and Oakhaven although two have been long-term in hospital. Should Members decide to close both homes, we would expect moves to take place between February and March 2016, although some residents may choose to move sooner.
63. Home Managers have updated the care assessments for current residents and assessed their dependency levels. This exercise identifies possible demand for new accommodation as follows. However, we will also factor into this assessment the wishes of each individual and therefore the profile of demand for new accommodation may change.

	Grove House	Oakhaven	TOTAL
Extra Care	10	5	15
Residential Care	7	4	11
Residential dementia care	2	14	16

Nursing Care	2	0	2
	21	23	44

Note: two Grove House residents are currently in hospital.

64. Normal changes at Grove House and Oakhaven is likely to mean that there may be 4 fewer people to place by the end of Q1 2016.
65. The Commissioning Team have assessed the likely supply available in the first quarter of 2016.

Proposal	numbers	Action
Hold on Extra Care Vacancies at Glen Lodge & Auden House from 1/11/15	5	Based on normal rates of change which would equate to 2 at Auden House and 3 at Glen Lodge
Hold vacancies at Haxby Hall	8	Hold on referrals to Haxby Hall from 1/11/15
Nursing Home Vacancies	3	Monitor availability.
Independent sector provided residential care or residential with dementia care beds	24	Engage with providers as part of our normal and regular spot-purchasing activities once individual resident's needs are known.
	40	

66. Should it be necessary, we can seek to create more CYC residential care vacancies by moving 8 Woolnough House Step-Down Beds to Windsor House and create a further 3 by holding on referrals to Woolnough. However, people who move to Haxby Hall or Woolnough House will do so in the knowledge that they may need to move again within two to three years.
67. We can also seek to create more Extra Care vacancies, if required, by supporting voluntary moves for those who live at Auden House or Glen Lodge and who have low or no care needs.

## **The future use of the Grove House and Oakhaven sites**

68. Should Executive decide to close either Grove House or Oakhaven, or both, the Older Persons' Accommodation Programme, as agreed by Executive on 30<sup>th</sup> July 2015, plans:
  - a. that the Grove House site would be sold and the capital receipt use to support the delivery the Programme; and
  - b. that the Oakhaven site be used as the location for a new Extra Care facility for Acomb.
  
69. With regard to the Grove House site, the property team advise that:
  - a. The Grove House site is a valuable asset and should be marketed to achieve the highest sale price. Experience from the sale of Oliver House demonstrates that we can achieve significant value from city centre land sales as there is currently healthy competition for such opportunities.
  - b. Grove House is in a sought after residential location, with York St John's University close by. It is likely, therefore, that some form of private residential use would achieve the highest value. However, York St John University may well put in a strong bid for educational use.
  - c. We propose that the property is put up for sale on the open market.
  - d. It is anticipated that the sale process, to offer and exchange of contract, can be concluded in 2016. It is likely that any sale would be subject to obtaining satisfactory planning permission which would mean that sale completion will be another three to four months. These timescales are very approximate because of unforeseen circumstances that could arise.
  
70. With regard to the Oakhaven site, we would seek a development and Housing Association partner to fund, build and operate an Extra Care Home on this site with the authority retaining nominations to homes in the facility. We would also seek to accommodate health service provision of site. The procurement would begin imminently and we would expect construction to begin in Q1 2017 and be completed in Q2 2018.

## Consultation

71. The portfolio holder for Adult Social Care and Health is responsible for this Programme and will receive regular briefings and updates on its progress to ensure that it is delivered in a timely and effective manner.
72. Ward Members have been briefed and kept informed.
73. Meetings have also been held with the Central York MP, Rachael Maskell.
74. The Health and Adult Social Care Policy and Scrutiny Committee will scrutinise delivery of this Programme and assess and monitor its impact upon the other key strands of the Adult Social Care Transformation programme. They are scheduled to look at the Programme at their meeting in November 2015.
75. The Health and Wellbeing Board will also be kept fully informed.
76. We have followed the approach that has served us well when previously consulting on the potential to close OPHs: delivering sensitive messages in a careful, well managed sequence:
  - i. Briefing key external stakeholders who have been actively involved to date (e.g. Age UK York and York Older People's Assembly).
  - ii. Briefing OPH Managers/staff & Care Management colleagues.
  - iii. Updating OPH residents/relatives.
  - iv. Updating all other stakeholders, including NHS commissioner and provider organisations.
  - v. Media briefing.

## Council Plan 2015-2019

77. The proposals work towards achieving the following Council plan priorities:
  - **A prosperous city for all** - where local businesses can thrive and residents have good quality jobs, housing and opportunities.
  - **A focus on frontline services** - to ensure all residents, particularly the least advantaged, can access reliable services and community facilities.

## **Implications**

### **Balancing Competing Priorities**

78. In order to make a decision on the future of the residential homes, members must take into account a number of factors. The following is a summary of matters which Members are asked to consider:
- The views expressed in the consultation process by participants.
  - Legal responsibilities such as those pertaining to the Human Rights Act and Equality Act.
  - Potential impact on residents and families.
  - Financial impact on the authority and its Council Tax payers.
  - Responsibilities to staff.
  - Future demand and needs as expressed through commissioning strategies.
  - Research and knowledge about demand for older people's accommodation.
  - Central Government policies, directives and financial targets.
  - Value for money in service delivery.
  - Current standards of care.
  - Supply and demand for residential care in City of York
  - Occupancy levels of each home.
  - The estimated cost of maintaining or improving the buildings.
  - The availability of alternative provision.
  - The service development opportunities in that location.
79. All these issues have been considered extensively in the work to date on this Programme and covered in the reports to Executive on the matter and listed at the end of this report.

## Equalities

80. In considering this matter the Council must have regard to the public sector equality duty. In summary, those subject to the equality duty must, in the exercise of their functions, have due regard to the need to:
- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equalities Act 2010.
  - Advance equality of opportunity between people who share a protected characteristic and those who do not.
  - Foster good relations between people who share a protected characteristic and those who do not.
81. The Equalities Act 2010 explains that having due regard for advancing equality involves:
- Removing or minimising disadvantages suffered by people due to their protected characteristics.
  - Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
  - Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low
82. An Equality Impact Assessment for the Older Persons' Accommodation Programme was produced for the 15 May 2012 Executive Report and has been reviewed and updated (copy attached at **Annex 5**). It particularly highlighted the potential implications of the programme for the health, security and wellbeing of frail residents and also female members of staff who are older and also carers themselves.
83. In response, the Council developed and followed a 'Moving Homes Safely' protocol which it followed when (in the first phase of the Programme) it closed Fordlands and Oliver House in March 2012, to ensure that residents' moves to their new homes were as well planned and carefully managed as possible. Likewise, careful management of staff change helped to mitigate the impact of these closures. The Moving Homes Safely protocol is still in place and continues to guide actions relating to closure.
84. An OPH Wider Reference Group has been established to act as a sounding board for the development of plans as the implementation of the Programme unfolds. The project team also continues to use



established channels to communicate with, and gather the views of, OPH managers and staff, care management staff and Health colleagues.

## **Financial**

85. The gross cost of running both Grove House and Oakhaven is c£1.4m per year. The average gross operating cost per bed, per week, across all of the City's care homes is currently £608.
86. Should some customers require it, provision has been made to fund care beds in the independent sector.
87. Provision has been made within the Programme budget to fund the cost of staff change.
88. Overall, the Older Persons' Accommodation Programme is forecast to deliver annual savings of £284k per annum from 2019/20 rising to £553k by the end of 2023/24 and £9.6m over 25 years.
89. Capital receipts are anticipated from the possible sale of the following sites if a decision is made to close the current OPH on the site:
  - Grove House OPH;
  - Haxby Hall OPH;
  - Morrell House OPH;
  - Willow House OPH;
  - Windsor House OPH; and
  - Woolnough House OPH.
90. The site of Oakhaven OPH, at nil capital value, can also be used to achieve the outcomes of the Programme if a decision is made to close it.
91. It is estimated that, should the decision be made to not to close or delay the closure of Grove House or Oakhaven the authority will incur an additional monthly cost to the Programme of £22k, or £260k for a full year.

## **Legal**

92. The consideration of the closure of existing council run OPHs should follow a clear and consultative path. There are a number of potential challenges to local authorities during the process of closing OPHs which have been considered. Previous advice is held and has been updated

by specialist legal colleagues. This advice includes an examination of the application of the Human Rights Act and the Equality Act.

93. Legal advice has been sought and has guided the approach to consultation and the wording of letters.

### **Human Resources**

94. Formal individual consultation has taken place with all staff at Grove House and Oakhaven. The closures of both of these homes can be achieved via a combination of re-deployment, vacancy management and voluntary redundancy; we do not anticipate any compulsory redundancies and if they are necessary, the number will be small.
95. In addition we will identify workforce gaps elsewhere in the social care sector and enable appropriate recruitment initiatives to secure the future workforce.

### **Other Implications**

96. There are no specific Crime and Disorder, Information Technology or other implications arising from this report.

### **Risk Management**

97. The process of closure of care homes, should that be the decision made, has risks associated with it; these have been identified, will be kept under review and will be carefully managed. However, because the authority has done this before, and followed a similar process, it is believed that these risks are manageable.

<b>ref</b>	<b>Risk</b>	<b>Mitigating Action</b>
a)	Options for accommodation for older people do not match the expectations and aspirations of current residents.	A wide range of options are made available and current residents are supported to assess these against their needs and wishes.
b)	Those with high care needs and their cares/advisers/assessors do not recognise Extra Care accommodation as suitable because there are limited examples in York of this type of	A dedicated care manager will work with residents to explore with them and their relatives how Extra Care operates, how it can be a flexible model for those with high care needs and how it

ref	Risk	Mitigating Action
	accommodation and the care pathways are unclear.	operates in other towns as a viable alternative to residential care.
c)	The Grove House site does not realise the anticipated level of capital receipt included in the financial model.	Work closely with partners & the Council property team to maximise the capital receipt including open marketing and a competitive bidding process.
d)	Insufficient funding to deliver all elements of the project.	The early receipt of capital from the sale of Grove House, should it be agreed to close, will make a positive contribution to cash flow in the Programme financial model.
e)	Title / related property issues, incorrect procurement of capital works and/or development.	Applying due diligence to ensure Council's normal approach to the disposal of land, procurement of capital works and/or a development partner is applied.
f)	Increase in interest rates would impact negatively on borrowing.	An interest rate sensitivity test has been run against the proposed Programme and it remains affordable.
g)	Risk of the new developments/deals driving up the price the Council pays to external residential care providers	Undertaking negotiations with Independent providers.  Do not "flood" the market with purchase requirements but instead take a slow and considered approach to purchase of care bed places.
h)	Loss of OPH staff morale leading to negative impact on service provided to existing OPH residents	Maintain staff morale and focus through regular, open and honest briefings/updates; engagement through OPH Managers and staff

ref	Risk	Mitigating Action
		groups; investment in staff training, support and development.
i)	The cost of any associated redundancy is greater than estimated.	<p>The financial model has been “stress tested” to assess the impact of a 50% increase in the cost of staff change and is still viable.</p> <p>Staff change will be managed carefully in order to minimise cost and legal risks.</p>
j)	Challenge and negative publicity from existing OPH residents and relatives, OPH staff/TUs, other stakeholders, opposition parties, wider public	Development of well planned Communications approach through briefings to Residents and relative, Executive, group leaders, TUs, OPH Management & Staff, OPH Review Wider Ref Group, Media.
k)	A partner cannot be found to provide the new Extra Care facility in Acomb.	We will offer land at nil value to facilitate this development and make use of an appropriate procurement framework in order to seek a suitable partner.

**End**

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## Background Papers

19 July 2011	Report to Executive by the Member for Health, Housing and Adult Social Services. Formal commencement of Programme.
1 Nov 2011	Report to Executive by the Member for Health, Housing and Adult Social Services. Results of consultation and proposed a programme of closures, supported by a further consultation period on proposed closures of Oliver House and Fordlands.
10 Jan 2012	Report to Executive by the Member for Health, Housing and Adult Social Services. Consultation with staff, residents and their families and carers on proposal to close Fordlands and Oliver House, including changes to day care services as a result. Recommendation to close Fordlands and Oliver House.
15 May 2012	Report to Executive by the Member for Health, Housing and Adult Social Services Successful homes closure and transition for residents
4 June 2013	Report to Executive by the Member for Health, Housing and Adult Social Services Agreement on modernisation programme. The Council to fund the building of the two new care homes and so retain ultimate ownership of the buildings and the land with care homes

	designed, built, operated and maintained by an external provider.
3 Mar 2015	Report to Executive by the Acting Director of Adult Social Care. Approval of revised proposals based on creating new Extra Care Housing and reforming the Council's existing ECH stock; building a new care home on the Burnholme site as part of wider health and community facilities; and working more closely with current care providers to deliver more specialist dementia accommodation across the city.
30 July 2015	Report to Executive by the Acting Director of Adult Social Care. Approval of the Business Care for the Older Persons' Accommodation Programme and agreement to proceed.

### **Annexes:**

**Annex 1** – How have we decided which homes should be the first to be consulted on closure?

**Annex 2** – Moving Homes Safely Protocol

**Annex 3** – Copies of letters sent to residents and relatives

**Annex 4** – Maps showing previous addresses of residents and current addresses of relatives

**Annex 5** – Equality Impact Assessment

**Plan A** – Grove House site

**Plan B** – Oakhaven site

### **Abbreviations:**

NHS – National Health Service

OJEU – Official Journal of the European Union

OPH – Older Persons' Home, previously referred to as – Elderly Persons' Homes

TUPE - Transfer of Undertakings (Protection of Employment) Regulations 2006, as amended by the 2014 amendment regulations

### How have we decided which homes should be the first to be consulted on closure?

1. The criteria for deciding which should be the first are:
  - a) the presence of serious repair or maintenance problems which, if they cannot be addressed in a cost-effective manner, would impact on the quality of care provided to residents;
  - b) the potential alternative uses for the OPH site in order to deliver the wider Older Persons' Accommodation Programme;
  - c) whether a home accommodates a resident who has already been moved from another CYC OPH which was the subject of closure, e.g. Oliver House and Fordlands; and
  - d) the size of the home, with the smaller homes struggling to provide a cost-efficient service to residents.
  
2. Applying these criteria to the seven homes we find that:
  - a) None of the homes are known to have serious repair or maintenance problems.
  - b) Grove House, Haxby Hall, Oakhaven and Willow House have strong potential for alternative uses for the current site:
    - i. Grove House, because of its location, is the most likely to generate a sizable capital receipt to help fund the Programme;
    - ii. Haxby Hall as the home where others CYC OPH residents will move to during the programme and, further, as a site for redevelopment of a new/redeveloped residential care home as an alternative to the Burnholme Health and Wellness Campus.
    - iii. Oakhaven as the target site for a newly build Extra Care scheme for Acomb.
    - iv. Willow House as the site of alternative provision of new build age related housing including apartments and/or Extra Care.
  - c) Haxby Hall, Willow House and Woolnough House accommodate residents who were previously moved from Oliver House and/or Fordlands Road.
  - d) Grove House, Oakhaven & Windsor House are the smallest homes.

OPH	Res	Ward	No Physical Problems	Alternative Programme Uses	No Oliver/Fordlands Resident
Grove House	23 ✓	Guildhall	✓	✓	✓
Haxby Hall	42	Haxby & Wigginton	✓	✓	x
Morrell House	29 ✓	Clifton	✓	x	✓
Oakhaven	23 ✓	Holgate	✓	✓	✓
Willow House	31	Guildhall	✓	✓	x
Windsor House	28 ✓	Westfield	✓	x	✓
Woolnough House	33	Hull Road	✓	x	x

*Note: ✓ means that the selection criteria is positive and therefore applies*

3. Reviewing this information in the round we identify **Grove House and Oakhaven** as the first two homes to be the subject of consultation on closure because they are both small, the potential to re-use each site is important to the overall Programme and, further, no resident who previously lived at Oliver House or Fordlands Road lives in either home.
4. Haxby Hall is ruled out for early consultation on closure both because of its size, that this size suits it to accommodate residents moving from Grove House or Oakhaven and, further, it accommodates residents who previously moved there from Oliver House and/or Fordlands. Willow House is ruled out for early consultation because it accommodates a resident who had previously moved from Fordlands or Oliver House and the target site for the first new build Extra Care Home should be Acomb due to the shortage of such accommodation in that area; Willow House is close to Auden House Extra Care. Windsor House is ruled out for early consultation, despite being small, because the re-use of the site does not have delivery benefits for the overall programme. Woolnough House is ruled out for early consultation because it accommodates residents who had previously moved from Fordlands or Oliver House. Morrell House is ruled out for early consideration because the site is not of strategic significance for the progress of the Programme.





A Protocol For

# **Moving Homes Safely**

**How City of York Council will support the residents of registered care homes which are facing planned closure**

# CONTENTS

<b>Section</b>	<i>Page</i>
• Purpose of this document	3
• Basic principles underpinning this process	4
• Stage 1 – Re-assessment	5
• Stage 2 – Choosing a new home	8
• Stage 3 – Moving to a new home	10
• Stage 4 – Reviewing the move	11
• For more information	12

## **Purpose of this document**

This document describes the process that will be followed when a registered residential or nursing home (whether run by the council, private or independent sector) faces planned closure, and its residents need to be re-assessed and moved to a new home.

Once we know that a home is expected to close we will make sure we tell you as soon as we can. We know this will be worrying news for everyone concerned, and so we will make sure we tell you in a way which gives you as much support as possible. We will explain things clearly and simply. We will involve families and friends, and we will ensure that you know who to speak to if you have any questions.

Following this, there are four main stages within the process:

- Stage 1 – Re-assessment
- Stage 2 – Choosing a new home
- Stage 3 – Moving to a new home
- Stage 4 – Reviewing the move.

This document outlines what will happen at each stage of the process, and who will be involved in supporting you (the resident) along the way.

We recognise that moving home can be a stressful event for anyone. The aim of this document is to help reassure you and your family and friends that we plan to do everything possible to ensure that your move to a new home is well planned and carefully managed. You will be involved in all aspects of the decision as to where you move.

## **Basic principles underpinning the process**

*There may be some occasions where a decision has to be made urgently but if we have to decide to close a home we will, wherever possible, consult with residents before a decision is taken.*

*We will make you aware of the reasons why a move is necessary.*

*When re-assessing your needs and planning your move to a new home we will ensure that:*

- Your wishes, preferences and hopes are identified and considered.
- Your current support needs are taken into account, and that changing or future support needs are also considered.
- Discussions are conducted in your preferred language and in a way that suits you.
- You can have support from your family and friends and/or an independent advocate to support you if you wish (we talk more about advocates on page 6).
- All available options will be fully shared with you – we will be open and honest about the reasons if any preferred option is not available.
- Your re-assessment will be timely, efficient and comprehensive and will be carried out in a sensitive way.
- You will be kept up to date with what is happening.

## Stage 1 – Re-assessment

Adult Social Services will lead the process to re-assess your needs and help you move to a new home.

You will have a Care Manager allocated to you to co-ordinate your re-assessment and support planning. The Care Manager will work with you and with a number of other people and professionals, for example:

- Your family and friends
- An independent advocate
- Care home staff – and especially your key worker
- Occupational therapist
- District nurse
- GP
- Anyone else you want to be involved

You will have a detailed assessment of your needs including your mental health needs, your emotional needs, your cultural needs, your spiritual needs, and your physical needs.

The registered care home manager in your current home will be asked to complete a short Risk Assessment, which will highlight any areas of support where you may have specialist needs or be vulnerable.

The manager and staff in your current care home know you well and will be heavily involved in supporting you through the whole process of re-assessment, choosing your new home, and moving into it.

**Advocacy** is a very important part of the moving home process. You may be happy for a friend, family member, or an organization who knows you to help you to think about what the move means for you. If you do want more advice and support you and your family/friends will have access to one of two independent information, support and advocacy services.

- Older Citizens Advocacy York (OCAY) is a local advocacy service, which offers support to people who are able to make their own choices but may find it helpful to have someone to talk things over with.

- Cloverleaf is a specialist advocacy service for people who do not have the mental capacity to make a reasoned choice, and an IMCA (Independent Mental Capacity Advocate) will be appointed to talk to the person and to try and understand how their wishes for the future can be met.

We will ask you if you would like this help. If you want help contacting an advocacy organisation, or another organisation that you would trust to help you, we will help you to do this. Please let either your Care Manager, or a member of staff know.

**Life Profile.** Many care homes already complete a 'Life Profile' with each resident as a means of recording personal aspects of them and their life. The content is decided by the person and can include such things as a personal history, likes and dislikes, relationships, education, memories, and interests and photographs both past and present. This profile can go with the person when they move. A member of staff at your current care home, probably your key worker, will work with you to ensure that you have such a Life Profile and that it is fully up to date before your move.

**Care Support Plan.** At the end of the re-assessment process, you will have been involved in producing your new and detailed Care Support Plan. This document will provide clear information on current and future support needs and the preferred way in which this care should be provided.

The Care Support Plan will need to be agreed and signed by you, and you and your family will be given a signed copy for your information and records. A copy of your re-assessment and new Care Support Plan will move with you to your new home so that the staffs there are clear about how they need to support you.

## *Stage 2 – Choosing a new home*

It is important for you to feel that you have choice and control over your future home and support arrangements. This means making sure that you are able to:-

- Consider all available options
- Make a positive choice about which future support service you prefer

The options for you to consider will include: –

- Another registered residential or nursing care home in York or an area nearer family and friends.

Some people may want to think about other options that can increasingly help people live with support in their own homes. If you are interested in thinking about other options these may include:

- Extra Care Housing, where you would have your own apartment with on site support and a flexible care team for residents
- Sheltered Accommodation with monitoring & support available
- Independent/supported living
- Living with family and others.

If you have friends in your current care home that you would ideally like to move with, it is important to discuss this with them and your Care Manager as you explore the various options. If you have a pet that you would like to move with you, you will need to make this known. It may affect the options open to you, as some homes may not be able to accept pets.

Once you have decided which option you want to pursue, your Care Manager will find out as much information as possible about what support and services are available. We will encourage and support, with the help of the current care home staff, opportunities to visit potential homes.

If we have any information that suggests some of the options may not be suitable we will discuss this with you. For some people we recognise the number of choices may be limited.

Adult Social Services will have up-to-the-minute information on vacancies in registered care homes and extra care/sheltered housing units and will try, as far as possible, to match people's preferred choices with available places.

We will be able to give you a list of all the registered care homes in York and other housing options. This information can also be accessed at <http://www.york.gov.uk>.

The Care Quality Commission is another source of information on the quality of care provided by different homes, see <http://www.cqc.org.uk/>. Your friends, family, or advocate may help you to get information you want, but we can also help you get information on the homes you are interested in.

**The financial implications** of the various options being considered will be discussed and, where necessary, welfare benefit checks and financial assessments can be done so that you have all the information you need about future costs before making a final decision about which is the best option for you.



## **Stage 3 – Moving to a new home**

Moving to a new home is a significant event for anybody, and needs to be carefully planned.

Staff at your current care home will work closely with you in the lead up to the move to ensure that everything that needs to be done is done. We have developed a series of checklists which will be worked through with you to ensure that everything is covered. For example, we will help notify everybody who needs to know about your move (e.g. GP, bank, pension).

We will make sure the new home has all the information they need to care for you properly and ensure continuity of care for you.

In terms of your own furniture and possessions, you will need to think about what you want and are able to take with you to your new home. We will provide opportunities for you to visit your new home before the move, and, wherever possible, involve you in choosing the decoration of your room, the date of your move, and the staff who will support you on the day of the move. We will also provide help with packing up your belongings and unpacking them in your new home.

The actual day of your move will be carefully planned so that the right staff support and transport is available, to ensure the move is managed as smoothly as possible.

Wherever possible, we will try to ensure that the manager and key worker from your old care home will visit you in your early days/weeks in your new home to help you to settle in. If you have any worries or problems we want to know about them as soon as possible so that we can try to sort them out.

## Stage 4 – Reviewing the move

A review of your new care arrangements will be co-ordinated by your Care Manager 28 days after you have moved into your new home. An earlier review can be arranged if required. A review can involve you, a relative or friend, your Care Manager, the manager from your new home, and anyone else you would like to involve (e.g. advocate, your key worker or manager from your old care home).

The review will consider what went well with your move and what is working well in your new home, but it will also explore any difficulties that may have arisen. It will consider what you had hoped to experience in your new home and consider whether your actual experience has met these expectations. It will also identify whether there are new opportunities you would like to access in your new home, and how this might be achieved. Your Care Support Plan will be amended as necessary as a result of the discussion at the review.

Even if the first review does not raise any issues of note that need attention, your Care Manager will continue to be your allocated worker for a further 28 days to ensure consistency in case of any issues that arise. At the end of this period the responsibility for your case file will transfer back to the team responsible for reviewing placements.

Your ongoing needs will then be monitored on a regular basis by the home you live in, and reviewed by an Adult Social Services care manager every 12 months.

## For more information

For more information please speak to your current Care Home Manager in the first instance. He or she should be able to help you or advise you on who is best placed to deal with your specific query or concern.

If, however, you wish to speak to someone else please try the following contacts.

Care Management Team	(01904) 553818
Older Citizens Advocacy York (OCAY)	(01904) 676200

### Our complaints procedure

If you have not been able to sort out a concern or problem through talking to us, or you are unhappy about the service you have received please contact the Complaints Manager, who will agree with you how best to deal with your complaint - Tel: (01904) 554080 or email [haveyoursay@york.gov.uk](mailto:haveyoursay@york.gov.uk).

**Copies of letters sent to residents and relatives at the start of the consultation period**

Resident's Letter



Health & Wellbeing  
West Offices  
Station Rise  
York  
YO1 6GA

Tel: 01904 554155

7 September 2015

Dear

**Consultation on council plans for Older People's Homes in York**

I wanted to take this opportunity to update you on our plans to modernise care for older people in York, which includes consulting you on the option to close Oakhaven with current residents moving to alternative accommodation.

**Background**

In 2011 residents, relatives and many others were engaged in consultation on the Council's review of residential care homes and the options available to replace them. You may have been involved at the time. Following that consultation the Council started on a programme to replace older persons' homes with new and alternative provision and, later in 2011 and in 2012, consulted on and then closed Fordlands older persons' home and Oliver House older persons' home. Over the following three years there has been further progress and change, both at your current home and across the city, with residents kept informed via meetings (the most recent in March and July of 2015). You, your carers or family may also have followed progress in the local newspaper or on the radio.

On 30 July 2015, the council's Executive agreed detailed outline proposals for Older People's Accommodation in the city. These proposals seek to address

the needs of York's ageing population, replacing the council's seven out-dated Older People's Homes with more modern accommodation.

One of the key aims of the plan is to maximise York's existing Sheltered Housing, making it more accessible for people with higher care needs by increasing the support available at some. This will include increasing overnight care services, and developing individual packages of care so people can remain independent in their own home.

Our aim has always been to help older people to remain independent in their own home for as long as possible. The new and improved facilities will, over time, replace our now out-dated older people's care homes.

The alternative option to closure of Oakhaven is to keep it open and run it as it is. However, this would limit the range of care that can be provided and, because the building is now out-dated, means we cannot provide the same standard of accommodation as modern care homes. Only a limited number of the rooms available have en-suite facilities and some bedroom sizes and daytime facilities do not meet modern standards. Another important issue is that the size and design of the home does not allow people with different needs to be cared for in the same home. This means that people have to be moved from one home to another as their needs change. Oakhaven is small, with just 25 residents; modern residential care homes tend to be much larger so that they can accommodate people with a much wider range of needs. Because Oakhaven is small it cannot be easily or economically updated or expanded in size. It is intended that any new accommodation will address these shortcomings.

## **Proposals**

At their meeting in July 2015, the Council's Executive agreed to carry out a consultation with residents, relatives and staff at two care homes that are being first considered for closure.

The results from this further consultation period will be reported to the Council's Executive on 29 October 2015.

Each of the council's seven care homes have been assessed against a criteria looking at the age and condition of the building, the needs of residents, staffing issues, future plans for the sites and financial factors, to assess which should first be considered for closure.

I wanted to let you know that your home, Oakhaven, has been considered for closure early next year, together with Grove House. This is for the reasons set out in the paragraph above.

Whilst I understand that the proposals will cause some upset and anxiety, I want to reassure you that we will be working closely with you to understand your views and concerns about the proposals as well as understanding your individual needs and preferences about where you would like to move to if Oakhaven closes.

Your care home manager will shortly be in touch to arrange to meet with you, alongside a care manager (social worker). This meeting can be held with a family member, or close friend, or we can meet with you individually – the choice is yours. We are planning for these meetings to take place sometime between 7 September and 30 September 2015.

At this meeting we will:

- Talk through and explain the proposals again, and record your views and discuss your wishes, on them for inclusion in the feedback report to Executive.
- Explain and explore the options that could be open to you should the closure be agreed. This may include sheltered housing with extra care or moving to an alternative care home, this will be based on your individual needs.

As part of this exploration of options, we can arrange visits to the council's other care homes (or alternatives) to help you decide upon a preferred plan of action should the closures be agreed. We will also talk through the 'Moving Homes Safely' protocol, a document that explains how we would support residents and their relatives during a move. This way, you will fully understand (and will hopefully be reassured by) the process that would be followed should the closure be agreed.

During this consultation process, **independent advocacy** support can be made available to any resident or relative that requests it. Advocacy is a way of making sure a person's voice is heard when issues affect their lives. Older Citizens Advocacy York (OCA Y) can provide this support - contact (01904) 676200.

You or your family / friends might also choose to respond to the consultation in writing. If so, please send email correspondence to [carehomes.consultation@york.gov.uk](mailto:carehomes.consultation@york.gov.uk) or to the address at the top of this letter by Friday 16<sup>th</sup> October 2015 which is the date when the consultation exercise will come to an end.

### **Any queries?**

If you have any queries or concerns about this letter please speak to your care home manager in the first instance. We have also set up a **hotline number** for any additional queries: telephone 01904 551919.

I appreciate that these proposals have had an unsettling effect on everyone over the past few months. Our staff have been fantastic at a time that is also uncertain for them, and I am sure they will continue to do everything they can to support you through this process. Please continue to ask for help and support if and when you need it.

### **Next contact**

As explained above, your care home manager will be arranging a meeting with you shortly to discuss everything covered in this letter, and you will no doubt have a number of conversations over the coming six weeks. I will write to you again in October to explain how and when we will share with you the outcome of this latest consultation, and the contents of the Executive report.

Yours sincerely

A handwritten signature in cursive script, appearing to read 'Michael Melvin'.

Michael Melvin  
Assistant Director Adult Social Care

## Relatives' Letter



Adult Social Care  
West Offices  
Station Rise  
York  
YO1 6GA

Tel: 01904 554155

7 September 2015

Dear

### **Consultation on council plans for Older People's Homes in York**

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### **Background**

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On 30 July 2015, the council's Executive agreed detailed plans for Older People's Accommodation in the city. These plans seek to address the needs of York's ageing population, replacing the council's seven out-dated Older People's Homes with more modern accommodation.



One of the key aims of the plan is to maximise York's existing Sheltered Housing, making it more accessible for people with higher care needs by increasing the support available at some. This will include increasing overnight care services, and developing individual packages of care so people can remain independent in their own home.

Our aim has always been to help older people to remain independent in their own home for as long as possible. The new and improved facilities will, over time, replace our now out-dated older people's care homes.

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Another important issue is that the size and design of the home does not allow people with different needs to be cared for in the same home. This means that people have to be moved from one home to another as their needs change. Oakhaven is small, with just 25 beds; modern residential care homes tend to be much larger so that they can accommodate people with a much wider range of needs. Because Oakhaven is small it cannot be easily or economically updated or expanded in size. It is intended that any new accommodation will address these shortcomings.

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I wanted to let you know that your relative's home, Oakhaven, has been considered for closure early next year, together with Grove House.

Whilst I understand that the proposals will cause some upset and anxiety for residents and staff, I want to reassure you that we will be working closely with everyone to understand their views and concerns about the proposals as well as understanding the needs and preferences about where your relative would like to move to if Oakhaven closes.

Your relative's care home manager will shortly be in touch to arrange to meet with them, alongside a care manager (social worker). This meeting can be held with a family member or close friend if your relative wishes. We are planning for these meetings to take place sometime between 7 September and 30 September.

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As part of this exploration of options, we can arrange visits to the council's other care homes (or alternatives) to help them decide upon a preferred plan of action should the closures be agreed. We will also talk through the 'Moving Homes Safely' protocol, a document that explains how we would support residents and their relatives during a move. This way, you and they will fully understand (and will hopefully be reassured by) the process that would be followed should the closures be agreed.

During this consultation process, **independent advocacy** support can be made available to any resident or relative that requests it. Advocacy is a way of making sure a person's voice is heard when issues affect their lives. Older Citizens Advocacy York (OCA Y) can provide this support - contact (01904) 676200

You might also choose to respond to the consultation in writing. If so, please send email correspondence to [carehomes.consultation@york.gov.uk](mailto:carehomes.consultation@york.gov.uk) or to the address at the top of this letter by Friday 16 October 2015 which is the date when the consultation exercise will come to an end.

## **Any queries?**

If you have any queries or concerns about this letter please speak to your relative's care home manager in the first instance. We have also set up a **hotline telephone number** for you to discuss any additional issues. Telephone 01904 551919.

I appreciate that these proposals have had an unsettling effect on everyone over the past few months. Our staff have been fantastic at a time that is also uncertain for them, and I am sure they will continue to do everything they can to support you through this process. Please continue to ask for help and support if and when you need it.

## **Next contact**

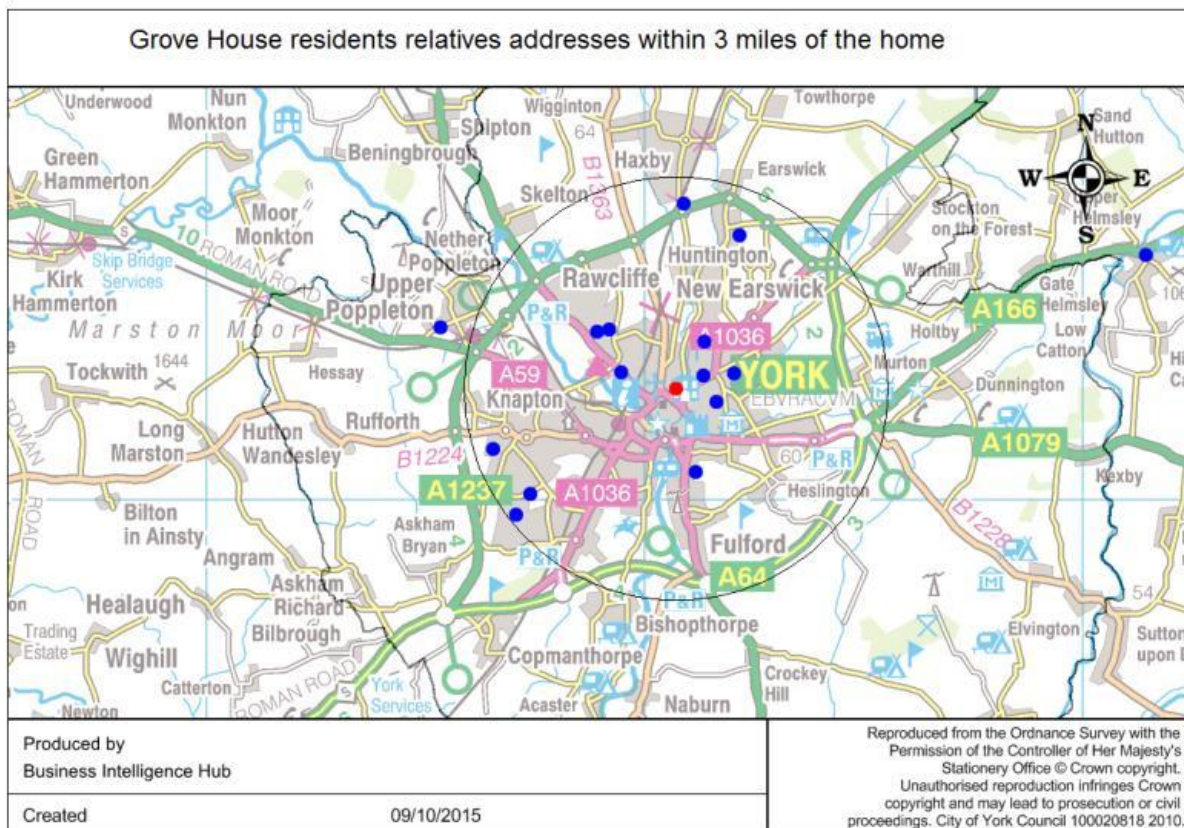
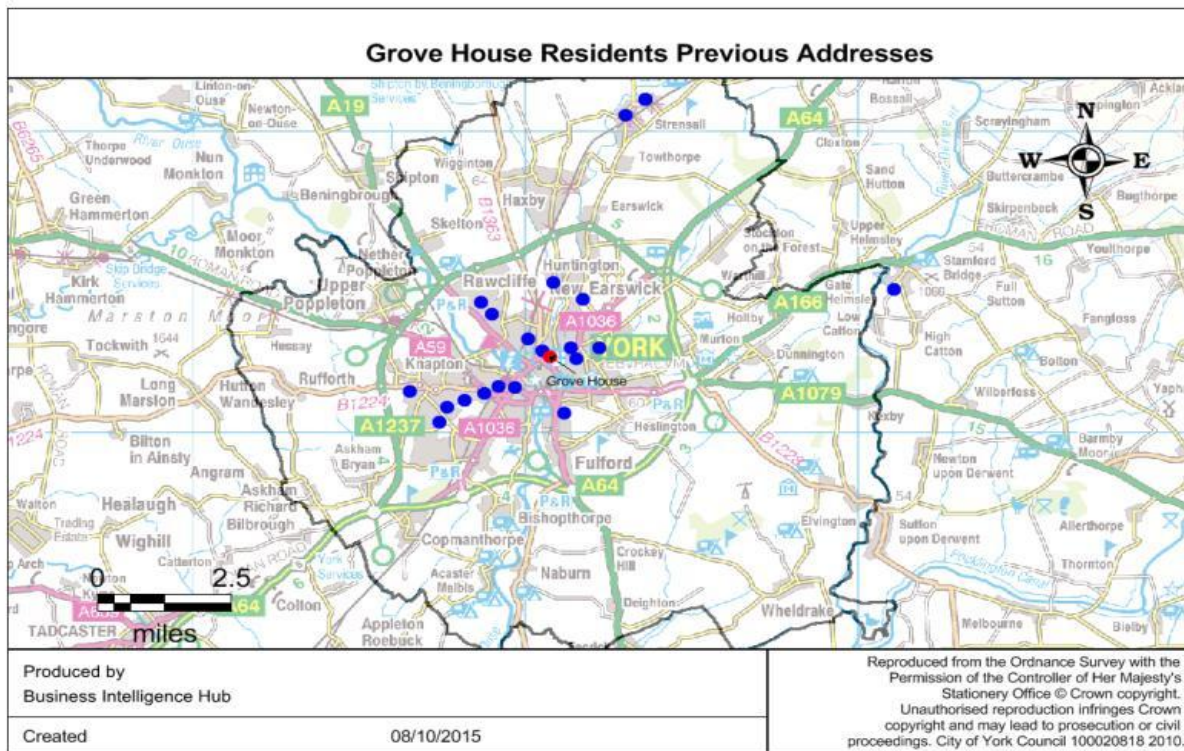
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Yours sincerely

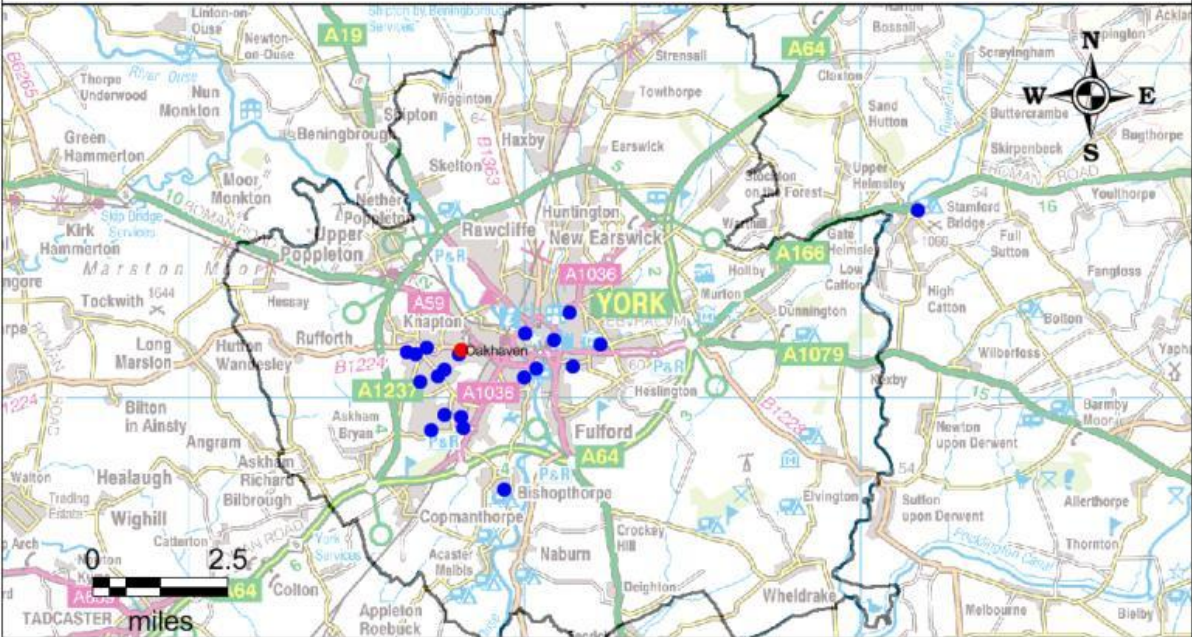
A handwritten signature in cursive script, appearing to read 'Michael Melvin'.

Michael Melvin  
Assistant Director Adult Social Care

Maps showing location of residents' previous address and relatives' current address in relation to Grove House or Oakhaven



### Oakhaven Residents Previous Addresses

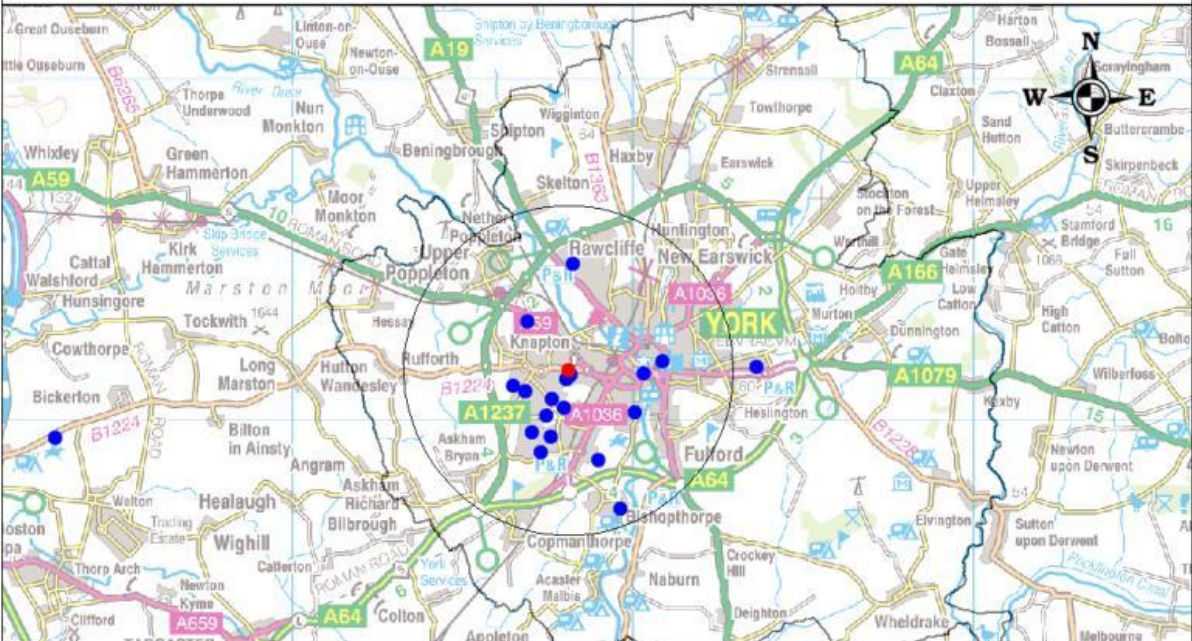


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Created 08/10/2015

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### Oakhaven residents relatives within 3 miles of the home



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## City of York Council

## EQUALITY IMPACT ASSESSMENT

1	Name and Job Title of person completing assessment	Programme Director, Older Persons' Accommodation
2	Name of service, policy, function or criteria being assessed	Policy regarding the future provision of accommodation for older people, especially residential care.
3	What are the main objectives or aims of the service/policy/function/criteria?	<p>The Older People Accommodation strategy is based on meeting people's needs and in-particular the demographic challenges we face. This is a modernisation programme to support more people to maintain living independently i.e. through the provision of more extra care.</p> <p>The provision of the right care in the right place at the right time This is expected to be achieved through:</p> <ol style="list-style-type: none"> <li>1. Re-providing up-to-date fit for purpose accommodation with care for those who are in residential accommodation at the moment</li> <li>2. Investing in supporting older people to stay in their own homes and live independent lives for as long as possible.</li> <li>3. An increase in overall capacity to meet the growth in demand; as we recognise that the current Council's physical provision is poor and does not reflect what we would expect from other providers.</li> <li>4. Care will be provided throughout the locality using key partners. Currently the minority of relatives live within a 3 mile radius of the two homes detailed in phase one of the modernisation</li> </ol>

		programme. Therefore movement across the City is expected. Many residents have only lived in each area for a short amount of time. Re-provision will include extra care, alternative residential or nursing care.
4	Date	15/10/2015 (updating the EIA of 09/06/2011)

### Stage 1: Initial Screening

5	What evidence is available to suggest that the proposed service/policy/function/criteria could have an adverse impact <b>on quality of life outcomes</b> (as listed at the end of this document) for people (both staff and customers) with protected characteristics? Document the source of evidence, (e.g. past experience, anecdotal, research including national or sectoral, results of engagement/consultation, monitoring data etc) and assess relevance of impact as: <b>Not relevant / Low / Medium / High.</b>
---	---

	Protected Characteristic	Not relevant		L/M/H		Source of evidence that there is or is likely to be adverse impact	
		Cust	Staff	Cust	Staff	Customers	Staff
a	Race	X	X			Consultation with communities of Interest	Consultation with staff
b	Religion/Spirituality/ Belief	X	X			Consultation with communities of Interest	Consultation with staff
c	Gender	X			L	Consultation with communities of interest	The OPH staff profile shows that the majority of the current workforce are women and those who are older may suffer

Protected Characteristic		Not relevant		L/M/H		Source of evidence that there is or is likely to be adverse impact	
		Cust	Staff	Cust	Staff	Customers	Staff
							adversely if seeking alternative work and may have the added responsibility of caring obligations. However, during the next 3 years our capacity will need to increase as we develop further provision for Older People, which will give staff a greater opportunity of employment.
d	Disability		X	H		National studies show that older and significantly frail residents may face poorer prospects in terms of health and wellbeing Consultation with communities	Consultation with staff



Protected Characteristic	Not relevant		L/M/H		Source of evidence that there is or is likely to be adverse impact		
	Cust	Staff	Cust	Staff	Customers of Interest	Staff	
e	Sexual Orientation	X	X			Consultation with communities of Interest	Consultation with staff
f	Age			H	H	National studies show that older and significantly frail residents may face poorer prospects in terms of health and wellbeing Consultation with communities of Interest	The OPH staff profile shows that the majority of the current workforce are women and those who are older may suffer adversely if seeking alternative work and may have the added responsibility of caring obligations.
g	Pregnancy/ maternity	X	X			Consultation with communities of Interest	Consultation with staff
h	Gender Reassignment	X	X			Consultation with communities of Interest	Consultation with staff
i	Marriage and Civil Partnership	X	X			Consultation with communities of Interest	Consultation with staff
j	Carers of older			M	M	Information	Information in

Protected Characteristic	Not relevant		L/M/H		Source of evidence that there is or is likely to be adverse impact	
	Cust	Staff	Cust	Staff	Customers	Staff
and disabled people					in our corporate Carer's Strategy shows that there may be adverse effects on the carers of older and frail people if they do not settle in their new environment	our corporate Carer's strategy, as well as information from the York Carers' Centre, shows that middle-aged women who are carers themselves find it difficult to find and keep any type of employment.

If you assess the service/policy/function as **not relevant across ALL the characteristics**, please proceed to section 11. If you assess the service/policy/function as **relevant for ANY of the characteristics**, continue to Stage 2, Full Equality Impact Assessment.

## Stage 2: Full Equality Impact Assessment

6	Are there any concerns that the proposed or reviewed service/policy/function/criteria may be discriminatory, or have an adverse impact on members of the public, customers or staff with protected characteristics? <b>If so record them here</b>	
a	Public/ customers	Yes – possible negative effects on health, security and well-being of frail residents.
b	Staff	Yes – older women especially those who are also carers in their home environment with limited ability to move and find other jobs.

If there are **no concerns**, go to section 11.

If **there are concerns**, go to section 7 and 8 amend service/policy/function/criteria to mitigate adverse impact, consider actions to eliminate adverse impact, or justify adverse impact.

7	<p>Can the adverse impact be justified? E.g. in terms of community cohesion, other legislation, enforcement etc. <b>NB. Lack of financial resources alone is NOT justification!</b></p>
<p>Customers – Yes. There are studies that show that frail residents may suffer detriment if moved from current homes. However, our quality assurance studies as well as the results of consultation showed that the current OPHs, whilst in reasonably good condition, are 40-50 years old and no longer meet current residents’ needs and also are not fit for the future. Their size and design make it more difficult for staff and other practitioners to care for people with dementia and high dependency care needs.</p> <p>Staff – Yes because staff consultation shows that above all else they want to improve the care environment for our customers and also are obliged by changes in national policy to deploy resources differently.</p>	
8	<p>What changes will you make to the service/policy/function/criteria as result of information in parts 5&amp;6 above?</p>
<p>There will be no changes to the proposed policy of reprovision. However, we shall put in place a number of remedial actions, which are listed in item 10 below.</p>	
9	<p>What arrangements will you put in place to monitor impact of the proposed service/policy/function/criteria on individuals from the protected characteristics?</p>
<p>OPA Programme Board will oversee the consultation over the review proposals, and subsequent implementation of Members’ decisions.</p> <p>Assessment &amp; Safeguarding Care Managers and OPH Managers will monitor the impact of any changes on individual residents. They will also track feedback from relatives and, where appropriate request independent advocates looking out for the interests of individual residents.</p> <p>Commissioning &amp; Contracts Managers will monitor the quality of service provided in whatever model of service provision is decided upon by Members.</p> <p>OPH Managers, Human Resources, and Trade Unions will support OPH staff through any change process that flows from the Members’ decision on this OPH Review.</p>	

**10** List below actions you will take to address any unjustified impact and promote equality of outcome (as listed at the end of this document) for staff and other people with protected characteristics. Consider action for any procedures, services, training and projects related to the service/policy/function/criteria which have the potential to promote equality in outcomes.

Action	Lead	When by?
<p><b><u>Customers</u></b></p> <p>We have developed a ‘<b>Moving Homes Safely</b>’ protocol. The document describes the process that will be followed when a care home faces planned closure, and its residents need to be re-assessed and moved to a new home. The document is written in Plain English and outlines for residents and their relatives what will happen at each stage of the process, which includes: Re-assessment; Choosing a new home; Moving to a new home; Reviewing the move; and who will be involved in supporting them along the way. Age UK, Older Citizens Advocacy York (OCAY) and the York LINK Readability Panel has commented on the protocol to ensure that, from a resident’s perspective, the process and document are clear and make sense.</p>	<p>Head of Service (Operations)</p>	<p>Until the project has been completed</p>
<p><b><u>Staff</u></b></p> <p>The modernisation programme if agreed will take in the order of three years to implement. This timescale combined with current vacancies and requests for early retirement indicate that there will be minimal need for compulsory redundancies. We will work closely with OPH Managers and staff, the Trade Unions and Human</p>	<p>Head of Service (Operations)</p>	<p>Until the project has been completed</p>

Resources to ensure that there is a fair, open and transparent process for dealing with staff moves between current homes, and into the new care homes, when built.		
11	Date EIA completed	15/10/2015 (updating the EIA of 09/06/2011)
<p>Author: Roy Wallington  Position: Programme Director, Older Persons' Accommodation  Date: 20/10/2015</p>		
12	Signed off by	
<p><b>I am satisfied that this service/policy/function has been successfully equality impact assessed.</b>  Name: Martin Farran  Position: Director – Adult Social Care  Date: 20/10/2015</p>		

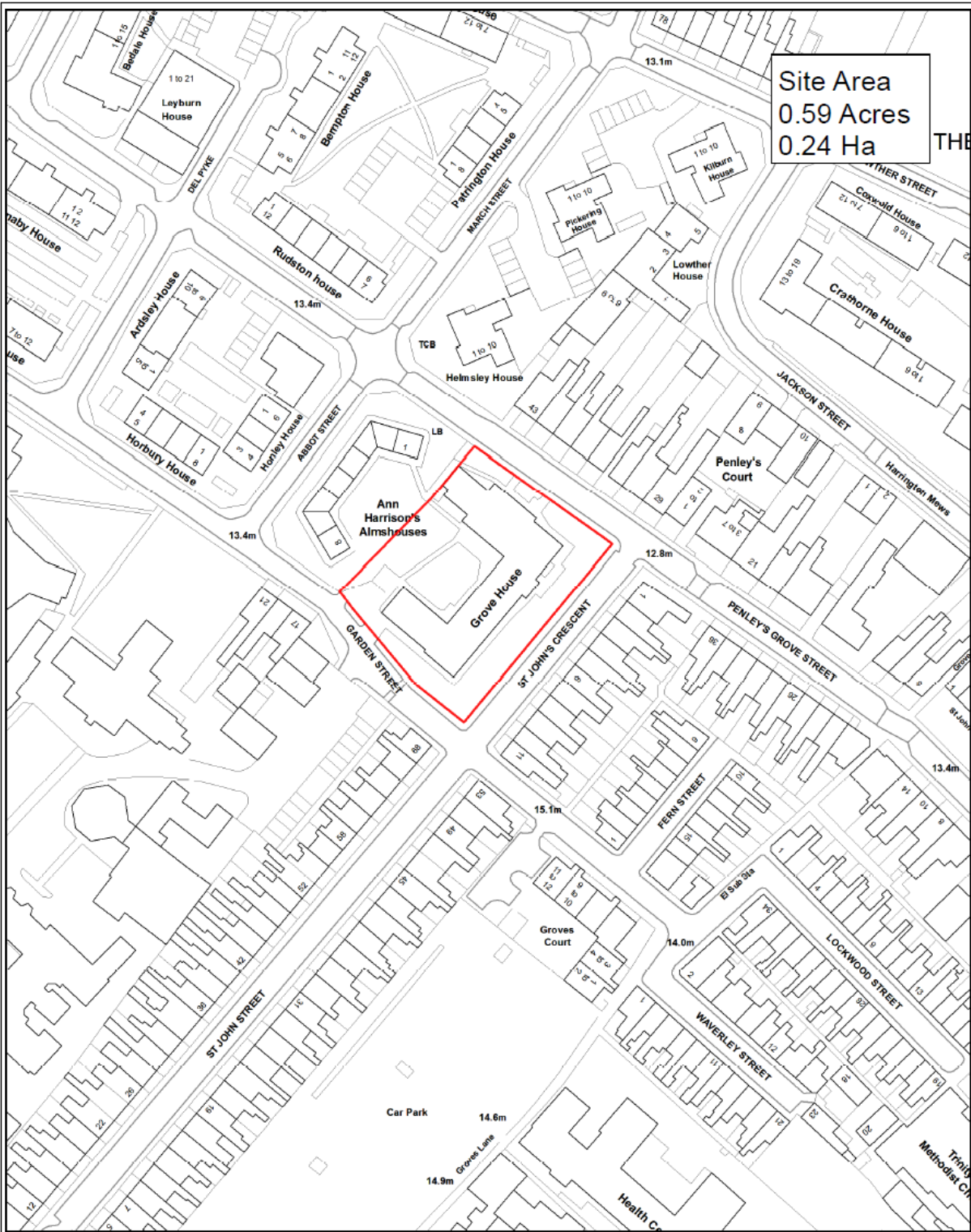
## **Quality of Life indicators**

(aka 'The 10 dimensions of equality')

We must ensure there is no adverse impact in terms of:

- ❑ Longevity, including avoiding premature mortality.
- ❑ Physical security, including freedom from violence and physical and sexual abuse.
- ❑ Health, including both well-being and access to high quality healthcare.
- ❑ Education, including both being able to be creative, to acquire skills and qualifications and having access to training and life-long learning.
- ❑ Standard of living, including being able to live with independence and security; and covering nutrition, clothing, housing, warmth, utilities, social services and transport.
- ❑ Productive and valued activities, such as access to employment, a positive experience in the workplace, work/life balance, and being able to care for others.
- ❑ Individual, family and social life, including self-development, having independence and equality in relationships and marriage.
- ❑ Participation, influence and voice, including participation in decision-making and democratic life.
- ❑ Identity, expression and self-respect, including freedom of belief and religion.
- ❑ Legal security, including equality and non-discrimination before the law and equal treatment within the criminal justice system.

**Plan A: Grove House site:**



**CBSS**  
Asset & Property  
Management

**Grove House EPH**

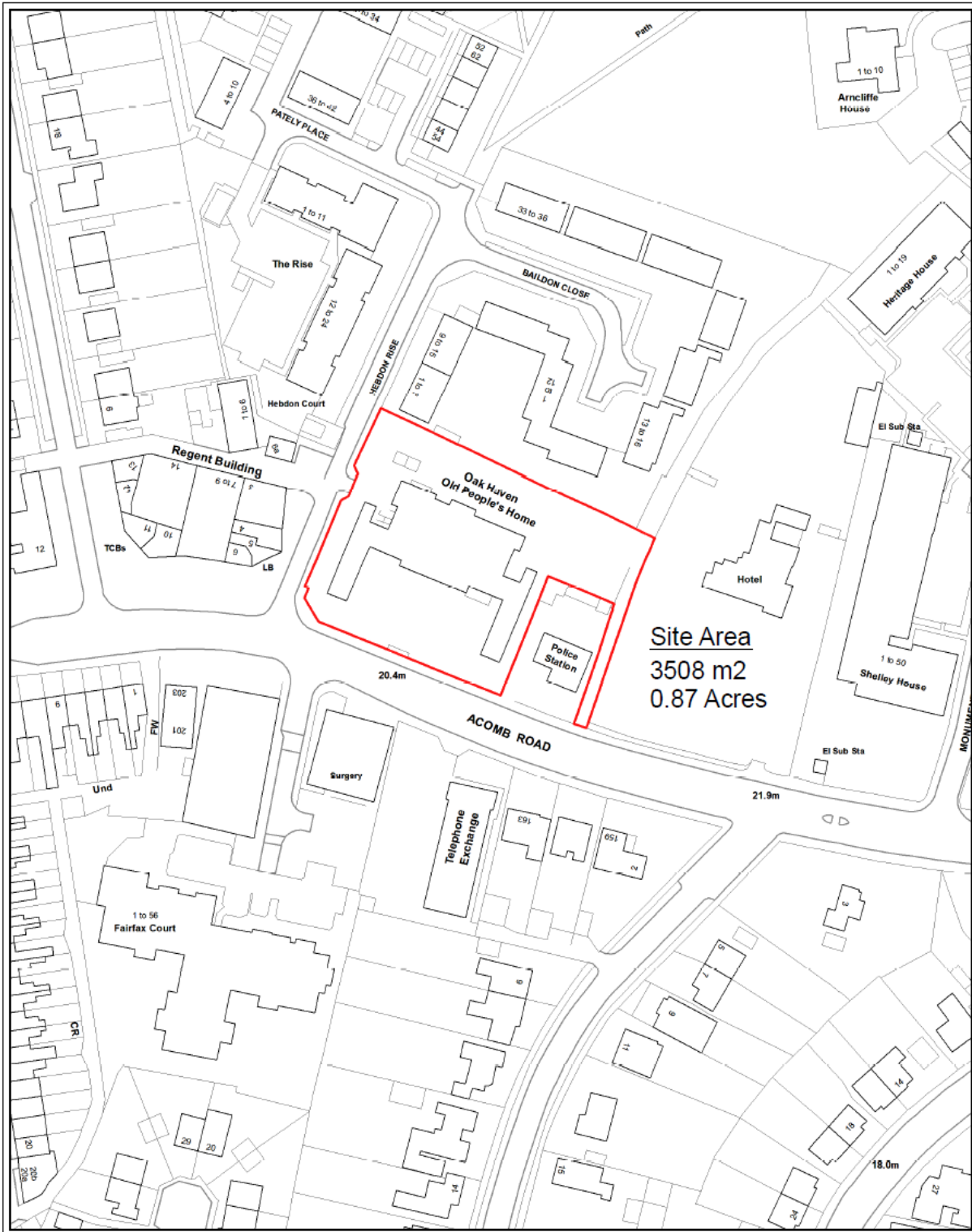




SCALE: 1:1,250      DRAWN BY: DH      DATE: 06/10/2015

Originating Group: **Asset & Property Management**      Drawing No. **E00642\_2**

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# Plan B: Oakhaven site



 <p><b>CITY OF YORK COUNCIL</b></p>	<h2>Oakhaven</h2>	
<p><b>CBSS</b> Asset &amp; Property Management</p>	<p>SCALE: 1:1,250      DRAWN BY: DH</p> <p>Originating Group: <b>Asset &amp; Property Management</b></p>	<p>DATE: 15/09/2015</p> <p>Drawing No. <b>E00646_1</b></p>
<p><small>Reproduced from the Ordnance Survey with the permission of the Controller of Her Majesty's Stationery Office © Crown copyright. Unauthorised reproduction infringes Crown copyright and may lead to prosecution or civil proceedings. City of York Council 100020515</small></p>		