

Executive

7 December 2017

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

A Further Phase of the Older Persons' Accommodation Programme: deciding the Future of Windsor House Older Persons' Home

This report will provide Members with the results of the consultation undertaken with the residents, relatives and staff of Windsor House residential care home to explore the option to close the home with current residents moving to alternative accommodation, and for Members to make a decision about whether to close Windsor House.

Should a decision to close the home be made, the report will also ask Executive to sanction the re-use of the site as the possible location for the Centre of Excellence for Disabled Children and their families, subject to the development of the business case and further engagement with stakeholders.

Recommendations

1. The Executive will be asked to:
 - a) Receive the outcome of the consultation undertaken with residents, family, carers and staff of Windsor House to explore the option to close the home with current residents moving to alternative accommodation.
 - b) Make a decision about whether to close Windsor House residential care home and, if a decision is made to close it, require that residents' moves to their new homes are carefully planned and managed in line with the Moving Homes Safely protocol.
 - c) Agree that the alternative uses of the Windsor House site, in total 0.45 acres, be examined in accordance with the revised Corporate Asset Strategy with one use being for the Centre for Excellence for Disabled Children and their families and, should this use not be feasible, for housing use and should this use not be possible, then for the site to be sold forthwith in order to generate a capital receipt to support the wider Older Persons' Accommodation Programme.

Background

2. York's older population is growing rapidly with the number of 75+ residents expected to increase by 50% by 2030. 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 Further, current supply is no longer fit for purpose, particularly Council run Older Persons' Homes (OPHs) which are outdated and lack modern facilities; for example, just 16 of the 105 bedrooms have en-suite facilities.
3. 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.
4. 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. We have re-named the Extra Care schemes the "Independent Living Service" (ILS). 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, Glen Lodge and Marjorie Waite Court Independent Living Services now have 24/7 care available. These changes allow a person with high care needs – including dementia - to live in these services as a viable alternative to residential care. Glen Lodge in November 2017 benefited from the opening of a 27 home extension, with facilities specifically designed for the needs of people with dementia.
5. The Older Persons' Accommodation Programme will provide accommodation to facilitate the replacement of the Council's remaining OPHs. Furthermore, 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 in Table 1 below:

Table 1: Expected outcomes achieved by the Programme

Where	When	Total	High Care Needs	Medium Care Needs	Low Care Needs
Auden House Independent Living	Apr - 15	41	16	15	10

Where	When	Total	High Care Needs	Medium Care Needs	Low Care Needs
Glen Lodge ILS (existing)	Feb - 16	42	17	15	10
Marjorie Waite Court ILS	Q1 -17	42	17	15	10
Chocolate Works Care Home	Q2 -17	90	90		
Glen Lodge ILS (extension)	Nov - 17	27	20	4	3
Fordlands Care Home	Q1-19	64	64		
Carlton Tavern	Q1-19	74	74		
Burnholme Care Home	Q2-19	80	80		
New Lodge – Care Home	Q2 -19	46	46		
New Lodge - Independent Living	Q2-19	105	35	35	35
<i>Regency Mews ILS extension</i>	Q3-19	25	9	8	8
<i>Oakhaven ILS Scheme</i>	Q3 -19	56	24	16	16
<i>Marjorie Waite Court extension</i>	Q4-19	33	20	8	5
<i>Lowfield Green Care Home</i>	Q4-19	70	70		
<i>Green Lane Care Home</i>	Q4-19	66	66		
<i>New Haxby Hall Care Home</i>	2020	65	65		
TOTAL		926	713	116	97

Note: items marked in italics are subject to receipt of planning consent.

6. Westfield ward is well served with accommodation with care for older people, particularly given its demographic profile which is younger than other areas, with 169 units of accommodation with care, giving a rate 16 beds/homes per 100 people over 75 compared to a city wide average of 8. These numbers increase to 239 and an incidence of 22 per 100 over 75s when the plans for the new care home at Lowfield Green are taken into account.
7. 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 reablement services, align step-down and short stay provision and extend support for people living with dementia. In the last two years we have delivered a 26% increase in the support to older people to help them to continue to live independently in their own home.

The Context for the Consultation

8. Following the decision of Executive on 28th September 2017 to agree “that, this autumn, a six week period of consultation is undertaken with the residents, family, carers and staff of one of the Council’s Older Persons’ Homes to explore the option to close the home, with current residents moving to alternative accommodation and that a further report on the outcome of this consultation be received by Executive before a final decision to close is made and that this process is repeated in the first half of 2018 in respect of a further Council operated Older Persons’ Home” it was agreed that Windsor House on Ascot Way [Westfield ward] is the subject of this consultation on closure. The reasons for choosing this home are described in **Annex 1**.
9. Permanent residents of Windsor House have come from across the city – few are local to the area, as shown on the map in **Annex 2**. Similarly, their relatives also live across the city and further afield, as shown in **Annex 2**.
10. While half of residents have moved into Windsor House recently, the other half have been there for a longer period of time.

Moved in 2017 or 2016	Moved in 2015	Moved in 2014 or before
50%	0%	50%

The Consultation Process

11. It was agreed that we would follow the same approach to consultation and, subject to Member decision, closure, as was followed for other homes. For these homes we used the Moving Home Safely Protocol which proved to be appropriate and successful. It was reviewed and updated following its earlier. A copy is attached as **Annex 3**.
12. Residents, relatives and staff have been engaged in consultation. Each was invited to a meeting on 9th October 2017. Everyone received a letter giving more detail of the reasons why closure was being considered, setting out how the consultation would be conducted and informing them of when a response to the consultation will be received. Residents also received a copy of the Moving Homes Safely Protocol which was discussed at the meeting, and individuals were offered the support of an independent advocate, should they wish one, and were also informed that they could meet with their Ward Councillors if needed.
13. The consultation allows for the opportunity for each person who would

be affected by closure to talk on a one-on-one basis about the proposals. Vitally, each resident who had the capacity to do so was able to be consulted individually and face-to-face with a care manager. Residents had the option to have a family member or close friend present, and could request support from an independent advocate. At meetings we:

- a) Talked through and explained the proposals and discussed wishes.
 - b) Explained and explored the options that could be open to the resident should the closure be agreed. This is based on each individual resident's need and could include moving to Independent Living Extra Care accommodation or to an alternative care home.
 - c) Talked through the Moving Homes Safely protocol so residents are able to fully understand – and hopefully be reassured – by the process that would be followed should closure be agreed.
14. Residents and their family/friends were also able to respond to the consultation in writing. All communications with residents and family were recorded.

The Outcome of the Consultation

15. The consultation closed on 20th November 2017.
16. The response to the consultation has been calm. Residents and relatives have received the information and engaged in discussion of the issues and opportunities that the option to close presents. Residents were offered the opportunity to speak with their Ward Councillors as part of this consultation.
17. Several residents and relatives have already begun to look at new accommodation. Since the consultation began some have chosen to move in order to meet their current care needs. By 20th November five residents will have moved leaving 17 permanent residents in the home. Each move has been undertaken in the clear knowledge that no decision has yet been taken to close the home.
18. An on-line petition was begun by the relative of a previous resident of Windsor House but has now been taken down.
19. One resident's family member was concerned regarding the process for consultation, the overall programme of change in accommodation with care for older people, and whether it is correct to only consult on one OPH at a time rather than the all homes. A meeting was held with this relative.

Residents and their relatives

20. Windsor House had the capacity to accommodate 27 residents. By the end of the consultation the home had 17 permanent and 3 temporary residents. The care home has 33 staff in total, the majority of who work part time.
21. The following engagements were made and/or responses received:

Residents and relatives	<p>21 letters inviting to October meeting sent to residents and relatives.</p> <p>18 courtesy calls made to relatives to inform of and discuss meeting.</p> <p>12 residents and their relatives attended the meeting on 9th October 2017.</p> <p>Each resident and relative given a copy of the Moving Homes Safely protocol.</p> <p>1 phone call received.</p> <p>1 email received.</p> <p>1 letter received.</p>
Staff	<p>Staff briefing attended by 21 members of staff.</p> <p>Each member of staff received a letter explaining the consultation process.</p> <p>Five drop in sessions ran from 16 October to 30 October and was attended by a total of 33 staff.</p> <p>No further comments were received during the consultation.</p>

22. Nine residents wished to meet and begin their review during the consultation period, thirteen wanted to wait until the Executive decision was made. Discussions with both residents and their relatives with the care home managers and review manager have been recorded. A significant number of residents do not have the capacity in terms of decision making to fully engage with the consultation process, and in these cases relatives have been contacted and discussions with them have taken place. Since the end of the consultation one resident has moved out and one is planning to move. These moves are in

accordance with their care plan and are undertaken in the full knowledge that no decision has yet been taken to close the home.

23. No direct comments from external parties were received during the consultation process.

Responses to the issues raised during consultation

24. Issue: Windsor House has recently been awarded a “Good” rating by the Care Quality Commission so why is the Council considering closing the home.
25. Response: The recognition of the good care delivered by staff at Windsor House is very welcomed and is celebrated. However, the building is no longer fit for purpose and it is for this reason that the home is being considered for closure.
26. Issue: Older, vulnerable, people who are living with dementia being moved to an unfamiliar environment.
27. Response: Moving to an unfamiliar environment, where they might not necessarily know anyone, can understandably be a stressful and difficult time for residents. To help cope with moves such as this the council in 2011 developed and adopted the Moving Homes Safely protocol in order to minimise stress to residents where possible. The protocol’s most recent iteration was developed in summer 2016. One addition to the protocol is a new handover check list for care staff to follow to ensure a smooth transition to the new home. As part of this additional task, residents will be visited by staff that they are familiar with in their new care homes within the first month of their move. This will help them to express any concerns they have regarding their new home with a familiar face, this will hopefully help to alleviate any stress of being moved to an unfamiliar environment.
28. Issue: Residents like the home, its location and facilities and don’t want/need en-suite bathroom facilities.
29. Response: We recognise that existing residents choose to live at Windsor House and therefore value its facilities and accept the limitations of the building including the lack of ensuite facilities, narrow corridors and limited social space. However, modern care standards require better ease of movement around a care home, particularly for those with bariatric care needs, a range of social spaces and ensuite toileting facilities. Older people also expect these and are increasingly unwilling to share toilet and bathroom facilities. The Programme is designed to deliver improved care homes for the current and future generation of older people.

30. Issue: Residents and relatives expressed some concern about searching for alternative care.
31. Response: Each resident will have a one-on-one review with the review manager, which their relatives or close friends will be able to attend with them. During this meeting their future care needs and the move can be discussed. The review manager will be able to assist with providing vacancy lists for City of York Council contracted beds in other care homes within York. Residents currently have a monthly review and these sessions can be used to try and anticipate their future care needs to reduce the risk that the residents will need to move again in the future. Residents will not be rushed throughout this process and will be able to complete it within their own time.
32. Issue: The choice of accommodation available.
33. Response: There are a range of options for new accommodation available to residents, and the review manager either has or will work through and discuss these options with each resident to allow them and their relatives to come to a conclusion on where they move to. This will take into account each individual resident's needs. Some residents will be able to move to a nursing care home, which the council cannot provide ourselves, giving them the opportunity to have access to a higher level of care that better deals with their needs. Other residents may perhaps feel they can move into Independent Living Extra Care, a number of which are council run, giving them an option for greater independence. The council-run residential care home Haxby Hall remains an option for residents.
34. Issue: The cost of new accommodation available.
35. Response: When the Council funds a care bed on behalf of a resident who is assessed as being eligible for support, we seek to buy the most appropriate bed to meet their needs, at the best price. Our Actual Cost of Care bed rate guides these discussions. The resident only pays what they can afford with this determined by a nationally agreed calculation of need. For customers who fund their own care, we can assist in them finding a suitable home but the cost of that care remains their responsibility until they, too, become eligible for local authority financial support.
36. Issue: The suitability for Independent Living Extra Care accommodation for people living with dementia.
37. Response: Independent Living Extra Care accommodation can provide an appropriate, stimulating and safe home for people living with dementia. National research and local experience proves this point.

However, any move to council-supported Independent Living Extra Care accommodation is accompanied by a thorough review of care needs and the suitability of that accommodation to help meet those needs.

38. Issue: The approach to consultation and, specifically, why all homes were not the subject of consultation on the option to close at the same time.
39. Response: A wide community of interest has been engaged in the development of the Older Persons' Accommodation Programme. During this engagement it was identified that an incremental approach to consultation and, subject to the outcome of that consultation, closure, would be best for each home and its residents and for the care system overall.
40. Issue: The timing of availability for new accommodation and its impact upon the care market in York.
41. Response: As stated above, some new accommodation has already been provided and more is scheduled in the next two years. Planning consent is in place for three new care homes with construction on two scheduled to begin in Q1 2018 with completion in 2019.
42. To date, the impact of change upon the care market in York has been benign, as illustrated in section entitled "The operation of the care market in York", below.

Staff concerns

43. Discussions with staff will continue.
44. Windsor House has 29 members of staff (4 staff have left during the consultation) the majority of who work part-time. Staff were informed of the consultation on closure and its implications at a staff briefing held on 9 October 2017. Five drop in sessions were also held throughout the consultation period for staff members to discuss these issues, and a letter with guidance was delivered to each individual member of staff. In accordance with Council policy, members of staff will be assessed for redeployment to other teams – this is particularly viable with the opening of Glen Lodge – or voluntary redundancy.
45. 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.

Windsor House Transition Plan

46. Should the decision be made to close Windsor House, we have assessed what a likely transition plan would look like.
47. There are currently 17 permanent residents at Windsor House as at the time of writing. Should Members decide to close the home, individuals will be moved following a robust assessment in line with the Moving Homes Safely Protocol within a timescale which suits the needs of the resident and their families. The remaining reviews will take place in the next 4 weeks.
48. Of the 17 permanent residents at Windsor House, 2 have a low dependency score, 12 a medium score and 3 are assessed as having high dependency.
49. There is currently a good supply of alternative accommodation options available including Glen Lodge.

The future use of the Windsor House site

50. Should Windsor House close, the site could be redeveloped as the location for the Centre of Excellence for Disabled Children and their Families, for housing or sold, with the capital receipt helping to fund the wider Older Persons' Accommodation Programme and so benefit more older persons in the city.
51. One option, should it be feasible, is to house the Centre of Excellence for Disabled Children and their families on the Windsor House site, should it become vacant. This new building and provision will provide:
 - **Safe, accessible space** for children, young people and families to meet and work with all the different professionals that provide them with services and offer them support.
 - **A range of support services** to enable children to remain in their families in the community.
 - **Flexible short break provision** to meet the needs of children and young people with Autism, Learning Disabilities and/or additional health needs
 - **Family Intervention Rapid Support Team (FIRST) and Therapeutic Short Breaks** a specialist Clinical Psychology led intensive assessment and intervention service for families with

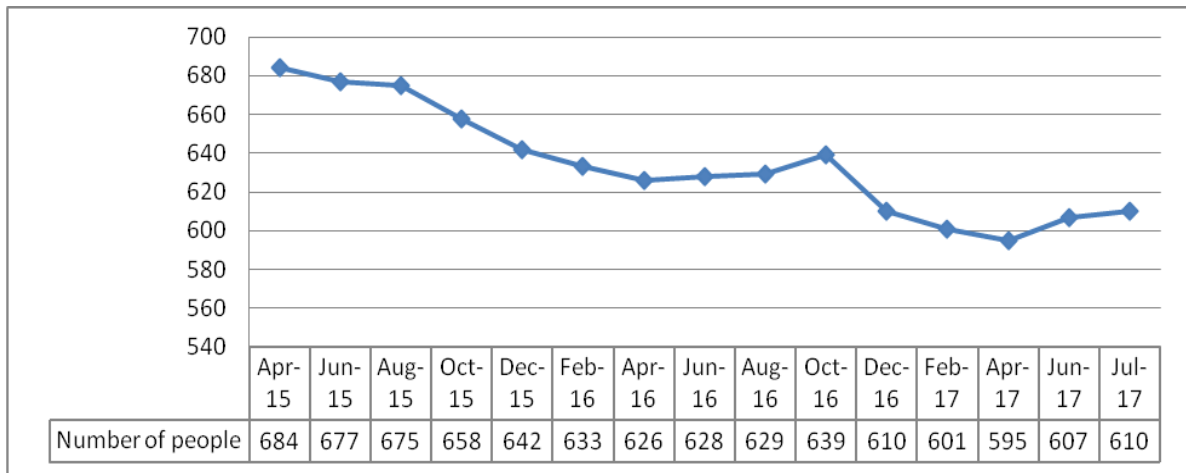
children and young people who have autism and learning disability and challenging behaviour which affects their ability to live in the local community.

52. The Centre of Excellence is part of the wider development of services for disabled children and young people across the city and provides the Council with an opportunity to:
- a) Invest capital in developing a 'Centre of Excellence for Disabled Children' which has the potential to be a leader in innovative practice both regionally and nationally.
 - b) Make York Home for more disabled children and young people by reducing Out of Area placements.
 - c) Develop and invest in service provision in order to generate future savings and income generating potential.
 - d) Deliver better outcomes for disabled children and young people including those with the most complex needs.
53. Work is currently being undertaken to assess the quantity of land needed for the Centre of Excellence. This work is incorporating exploring the benefits of developing shared external space, amenities and facilities with the Hob Oaks Moor School which is adjacent to the Windsor house site.

The operation of the care market in York

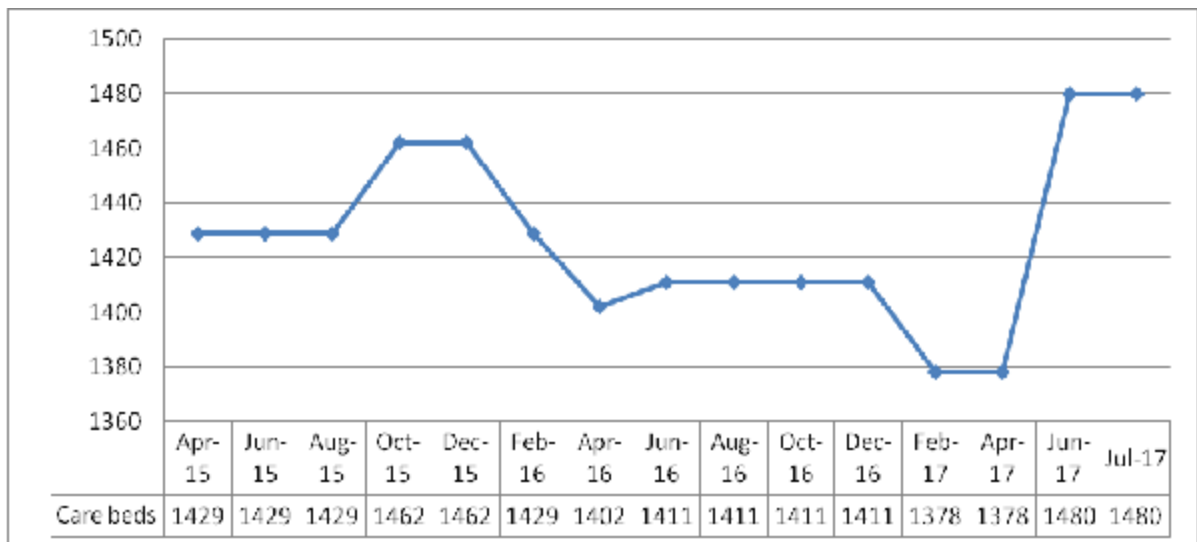
54. As the Programme has progressed, and as we continue to drive to support people to living independently in their own home as an alternative to nursing and residential care, we have seen a slow but steady reduction in the number of older people who are supported by the Council to live in permanent residential and nursing care, as shown in Table 2.

Table 2: Numbers of people in permanent residential and nursing care funded by the council, both CYC provision and independent sector (Snapshot at month end)



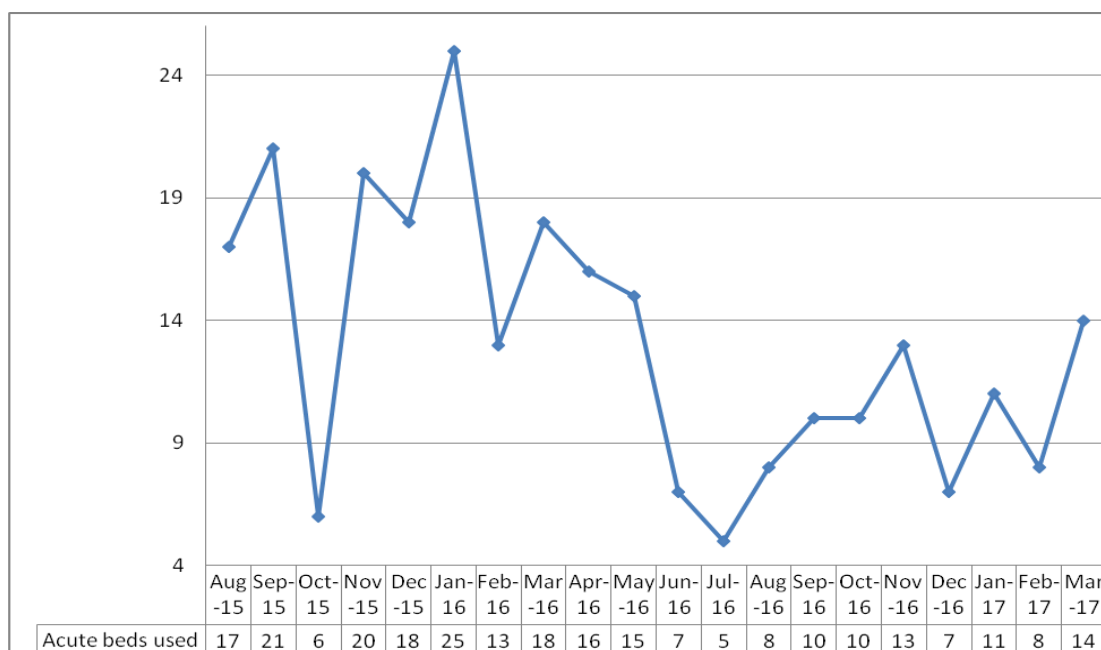
55. At the same time, the total number of care beds available for use in the city has initially fallen (as Council-run homes are closed) and is now beginning to increase as new provision, such as The Chocolate Works, is brought into use, as Table 3 shows.

Table 3: Care beds available for use



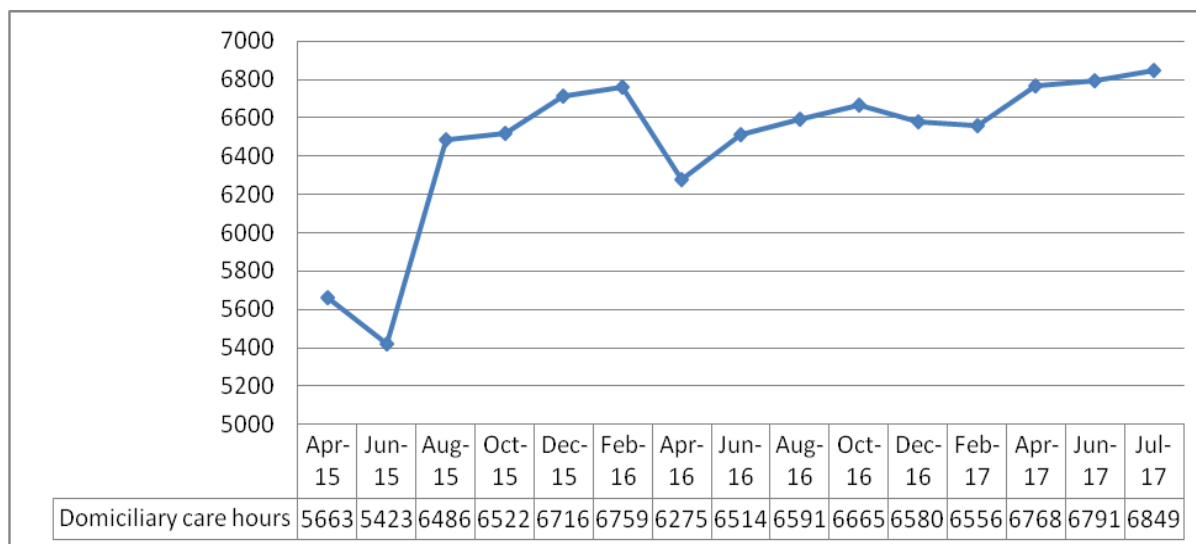
56. The changes in the number of residential care beds over the same period and including the closure of Grove House, Oakhaven and Willow House, does not appear to have had a detrimental effect upon the number of people awaiting discharge from hospital, as the graph in Table 4 shows.

Table 4: Numbers in acute hospital beds occupied by someone “awaiting discharge” (Snapshot on last Thursday of month)



57. Finally, we see from the trend in use of domiciliary care over the same time period that more activity is recorded, suggesting that those with higher care needs are being helped to continue to live independently at home, as Table 5 shows.

Table 5: Net change in domiciliary care hours



Consultation

58. 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.
59. Ward Members have been briefed and kept informed.

60. Briefings have also been offered to the Central York MP.
61. The Health and Adult Social Care Policy and Scrutiny Committee will scrutinise delivery of this Programme and assess and monitor its impact upon the health and social care services in the city.
62. The Health and Wellbeing Board will also be kept informed.
63. 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:
 - a) Briefing key external stakeholders who have been actively involved to date (e.g. Age UK York and York Older People's Assembly).
 - b) Briefing OPH Managers/staff & Care Management colleagues.
 - c) Updating OPH residents/relatives.
 - d) Updating all other stakeholders, including NHS commissioner and provider organisations.
 - e) Media briefing.

Council Plan 2015-2019

64. The Programme is set in the context of the Council Plan for 2015-19 and will contribute to achieving its ambitions. Based on our statutory responsibilities and the aims of the new administration, the plan focuses on three key 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
 - a council that listens to residents - to ensure it delivers the services they want and works in partnership with local communities
65. To support these corporate priorities and under the guidance of the Health & Wellbeing Board, York has developed proposals to achieve a new focus for adult health and social care which delivers:
 - a) self care and self management;
 - b) better information and signposting;
 - c) home is best;

- d) early intervention and prevention;
- e) reablement and intermediate care (targeted resources);
- f) managing long term conditions; and
- g) delivering services at a community level where this is desired and possible;
- h) to reduce loneliness and increase social interaction amongst older persons and their communities;
- i) that York becomes a dementia friendly environment.

IMPLICATIONS

Balancing Competing Priorities

66. 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 including residents of Windsor House and their relatives, staff working at Windsor House and their union representatives and members of the Older Persons' Accommodation Programme reference group including Age Uk and York Older Persons' Assembly.
 - Legal responsibilities such as those pertaining to the Human Rights Act and Equality Act. A copy of the Equality Impact Assessment dated 14th August 2017 is attached at **Annex 4**.
 - 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.
67. 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

68. 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.
69. 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
70. An Equality Impact Assessment for the Older Persons' Accommodation Programme was produced for the 15 May 2012 Executive Report and was reviewed and most recently updated in August 2017. 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.

71. The Equality Impact Assessment for the Older Persons' Accommodation Programme has been further reviewed and updated in November 2017 to take account of the specific circumstances at Windsor House and the following additional considerations addressed:
- a) The 'Moving Homes Safely' Protocol that was originally developed in 2012, has been continuously reviewed and updated and will be implemented should the decision to close the home be taken. The protocol, which is provided to residents and their relatives, outlines what will happen at each stage of the closure to ensure that the process is clear. It has been used successfully to guide the closures of Fordlands, Oliver House, Oakhaven, Grove House, Willow House and Woolnough House care homes.
 - b) The project team will continue to work with OPH managers, staff, trade unions and Human Resources to ensure a fair and transparent process for staff should the decision be taken to close Windsor House. The majority of staff will be able to transfer to a new OPH or take voluntary redundancy. A formal consultation with staff will take place should the home be subject to closure.
72. The Equality Impact Assessment for the Older Persons' Accommodation Programme dated 21 November 2017 is attached as **Annex 4**.
73. 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

74. The annual net cost of running Windsor House is £551,000 per year.
75. Should some customers require it, provision has been made to fund care beds in the independent sector. Provision has also been made to fund the cost of staff change.
76. Overall, the Older Persons' Accommodation Programme is forecast to deliver an annual recurring savings of £553k by 2019/20.
77. The capital receipts anticipated from a possible sale of Windsor House will be used to fund the wider Programme.
78. It is estimated that, should the decision be made to not to close or delay the closure Windsor House the authority will incur an additional monthly cost to the Programme of £46,000.

Legal

79. 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. The Equality Act considerations are highlighted in preceding paragraphs. A decision to close the home might impinge on the human rights of residents. In particular the right to respect for private and family life and, in some circumstances, the right to life. The right to respect for private and family life is not an absolute right and proportionate interference can be justified on public interest considerations. These include economic grounds, protecting the rights and freedoms of other people and protecting health. By following the Moving Home Safely process the Council will minimise any risk to residents.
80. Legal advice has been sought and has guided the approach to consultation and the wording of letters.

Human Resources

81. HR held a number of drop-in sessions for staff based at Windsor House. The closure of the home can be achieved via a combination of re-deployment, vacancy management and voluntary redundancy.

Property Services

82. Windsor House was built in the late 1960s as a purpose build care home. It has been kept in good repair but the changing care needs of residents' means that it is no longer fit for purpose.
83. Windsor House sits on a 0.45 acre site in a residential street close to both local authority rented and privately owned housing. It backs on to Hob Moor Oaks School and is next to Lincoln Court sheltered housing scheme. Windsor House shares mechanical and electrical services with Lincoln Court. The boiler for Lincoln Court is in the basement of Windsor House and the water header tank for Windsor House is in the attic of Lincoln Court.
84. Should a decision be made to close Windsor House then the boiler that serves Lincoln Court would need to be relocated and replaced, at an estimated cost of c£100,000. Other maintenance and investment needs prompt an investment review for this building including **potential** re-modelling to ensure its longer term future **supporting** independent living for older people in this area.

85. If members decide to close the care home the future use of this site will be decided in accordance with the Corporate Asset Strategy. The Strategy has already identified that the site could, potentially, make a good location for the Centre for Excellence for Disabled Children & their families and this option is being pursued via the business case for the Centre. The site would also make a good housing development site.
86. However, should no relevant use be identified for the site then it should be sold for its capital receipt with this being used to further the objectives of the Older Persons' Accommodation Programme. Windsor House is currently valued by our external advisers at £300,000.

Better Decision Making Tool

87. This matter forms part of an existing project agreed by Executive and which has been the subject of extensive scrutiny of the Business Plans and Equality Impacts and, therefore, a Better Decision Making Toolkit form has not been prepared.

Other Implications

88. There are no other implications arising from this report.

RISKS

89. 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.

ref	Risk	Mitigating Action
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 carers/advisers/assessors do not recognise Extra Care accommodation as suitable because there are limited examples in York of this type of accommodation and the care pathways are unclear.	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 operates elsewhere as a viable alternative to residential care.
c)	The Windsor House site does	Work closely with partners & the

ref	Risk	Mitigating Action
	not realise the anticipated level of capital receipt included in the financial model.	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 Programme financial model is regularly reviewed and is expected to deliver both its revenue and capital targets.
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)	Risk of the new developments/deals driving up the price the Council pays to external residential care providers	Undertaking negotiations with Independent providers. Actual Price for Care rates agreed and is proving to be at a level to secure beds.
g)	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 groups; investment in staff training, support & development.
h)	The cost of any associated redundancy is greater than estimated.	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. Staff change will be managed carefully in order to minimise cost and legal risks.
i)	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

ref	Risk	Mitigating Action
		Group, Media.

End

Contact Details

Author:	Chief Officer responsible for the report:		
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Specialist Implications Officer(s) Legal – Cathryn Moore (Ext 6006) and Melanie Perara (Ext 1087) Finance – Debbie Mitchell (Ext 4161) and Steve Tait (Ext 4065) Property – Tim Bradley (Ext 3355) and Ian Asher (Ext 3379)			
Wards Affected: Westfield			
For further information please contact the authors of the report			

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

Annex 2 - Maps showing previous addresses of residents and current addresses of relatives

Annex 3 – The Moving Homes Safely Protocol

Annex 4 - Equality Impact Assessment

Plan of the Windsor House Site

Abbreviations:

CQC – Care Quality Commission

ILS – Independent Living Service

NHS – National Health Service

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

Background Papers:

19 July 2011	Report to Executive giving formal approval for the commencement of the Programme.
1 Nov 2011	Report to Executive giving the 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 authorising 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 noting the successful homes closure and transition for residents
4 June 2013	Report to Executive seeking 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 seeking 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 seeking approval of the Business Case for the Older Persons' Accommodation Programme and agreement to proceed.
29 Oct 2015	Report to Executive providing 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. Executive agreed to close Grove House and Oakhaven.
29 Oct 2015	Report to Executive regarding securing a viable future for the Burnholme school site in Heworth ward. Following extensive public consultation Members agreed to sanction further work to identify partners to progress the continued community and sports use of the site, complemented with wider health and enterprise services, the building and operation of a residential care home for older people and the provision of housing.
19 May 2016	Report to Executive that obtained consent to begin to deliver the Burnholme Health & Wellbeing Campus and secure a viable

	future for the former Burnholme Community College site (the Site) in Heworth ward.
14 July 2016	Report to Executive by the Director of Adult Social Care. Agreement to move forward with examination of the development potential for Lowfield, alternatives to closure of Haxby Hall and sanction to consult on the closure of a further two older persons' homes.
28 th Sept 2016	Report to the Audit & Governance Committee by the Programme Director, Older Persons' Accommodation, providing an update on progress of the Programme and actions taken to address External Audit recommendations.
24 th Nov 2016	Report to Executive by the Corporate Director of Health, Housing and Adult Social Care. The Executive received the results of the consultation undertaken with the residents, relatives and staff of Willow House residential care homes to explore the option to close the home with current residents moving to alternative accommodation, and agreement to close Willow House and sell the site.
7 th Dec 2016	Report to Executive by the Corporate Director of Health, Housing and Adult Social Care. The report obtained consent to complete the next phase of delivery of the Burnholme Health & Wellbeing Campus including sanction for the investment of £4.73m in new and refurbished community and library facilities, subject to Department for Education (DfE) approval to dispose of redundant land, as well as £200,000 in urgent repairs and works to the sports facilities on site.
9th Feb 2017	Report to Executive by the Corporate Director of Health, Housing and Adult Social Care. The Executive agreed to sell the site of the former Fordlands Road older persons' home to Octopus Healthcare who propose to develop a residential and nursing care home on the site.
16 th March 2017	Report to Executive by the Corporate Director of Health, Housing and Adult Social Care. The Executive received an update on progress made towards delivering health & wellbeing services at Burnholme and agreed to enter into a long lease with a care home developer over a portion of the Burnholme Health & Wellbeing Campus site. Executive also agreed to enter into a head lease over the Community & Library facilities and the disposal of the Tang Hall Library site.
16 th March 2017	Report to Executive by the Corporate Director of Health, Housing and Adult Social Care. The Executive received an update on progress made towards delivering an Extra Care facility at Oakhaven on Acomb Road. Executive agreed to sell the Oakhaven site to an Extra Care developer. As part of this

	procurement the Council will secure nomination rights to 25 affordable rented and discount sale apartments.
31 st August 2017	Report to Executive by the Corporate Director of Health, Housing and Adult Social Care. The Executive received the results of the consultation undertaken with the residents, relatives and staff of Woolnough House residential care homes to explore the option to close the home with current residents moving to alternative accommodation, and agreed to close Willow House and the site be examined in accordance with the revised Corporate Asset Strategy and should it be concluded that sale is the preferred option that it be sold forthwith in order to generate a capital receipt to support the wider Older Persons' Accommodation Programme.
31 st August 2017	Report to Executive by the Corporate Director of Health, Housing and Adult Social Care and the Corporate Director of Children, Education and Communities. Executive received information on the outcome of public consultation concerning the future of Burton Stone Lane Community Centre and agreed to confirm its closure and approve investment into the provision of a 33 home extension to Marjorie Waite Court Extra scheme to provide accommodation for older people and new community facilities.
28 th September 2017	Report to Executive by the Corporate Director of Health, Housing and Adult Social Care and the Corporate Director of Children, Education and Communities. The Executive received information that demonstrated the progress of the Older Person's Accommodation Programme towards delivering over 900 new units of accommodation with care for older people. The Executive gave consent to undertake consultation on the option to close two further Council run older persons' homes.

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

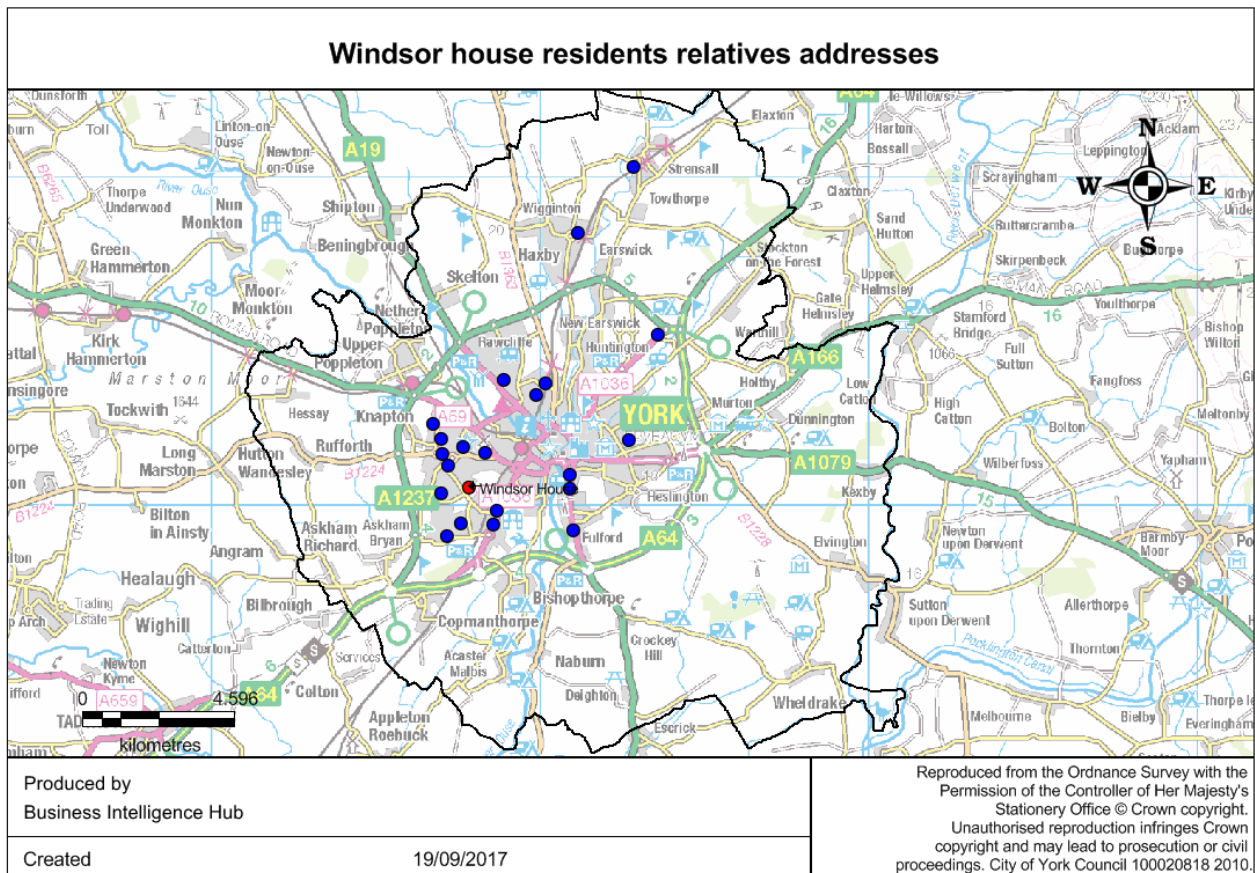
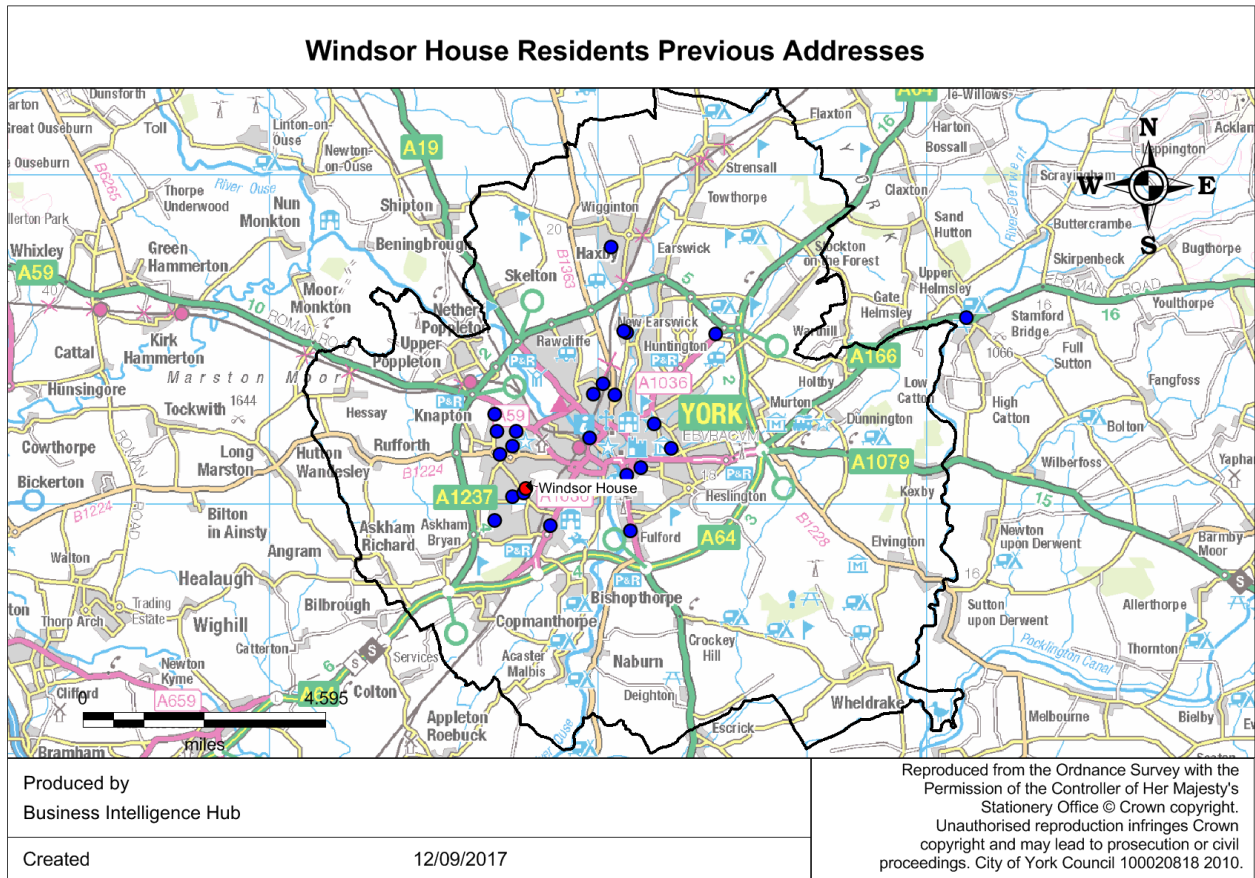
1. The criteria for deciding which should be the next are:
 - a. the presence of serious physical or other building related problems which, if they cannot be addressed in a cost-effective manner, would impact on the quality of care provided to residents;
 - b. the potential alternative uses for the OPH 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 Council run OPH which was the subject of closure; and
 - d. the size of the home, with the smaller homes struggling to provide a cost-efficient service to residents.
2. These are the criteria which were applied and that guided the decision to consult residents, relatives and staff at Grove House, Oakhaven, Willow House and Woolnough House.
3. Applying these criteria to the remaining two homes we find that:
 - a. None of the homes are known to have serious physical or building related problems. However, we spend more on repairs and maintenance each year on Windsor House than we do at Morrell House, and Windsor House has only one ensuite bedroom compared to the eight at Morrell House.
 - b. None of the have strong potential for alternative uses for the current site although Windsor House is a good location for the proposed Centre for Excellence for Disabled Children & their families.
 - c. One resident living at Morrell House previously lived in another Council run care home.
 - d. Both Morrell & Windsor House have a similar number of bedrooms but Windsor House has the smaller number of permanent residents.

OPH	Residents (permanent)	Ward	No Physical Problems	Alternative Programme Uses	Residents who have moved previously
Morrell House	29 (at time assessed 29 perm)	Clifton	✓	x	✓
Windsor House	27 (at time assessed 26 perm)	Westfield	✓	x	x

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

4. Reviewing this information in the round it was agreed that we identify **Windsor House** as the next home to be the subject of consultation on closure because it has the smallest number of permanent residents and physically is the least attractive of the two. Windsor House provides care to some residents living with dementia and it is hoped that, should the decision be made to close the home, some of these residents may choose to move to the new dementia friendly Independent Living Extra Care accommodation.

Annex 2 – Maps showing previous addresses of residents and current addresses of relatives





A Protocol/Residents Guide For

Moving Home Safely
How City of York Council
Will ensure residents move safely
When faced with a planned care home
closure

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

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Purpose of this document

This document describes the process that will be followed when a registered care home, run by the council, faces planned closure, and its residents need to be re-assessed and moved to a new home. In developing this protocol we have considered the evaluation undertaken by York St. John University of the initial Moving Homes safely Protocol, guidance from the Department of Health, Association of Directors of Adult Social services (ADASS), CQC, and Southwark Council Care Home Closure Protocol.

Once we know that a home is expected to close we will make sure we tell you, and your representative 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, or appointed advocate, 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 (this includes all accommodation as detailed on page 9)
- Stage 3 – Moving safely 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 and representatives before a decision is taken.

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

We will review your needs (where necessary a full reassessment may be carried out) 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 review 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

A Review manager will lead the process to review and reassess your needs and help you move to a new home. Where a full reassessment is needed a social worker will be involved.

The allocated Review Manager will co-ordinate your re-assessment and support planning. The Review 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 Manager (Manager registered with the Care Quality Commission)
- Care home staff – and especially your key worker
- Health Care Professionals
- Social Worker

You will have a detailed review and reassessment of your care and support needs.

The manager in your current home 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 organisation 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 independent information, support and advocacy services. Here are some examples of advocacy services.

- York Advocacy 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.
- Older Citizens Advocacy York-support for older people.
- Cloverleaf is a specialist advocacy service for people who may not have the mental capacity to make a reasoned choice, or anyone who is able to act on their behalf. An IMCA (Independent Mental Capacity Advocate) will be appointed to talk to the person and to try and understand what their views may be and how their wishes for the future can be met. An IMCA is also appointed where there is a potential disagreement between the local authority and the person acting on your behalf. In these instances, a Best Interest Meeting is held to capture everyone's opinions and views and to resolve any issues.
- Older Citizens Advocacy York-support for older people
- Deprivation of Liberties Safeguards (DoLS) - Residents who do not have the mental capacity to consent to their care and accommodation arrangements must be considered for DoLS by the home before they move. The home applies to CYC and a Best Interest Assessor and Mental Health Assessor will be allocated to assess them against the DoLS criteria. This will be authorised (if appropriate) by CYC.

- 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 Review Manager, or a member of staff know.

Life Profile. Many care homes already complete a 'This is me profile' with each resident as a means of recording personal aspects of your life. The content is decided by you 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 you when you 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 profile and that it is fully up to date before your move.

*Social care assessment and Support Plan record. **The Review manager will complete a social care assessment and Support plan record - which represents the assessment information collected from yourself, the care staff, and any family members / friends and will reflect your care and support needs prior to your move to a new home. This will be shared with yourselves and the home – if you are in agreement. You will also have an opportunity to meet staff from your new location who will also gather information regarding your care and support needs.***

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 in 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 Review 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 Review 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 accommodation.

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

The Review Manager 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.

Funding Arrangements of various options will be considered and discussed and, where necessary, financial assessments can be reviewed, 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, DWP).

We will make sure your 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, ensuring your new environment meets your needs. We will give you updated information of 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.

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 Review Manager 4/6 weeks 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 Review 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 or concerns you may have. 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 Support plan record will be amended as necessary as a result of the discussion at the review and a written review form will be completed with actions as required.

Even if the first review does not raise any issues of note that need attention, your Review 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 monitoring your placement will transfer back to the team responsible for reviewing placements. Reviews will take place annually, assuming that you are funded by the Local authority. An annual review for those customers self funding their placement can be arranged directly with the home management or you can ask the local authority to do this on your behalf should you wish.

For more information

Terminology:

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) 555858
York Advocacy	(01904) 414357
Cloverleaf	(01904) 557644
Older Citizens Advocacy - York	(01904) 676200

We will be able to give you a list of all the 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.

Mental Capacity Act: making decisions GOV.UK. See <https://www.gov.uk/government/mental-capacity-act-making-decision>

City of York Council Website home page:

<https://www.york.gov.uk>

Older Citizens Advocacy York
52 Townend Street
York
YO31 7QG

Tel: 01904 676200

Email: info@ocay.org.uk

York Advocacy – www.yorkadvocacy.org.uk

The Care Act 2014 – <https://www.york.gov.uk> – Under Adult Social Care

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.

Annex 4 - Equality Impact Assessment

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 (new Independent Living Communities). 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">1. Re-providing up-to-date fit for purpose accommodation with care for those who are in residential accommodation at the moment.2. Investing in supporting older people to stay in their own homes and live independent lives for as long as possible.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.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 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 (Independent Living Communities), and alternative residential or nursing care.
4	Date	21/11/2017 (Updating the EIA of 14/08/2017)

Stage 1: Initial Screening	
5	What evidence is available to suggest that the proposed service/policy/function/criteria could have an adverse impact on quality of life outcomes (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: <i>Not relevant / Low / Medium / High.</i>

	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 adversely if seeking alternative work

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 may have the added responsibility of caring obligations. However, over the next period 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 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	The OPH staff profile shows that the majority of the current workforce are women and those who are

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
						may face poorer prospects in terms of health and wellbeing.	older may suffer adversely if seeking alternative work and may have the added responsibility of caring obligations.
g	Pregnancy/ maternity	X			L	Consultation with communities of Interest	Consultation with staff (one staff member affected)
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 and disabled people			M	M	Information 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	Information in 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? If so record them here	
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	Can the adverse impact be justified? E.g. in terms of community cohesion, other legislation, enforcement etc. NB. Lack of financial resources alone is NOT justification!	
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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 living with dementia and high dependency care needs.

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.

8	What changes will you make to the service/policy/function/criteria as result of information in parts 5&6 above?	
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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.

9	What arrangements will you put in place to monitor impact of the proposed service/policy/function/criteria on individuals from the protected characteristics?	
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OPA Programme Board will oversee the consultation over the review proposals, and subsequent implementation of Members' decisions. Assessment & 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.

Commissioning & Contracts Managers will monitor the quality of service provided in whatever model of service provision is decided upon by

Members.
 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.

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><u>Customers</u> We have developed a 'Moving Homes Safely' 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 previously 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. Consultation Discussed 9 October 2017.</p>
<p>The Older Persons' Accommodation Programme is focused on the delivery of a range of accommodation with care options for older people, both those affected by home closure and the growing older population who follow them. Within this provision is a focus on accommodation suitable for people living with dementia.</p>	<p>Programme Director Older Persons' Accommodation</p>	<p>Until the project has been completed.</p>

<p><u>Staff</u> The modernisation programme agreed will take in the order of three years to implement. This timescale (2015-2018) 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 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.</p>	<p>Head of Service (Operations)</p>	<p>Until the project has been completed.</p>
<p>11</p>	<p>Date EIA completed</p>	<p>21/11/2017 (Updating the EIA of 14/08/2017)</p>
<p>Author: Roy Wallington Position: Programme Director, Older Persons' Accommodation Date: 21/11/2017</p>		
<p>12</p>	<p>Signed off by</p>	<p>[signature removed for on-line publication]</p>
<p>I am satisfied that this service/policy/function has been successfully equality impact assessed. Name: Martin Farran Position: Director – Adult Social Care Date: 21/11/2017</p>		

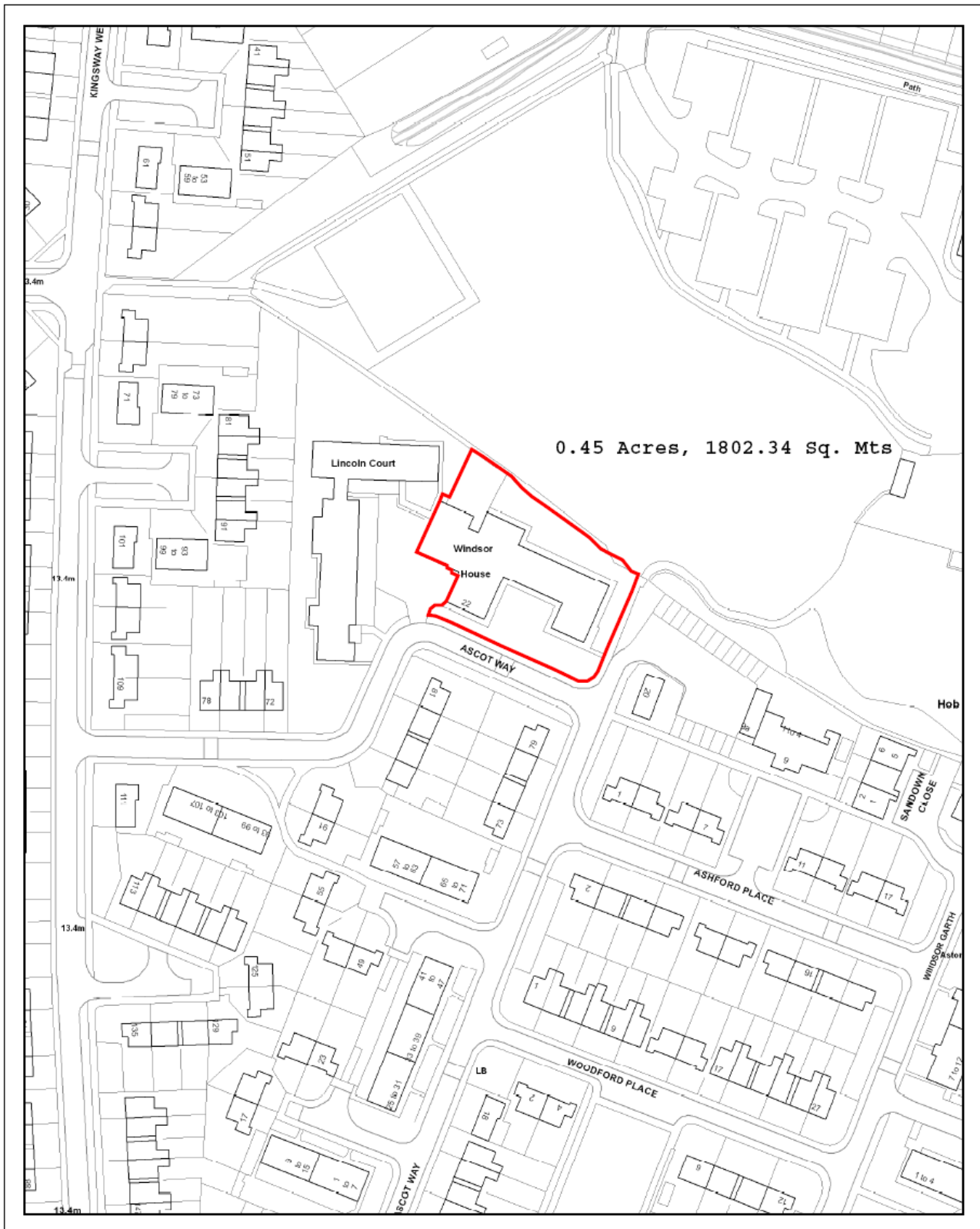
Quality of Life indicators

(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 of the Windsor House Site



Resources
Property Services

Windsor House

SCALE 1:1,250 DRAWN BY: GR
Originating Group: **Property Services**



DATE: 10/12/2007
Drawing No. **PS/A4/107382**

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