

Report of the Cabinet Member for Health, Housing and Adult Social Services

The Review of City of York Council's Elderly Persons Homes

Summary

1. The Cabinet decided at their meeting on 19 July 2011 to initiate a period of thorough consultation with the public and stakeholders on five options for the future of the City of York Council's elderly persons homes (EPHs). A copy of the consultation document is attached at Annex 1.
2. This report now provides summary analysis and details of the responses to that consultation and highlights some of the key messages obtained during the three-month period.
3. In view of the overwhelming support in the consultation for the vision of three new facilities in the city this report also proposes some first steps toward implementing that vision.

Background

4. It is widely recognised that the council's care homes are well run and that both those who live in the homes and their relatives and friends recognise and value the quality of care provided. The review highlighted the need for changes to the current provision and proposed options for consultation on how it could be replaced by modern facilities, facilities which could offer higher quality care and accommodation to meet the needs and aspirations of a growing population of older people in the city for the foreseeable future.
5. The council owns and operates nine elderly persons homes that were built between the 1960s and 1970s. They are coming to the end of their useful life as fit for purpose care homes. The majority of beds provided are for frail elderly people but the greatest demand now and expected in the future is for specialist dementia beds. The council only has 57 dementia beds and there is a shortage of dedicated dementia beds in the wider private sector in York. The City of York

Council (CYC) homes were not designed for this specific purpose and the overall care home design falls some way short of care homes being built today to modern standards. As examples, the very limited bedroom dimensions and lack of ensuite accommodation were highlighted by the review.

6. The demand for traditional frail elderly residential care beds has been declining. In response to the expressed views of older people we have seen increases in the availability of community support and alternative housing options enabling more older people to remain living in a home of their choice. The nine current local authority run homes can provide 276 beds, but currently with the exception of dementia care beds we have 45 beds vacant.

Consultation

7. Full details and analysis of the consultation is attached at Annex 2.
8. In summary, the postal survey was sent to 2,480 people on the mailing lists of York's Older People's Assembly, the Alzheimer's Society, Age Concern York and York Blind and Partially Sighted Society. 873 surveys were posted to current EPH residents and their relatives, EPH staff, respite and day care customers and their relatives. A further 1,450 self-completion surveys were made available at four public meetings across the city, libraries, supermarkets, older people's fairs, resident associations and community centres for people to complete and post back.
9. The response to the postal survey was 935 (3,370 were posted out to a "named" recipient) – a very good response rate of 27.7%. Some responses reflected individual views others represented wider organisational perspectives. Overall, 1,163 respondents completed a survey (935 by post, 131 by self-completion and 66 online).
10. Nine out of ten respondents agree with the council's vision of ensuring people do not have to move between different types of homes as their needs change (90.9%). More than eight out of ten respondents also agree that the council should modernise its EPHs to better meet the needs and aspirations over the next 40 years (87.8%). A clear majority also believed that residential care should focus on the specialist needs of people with dementia, high dependency and nursing care requirements (85.6%).
11. Seven out of ten respondents think resources should be redirected from residential care into helping people stay at home for longer with appropriate support (70.2%) and that day care should be provided within the community rather than in EPHs (72%).

12. Between eight and nine out of ten respondents agree that the proposed three sites offer a reasonable geographical spread across the city (85.3%) and that buildings can be designed in a such a way to ensure they do not become too big and impersonal (90%).
13. An overwhelming majority of respondents (86%) support Option D for addressing the future of the council's EPHs. This option would involve the council funding, building and operating three new EPHs. Only 5.5% do not support this option. Almost half of respondents (49.4%) positively support Option E - a partnership approach with a developer/operator to fund, build and operate three new homes. When invited to suggest additional options to those listed, no new options were suggested through the consultation.

The response to the consultation

14. Cabinet is asked to recognise the results of the consultation and the strong desire amongst consultees for the new homes and a care village concept as outlined on Options D & E of the original paper and consultation.
15. Cabinet is also asked to note the strong support for the focus of the new facilities to be on meeting the needs of people with dementia and high dependency and the ambition to provide lifetime care wherever possible on each of the proposed three sites.
16. To embark on this programme of modernisation necessitates we propose the early closure of two existing homes, Fordlands and Oliver House. Permission is therefore requested to conduct a further period of consultation with the residents and relatives of these two specific homes over the coming six weeks and with all homes and stakeholders on the overall programme of development and closures.
17. Delivering the strategy would see the demolition and rebuild of two homes at Fordlands in Fulford and Haxby Hall, with subsequent provision of two new 55 bed facilities. Haxby Hall provides 27 high dependency beds (in a total of 47 beds) for which we have insufficient numbers of alternative bed provision of this specialist nature in our current EPHs. Therefore Haxby Hall can only be rebuilt as a new facility when one of the other two new facilities opens. Fordlands has 17 residents currently who could be accommodated in vacancies which already exist in Woolnough, Grove House or Haxby Hall (the EMI respite beds can also be provided here). Such a transfer of residents would enable the programme of a new build at Fordlands to begin.

18. Oliver House is our least popular home in terms of demand and currently has only 12 residents living in a home of three storeys that in its heyday had 30 beds. The reducing number of residents makes it more difficult to maintain a lively, warm and sociable home. The unit costs per bed in maintaining Oliver House are now as a result high. Oliver house has only one bedroom with an en-suite.
19. The residents of Oliver House can be accommodated within existing vacancies in our other homes and similar to Fordlands residents would be able to move with their fellow residents and familiar staff into vacancies in other CYC homes that would be due for closure later (a minimum of two years) into the wider transformation programme. Should another home be considered for closure instead of Oliver House in Phase 1 of the programme then the vacant registered beds in Oliver House would have to be utilised to provide decant vacancies for residents. This would incur some refurbishment costs alongside a significantly increased risk that some residents may not see Oliver House as a suitable alternative to move into.
20. If, following the consultation, Cabinet decides to proceed with the overall programme of development and closures including the first two homes, each individual resident and their relative would be supported under the council's 'Moving Homes Safely' protocol (Annex 6) to consider alternative accommodation. Arrangements have been made with Older Citizens Advocacy York to provide independent advocacy support to residents where it is requested or required.
21. Similarly, if, following the further consultation described above, Cabinet decides to close Oliver House, there are options that could be explored to avoid the building standing empty. One of the options is to adapt the building to house a range of voluntary organisations and some providers for older people as a hub or one stop shop for older people to use as well as direct provision of lunch and day clubs etc. Such an approach would be consistent with our strategy of enhancing the range and availability of community based support services.
22. Cabinet can expect to receive a further report on 10 January 2012 on the consultation on the overall programme of development and the specific consultation on Fordlands and Oliver House before making final decisions.

The possible overall programme for change

23. It may help in the consideration of the proposal to close Fordlands and Oliver House to see the overall possible programme of steps toward the preferred model of four new facilities on three sites.
24. Given the likely time required to safely move existing residents to alternative homes it is assumed that it would not be possible to close Oliver House and Fordlands before April 2012.
25. On the basis that Fordlands and Oliver House close in Phase 1 then 17 permanent residents need to move from Fordlands and 12 permanent residents from Oliver House. There are also six EMI respite beds at Fordlands which could be relocated to Haxby Hall. At the time of writing we have 45 permanent vacancies across the remaining five EPHs excluding Morrell and Windsor which are solely EMI care homes. Due to the demand for EMI care both Morrell and Windsor are expected to remain operating with all beds full during the two-year period of Phase 1 developments.
26. Oliver House and Fordlands residents would therefore be offered the choice of vacancies in Oakhaven, Willow, Woolnough and Grove House. It would not be unique to see residents also considering newly developed sheltered housing facilities eg Auden House which may not have been available at the time they originally decided to enter residential care.
27. Ongoing careful management of bed numbers would be required until the new builds at Lowfield and Fordlands were complete. Lowfield is expected to have a capacity to provide for 90 residents in the two new facilities proposed for that site and Fordlands 55 (both figures include respite).
28. It is estimated that following Cabinet decisions the design of the Lowfield site followed by consultation, planning and specification could take until December 2012 to complete and a further 12 months to build the two 45 bed care homes on site. Completion date would be around January 2014. Building work on bungalows and apartments could also be completed within this timescale.
29. Following consultation the Fordlands site would not be vacated until April 2012. Demolition, planning and specification work could take place between April 2012 and December 2012 which would allow work to commence on site in January 2013. It could therefore be feasible to complete the Fordlands new build 12 months later in January 2014.

30. With Lowfield and Fordlands being opened early in 2014 it would be possible at that stage to close Haxby Hall, Oakhaven, Windsor, Morrell and Willow House. This would be Phase 2 of the programme. This would allow all the home occupants including their staff the opportunity to move directly into these brand new facilities without the need for interim care arrangements.
31. This would leave Woolnough and Grove House as the remaining older care homes still operating and these in turn would close when the new build on Haxby Hall is complete. It could be expected that planning and procurement would be completed in advance of Haxby Hall closing in order that the site can be demolished and work commence as soon as residents leave the care home. The design planning and procurement stages could also commence and be complete before Haxby Hall closes. Allowing a 12-month build time for the new Haxby Hall it could be operational by January 2015. This would be Phase 3 of the implementation plan at which time the residents and staff in the remaining two care homes Grove and Woolnough would have the opportunity to move into the brand new facilities.

Table 1 Possible programme of development

Phase 1 April 2012	Phase 2 January 2014	Phase 3 January 2015
Oliver House closes Fordlands closes	Lowfield Village opens New Fordlands opens Haxby Hall closes Oakhaven closes Windsor House closes Morrell House closes Willow closes	New Haxby Hall opens Grove House closes Woolnough closes

32. The proposed timings of care home moves to new facilities are approximate at this stage due to any fluctuations in the time required for designing, obtaining planning permissions, procurement and building etc. However, the programme is spread over three phases of activity and Table 1 above gives an indication of which phase each home is envisaged to be in.
33. Subject to the outcome of the consultation on Fordlands, and if a new facility were to be built on that site, Cabinet may wish to express its view at this stage on whether or not it is minded for the council to fund the build and to operate the new facility in line with the support

expressed for this option (ie Option D – CYC fund, build and operate) in the consultation to date.

Lowfield Care Village

34. The concept of a “village” on the Lowfield site received strong support in the consultation for its mix of residential care use, a social hub and independent living bungalows on this site. The consultation feedback also suggested that the bungalows and apartments should offer a mixture of tenure; for sale, shared ownership or to rent. It is possible to have a combination of apartments and bungalows totalling 50 or more on the Lowfield site along with the addition of affordable housing.
35. The capital funding and service delivery for the proposed two 45 bed residential care homes on site has been considered within the overall financial costs for the future of elderly persons homes. However, no funding has been allocated to the building cost of the on site social hub. In care village models elsewhere, these costs have been funded through the income generated by the sale of the bungalows or apartments.
36. Given the complexity and opportunities available on this site, Cabinet is asked to agree to receive further, more detailed proposals in February 2012. A working group would be established for this purpose to include all relevant council officers with health colleagues and the Joseph Rowntree Trust who have knowledge and experience in this area.

Day Care provided in the EPHs

37. The consultation responses supported the re-provision of day care activity away from elderly persons homes and into the wider community. Cabinet is asked to agree to officers now progressing with a commissioning programme to expand existing and establish new day activities in the community in partnership with voluntary and independent sector organisations.
38. Older people currently receiving day care would be supported to consider the choices available to them and to access the new capacity to be funded from the savings identified in this review of the EPHs. It is estimated to require £80k to create this new capacity.

Respite Care

39. There was understandable support in the consultation for the proposed expansion in the number of respite beds from 14 currently

to 20 in the new facilities. It will be important to ensure that the current number of respite beds are maintained and opportunities taken to expand these wherever possible during the implementation of a programme of change.

Responses to key concerns in the consultation

40. Concerns about existing and future levels of loneliness and isolation amongst older people living in the community were strongly highlighted in the consultation and are clearly a key issue to seek to address.
41. A working group has been formed of various voluntary sector organisations and representatives of older people's groups to work on a submission for funding to a new element of the Big Lottery fund targeted at older people. A bid is expected to supplement existing befriending initiatives by various voluntary organisations and action research work in York led by the Joseph Rowntree Trust.
42. The new shadow Health and Wellbeing Board may also wish to make loneliness one of its key priorities.
43. Concerns were aired in the consultation about reducing the overall number of beds from 276 to 200 in these options.
44. Many older people tell us that they would rather stay in their own home with support for as long as they are able. We think that with our commitment to invest in other services such as reablement, more domiciliary care, telecare equipment in people's homes in conjunction with warden call, specialist night services and extra care sheltered housing we will require fewer traditional residential care beds. There are a growing number of vacancies in our care homes for traditional residential care whilst at the same time our long term commissioning plan tells us we need more specialist beds. This is demonstrated by a current waiting list for dementia beds. Our commissioning team estimate, based on population growth, the future demand to be 180 specialist beds plus 20 respite beds, so 200 in total. We think there will always be a need for residential care but we also want to offer choice and avoid unnecessary admissions.

Corporate Priorities

45. The protection of vulnerable people lies at the heart of the council's priorities. Over 7,000 vulnerable adults receive social care services in York. The council's overarching objective is to safeguard such adults, to promote their independence, enable them to make real life choices and give them control over their daily lives.

Implications

Financial

46. The overall programme of development of the four facilities on three sites is considered to be affordable within the current budget allocation for the nine EPHs subject to projected costs and receipts over the four-year period.
47. The two spreadsheets in Annex 3 show the likely operating costs for Option D (CYC operate) and Option E (private or not for profit operator). In Option E all existing EPH staff would transfer across to the new provider on the current terms and conditions of employment (TUPE). Therefore, the lower operating costs shown in this spreadsheet would become achievable as TUPED staff gradually left. Our current staff turnover rate is 10-12% pa.
48. The closure of Fordlands would deliver a saving of approximately £750k in 12/13 (NB A new Fordlands could open in early 2014) and the closure of Oliver House would save £550k in 12/13 and after allowing for a projected loss of income from reduced overall bed numbers it would leave a saving of £1.1m in 12/13.
49. Further detailed modelling of the variables in capital costs, time periods, repayment schedules and comparisons between options will be required in the January 2012 report to Cabinet subject to the outcome of the six-week consultation on the closures and the possible programme of transformation.
50. Annex 4 contains information on indicative capital costs to assist the Cabinet and the proposed six-week consultation in understanding this aspect of the possible transformation programme.
51. Annex 5 is a summary of key information on each of the nine homes including their capital value. The valuation of the nine EPH sites is estimated to be between £5.7m and £6.1m in total. The value of the seven possible surplus sites (excluding the Fordlands and Haxby Hall sites) is estimated to be from £3.9m to £4.25m. The values given at Annex 5 are based on pre-downturn levels and may not be achieved in current market conditions.

Human Resources (HR)

52. Staff will continue to have a full opportunity to comment on the proposals and put forward any suggestions during the further six-

week consultation period. Unison has been represented on the Review Board which has overseen the project and has fully contributed in the three-month consultation. We are confident this will continue into the proposed six-week consultation period.

53. Full and formal consultation will commence with affected staff groups, following the decision of the Cabinet in January 2012. We anticipate that all options can be delivered without the need to make compulsory redundancies. In the event of any future decisions being taken to use Option E (a private or not for profit provider operator) staff would be eligible to transfer to any new provider under the Transfer of Undertakings (Protection of Employment) Regulations 2006.
54. There are 25 staff working at Fordlands and 22 staff at Oliver House. The service has been holding vacancies across the homes with temporary cover and these, combined with requests received for early voluntary retirement from staff, will avoid the need for compulsory redundancies if these homes were to close. Similarly, in the subsequent phases of the transformation programme we will not require any further reductions in staff numbers.

Equalities

55. The equality impact assessment (EIA) for the policy direction regarding the future of residential care for older people is available. We consulted with the Equalities Advisory Group (EAG) on 28 September 2011. The EIA showed that there will be implications for the health, security and wellbeing of frail residents and also female members of staff who are older and also carers themselves. In response we have developed a 'Moving Homes Safely' protocol – see Annex 6. 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 York, Older Citizens Advocacy York (OCAY) and the York LINK Readability Panel have all commented on the protocol to ensure that, from a resident's perspective, both the process and document are clear and make sense.
56. We shall also consult on the protocol with the EAG at the "Help us to get it Right Day" in November 2011.

57. Regarding staff it is not considered that there will be any need for compulsory redundancy as there are sufficient vacancies, combined with requests for early retirement, to absorb any surplus staff.

Legal

58. Legal Services have continued to advise the Project Board regarding the review and consultation exercise and will maintain their involvement throughout the process where necessary. The advice being given is that if, following consultation, the City of York Council has formed a provisional view about a particular course of action, it is advisable to be clear about that view throughout the next consultation exercise. By doing so, the council is being transparent and giving the consultees as much information as possible about timescales and reasons for proposals. This means that those being consulted will be better equipped to consider the issues fully and respond to the consultation intelligently. However, it is important to be clear that the view is provisional and the council will only make a final decision on the issues being consulted about following the second consultation exercise.

Crime and Disorder

59. There are no implications.

Information Technology (IT)

60. There are no implications at this stage of the review.

Property

61. The Lowfield site has a capital receipt value of £2m which currently contributes to the funding of the capital programme. The seven possible surplus sites mentioned previously in the report have been estimated by Property Services on 21 January 2011 - to be between £3.9m to £4.25m. However, in the present financial climate and current market conditions, the proceeds of sale from these disposals may not be achieved as estimated and may not be sufficient to realise the required £2m, therefore leaving a shortfall.
62. Should members decide to proceed with the concept of a 'village' on this site, any shortfall of this capital receipt at £2m would have to be found from elsewhere within the "village" project to support the current capital programme.
63. A further report with regards to the care village and the use of the Lowfield site will be brought back to members in February 2012.

64. As part of the process we would look at the best use of the remaining seven sites through the asset board. Opportunities will be sought for joint working with partners, which will free up other sites for disposal.

Planning

65. Officers support the development of the Lowfield site for elderly person's accommodation.

Other

66. There are no other implications at this stage.

Risk Management

67. There are no risks at this stage arising from this report which seeks permission to begin a period of further and more targeted consultation on the implementation of the review.

Recommendations

68. Cabinet recognises the results of the consultation and the strong desire amongst consultees for the development of new homes and a village concept as outlined in Options D & E.
69. Cabinet agrees to a further six-week period of consultation on the proposal to close two existing homes, Fordlands and Oliver House and on the possible overall development programme contained in this report. Cabinet is also asked to receive a further report on the 10 January 2012 on the outcome of the further consultation before it makes a final decision.
70. Subject to the outcome of the consultation on Fordlands and if a new facility were to be built on that site, the Cabinet may wish to express its view at this stage on whether or not it is minded for the council to fund the build and operate the new facility in line with the support expressed for this option (ie Option D – CYC fund, build and operate) in the consultation to date.
71. Cabinet agrees to receive further, more detailed proposal in February 2012 on the Lowfields Village.

72. Cabinet agrees to officers now progressing with a commissioning programme to expand existing and establish new day activities in the community.

Reason: The review highlighted the need for changes to the current provision and proposed options for consultation on how it could be replaced by modern facilities. There was overwhelming support in the consultation of the need for change and the vision of the new facilities in the city. These recommendations form the first steps toward implementing that vision.

Contact Details

Author:		Cabinet Member Responsible for the report:		
Graham Terry Assistant Director (Adult Provision and Modernisation) Adults, Children and Education 01904 554006		Cllr Tracey Simpson-Laing Cabinet Member for Health, Housing and Adult Social Services		
		Report Approved	<input checked="" type="checkbox"/>	Date 19 October 2011
Specialist Implications Officer(s): HR – Hannah Morley (Ext 4505) Finance – Steve Tait (Ext 4065) Legal – Melanie Perara (Ext 1087) Property – Tim Bradley (Ext 3355) Equalities – Evie Chandler (Ext 1704)				
Wards Affected: <i>List wards or tick box to indicate all</i>				All <input checked="" type="checkbox"/>
For further information please contact the author of the report				

Background Papers

Cabinet Paper - A Review of City of York Council's Elderly Persons Homes (EPHs) (19 July 2011)

Annexes

Annex 1 – Consultation Document

Annex 2 – Report on Public Consultation Feedback

Annex 3 – Operating Costs (Options D and E)

Annex 4 – Indicative Capital Costs

Annex 5 – City of York Council's Elderly Persons Homes - Summary of Key Information

Annex 6 – 'Moving Homes Safely' protocol