

## Cabinet

16 April 2014

### Review of in-house residential care homes

Key decision CAS 07/13



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### Report of Rachael Shimmin, Corporate Director of Children and Adults Services Report of Councillor Morris Nicholls, Portfolio Holder for Adult Services

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#### Purpose of the Report

1. To report to Members the outcome of the consultation carried out from October 2013 to January 2014 on the future of the five in-house residential care homes.
2. To make recommendations on the future of each of the homes.

#### Background

3. On 9<sup>th</sup> October 2013, Cabinet agreed to consult on the future use of the five in-house residential homes.
4. The Cabinet report set out in detail the reasons for and explained the need to revisit previous decisions made across all five homes.
5. The five in-house residential care homes under consideration are:
  - Cheveley House, Belmont
  - Feryemount, Ferryhill
  - Grampian House, Peterlee
  - Mendip House, Chester le Street
  - Newtown House, Stanhope

#### Background to Residential Care provision and funding in County Durham

6. In 1992, Durham County Council owned and managed over 50 residential care homes throughout the County and, at that time, in Darlington. Since that date due to a combination of reducing demands for the homes, rising costs and improved standards and investment by the independent sector, there has been a series of closures in all areas of the County.

7. Durham County Council last reviewed its in-house residential care services in 2010 and subsequently decided at Cabinet in July 2010 to close 7 homes, leaving parts of the County without any council managed homes.

The homes closed in 2010/11 were:

Annfield Plain – Manor House  
Blackhall – Glendale House  
Newton Aycliffe – Shafto House  
Lanchester – Lynwood House  
Shildon – Hackworth House  
Stanley – Stanfield House  
West Auckland - East Green

8. Since 2010, Durham County Council has had to make very significant financial reductions. The Council's current Medium Term Financial Plan (MTFP) requires it to make savings of approximately £224m from 2011/12 to 2016/17. Savings targets for 2011/12 and 2012/13 have been achieved but the on-going savings targets for Children and Adults Services are currently: 2013/14 £11.2m, 2014/15 £12.4m and additional savings will be required from 2015/16 onwards. As a consequence of the challenging MTFP the Council has had to review all of its services in the search for savings.

### **Environmental Considerations**

9. As part of its commissioning function and duty to ensure that where care is commissioned it is of the right quality, the council undertakes regular reviews and monitoring visits in relation to external providers. Recent monitoring and review visits have noted that many independent homes, especially those newly built, provide much higher standards of living accommodation than the Council's in-house homes. This was first apparent in an independent survey in 2007 which measured compliance against the then required physical standards for first registration.
10. The homes that the Council operate appear in the bottom quartile for environmental standards. The Council's Quality Band Assessment (QBA) includes some environmental standards which were originally defined in the National Minimum Standards first published in 2003. It is not feasible to easily adapt our current stock of residential homes without causing major disruption to all residents including moving them to another home while the work is being carried out. Recent surveys show that £4.19m would be required in the next 10 years on repairs and maintenance of the five in-house homes. This would not result in significant remodelling work that would mean that the physical standards of homes are on a par with new build homes.
11. Demand for the council's own homes has reduced over time and it is unlikely that demand for the in-house residential homes will improve substantially in the future. It is also important to note that the council is

unable to directly provide nursing care. Many of the independent sector homes in the county are dually registered which means that they provide residential and nursing care. This can be a significant factor for older people and their relatives when choosing a home as it means that as people become increasingly frail or ill they do not have to have another move and can remain within the residential home they have chosen.

### **Current Residential Care provision in County Durham**

12. The provision of accommodation with personal or nursing care is regulated by the Care Quality Commission. Homes are registered as “care homes” or “care homes with nursing.” The in-house homes are care homes only. The Council is legally prevented from running nursing homes.
13. At 31 March 2014 the local authority was funding short and long-term places for 2428 older people in residential care homes and nursing homes. (Source: Social Services Information Database (SSID)) of which there were 62 people (40 long-term resident) in the five Council run homes.
14. This means that over 98% of people who have their residential care paid for by the local authority are in homes in the independent sector, as well as those who choose, and are able, to pay privately.
15. The market for the provision of residential care in County Durham remains diverse, which assists in maintaining a competitive pricing structure for the Council as commissioners. As at the end of March 2014, there were 53 independent providers of older people’s residential care in County Durham, offering 95 residential care homes for older people in addition to the 5 in-house homes. There are 29 residential care homes and 66 care homes with nursing. The largest independent provider has 14% of the market in terms of bed numbers. The table below gives more detail on ownership.

40 providers	1 home
4 providers	2 homes
4 providers	3 homes
2 providers	4 homes
1 provider	6 homes
1 provider	9 homes
1 provider	12 homes
Durham County Council	5 homes

Source: Commissioning information

16. The Council monitors market changes on an ongoing basis. In 2013/14, two new homes have opened, Dipton Manor in Dipton (care home with nursing) with 70 registered beds and Eden House in Bishop Auckland (care home without nursing) with 53 registered beds. 6 homes have closed with the loss of a total of 189 beds (although the 6 homes were operating at an average of 35% occupancy), meaning a net loss of

capacity of 66 beds in the county, mainly at the lower quality end of the market. Overall, however, supply continues to exceed demand.

17. The Council also plays a key part in ensuring that the quality of residential care services delivered by the independent sector is regulated and monitored, and has in place a stringent QBA programme which ensures service standards are maintained and incentivises providers to improve their services to residents.
18. Of the 95 homes providing residential care services for older people that have received a QBA visit in 2013/14, 47 are in Grade 1 (the highest band), 40 in Grade 2 and 8 in Grade 3 (the lowest fee band). A summary of the areas covered in the QBA can be found at Appendix 2.
19. 70 homes have retained the same grade as last year (or have received their first grade as they are newly built), 24 have improved their grade (including two in Ferryhill and one in Stanhope) and one has dropped a grade, demonstrating a steady improvement in quality in homes in County Durham.
20. The Council's five in house homes have not been assessed through this process but would most likely be rated at Grade 2. Those homes with below market standard environments find it very difficult to achieve grade 1. (The QBA combines environmental and performance measurements).
21. The number and percentage of homes falling into each grade over the years of operation of the QBA are shown below.

	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>
<b>Grade 1</b>	35 (34%)	29 (29%)	47 (49.5%)
<b>Grade 2</b>	46 (44%)	48 (44%)	40 (42%)
<b>Grade 3</b>	19 (18%)	19 (19%)	8 (8.5%)
<b>Grade 4</b>	4 (4%)	3 (3%)	0 (0%)
<b>Total</b>	<b>104</b>	<b>99</b>	<b>95</b>

22. One of the key factors for providers of residential care relates to the occupancy of each home, as being able to maximise the use of the home increases income and allows fixed costs to be spread across more people.
23. As at 2 April 2014 the independent sector showed an average occupancy of 82% in residential and nursing beds for older people (711 available beds). This is consistent with other surveys in 2013/ 2014 with a figure of 80% occupancy in the first quarter of the year and 81% in the second and third quarters.
24. The occupancy figures for the Council's homes are shown individually below, as the use of them varies. Cheveley House has not been used for residential purposes since 6 September 2013 due to building problems, and therefore has been excluded. These figures combine long and short-term use.

Establishment	TOTAL CAPACITY	Occupancy Apr - Jun 2013	Occupancy Jul –Sep 2013	Occupancy Oct – Dec 2013	Occupancy Jan - Mar 2014
Cheveley House, Belmont	36 (0 since Sept 2013)	71.55%	excluded	excluded	excluded
Feryemount, Ferryhill	29	81.02%	83.77%	74.21%	74.64%
Grampian House, Peterlee	15	91.43%	82.83%	85.65%	86.96%
Mendip House, Chester le Street	28	85.87%	87.93%	75.74%	66.75%
Newtown House, Stanhope	25	78.33%	74.65%	79.65%	68.00%
<b>TOTAL:</b>	<b>133</b>	<b>80.15%</b>	<b>82.30%</b>	<b>77.82%</b>	<b>72.55%</b>

Source - Durham County Council: SSID

25. The table below shows the percentage occupancy of the in-house homes for all types of service provision from 2007/08 to 2013/14, with Cheveley House excluded from the 2013/14 summary.

All Occupancy	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
Cheveley House	85.52%	73.65%	80.30%	86.70%	84.20%	67.20%	excluded
Feryemount	76.75%	73.33%	80.30%	79.40%	81.60%	77.50%	78.42%
Grampian House	71.53%	69.66%	56.00%	71.70%	94.10%	84.50%	86.70%
Mendip House	90.32%	88.06%	87.90%	87.40%	86.70%	81.10%	79.12%
Newtown House	81.70%	79.12%	80.40%	92.70%	93.90%	83.20%	75.19%
<b>TOTAL</b>	<b>76.26%</b>	<b>71.56%</b>	<b>69.90%</b>	<b>84.70%</b>	<b>86.70%</b>	<b>77.30%</b>	<b>79.07%</b>

Source - Durham County Council: SSID

26. From these tables, it can be seen that the occupancy rates for both the in-house and independent sector are currently similar, although the in-house figures in 3 homes also include short-term use for intermediate care, a use which will not continue into the future.

### **Residential Care funding**

27. The Council's budget for the purchase of residential care services for older people from the independent sector for 2013/14 is approximately £66m. The Council is the single biggest purchaser of residential care in County Durham purchasing approximately 80% of all residential care places. As such the Council has a key influence on the sector and can negotiate very good prices in order to achieve value for money in service delivery.

28. The Council pays differentiated fees to its providers linked to quality rating and physical standards. At 31 March 2014, the average cost to the Council for independent sector residential care is £473.59 per week.
29. On average, as at 31 March 2014, this amount of £473.59 per week is paid by the Council for older people who live in homes in the independent sector. It pays only for actual usage of beds under spot contract arrangements.
30. The cost of in-house residential care is significantly higher than that in the independent sector averaging at £917.64 per week for 2013/14 and the Council must bear the fixed costs involved in providing places whether they are being used or not.

### **Calculating the unit cost of in – house residential care services**

31. When making comparisons between the cost of using the current supply of Council provision and that offered by the independent sector, the Council has sought to use a clear methodology.
32. Unit costs are calculated using the annual budget for each home as a fixed figure and the occupancy of each home as a variable. By dividing the annual budget by the number of users of the home (occupancy) it is possible to determine a unit cost per person. Given the movement of people, in and out of the homes, especially for short-term care, this unit cost frequently fluctuates, therefore, an average occupancy over a longer period (usually a financial year) is commonly used to provide a more realistic mean average.
33. The current average cost per week excluding Cheveley House, is £917.64, based on 2013/14 occupancy levels and calculated as at 31 March 2014 and the table below shows individual unit costs for each of the five in-house homes.
34. An analysis of the current in-house costs has been undertaken which showed that there is no real prospect of reducing the unit costs to that of the independent sector as even with 100% occupancy, issues relating to conditions of service, which are set nationally, make staffing costs higher.

### **Most recent in-house residential care costs**

<b>Home</b>	<b>Weekly cost per bed</b>	<b>Calculated with occupancy and base budget at</b>
Cheveley House	£728.08	30 <sup>th</sup> June 2013
Feryemount	£770.17	31 March 2014
Grampian House	£1,329.37	31 March 2014
Mendip House	£797.04	31 March 2014
Newtown House	£953.35	31 March 2014
<b>Average (excluding Cheveley House)</b>	<b>£917.64</b>	<b>31 March 2014</b>

35. The expenditure used as a base budget amount for this calculation is the annual estimated budget for each location for 2013/14, and does not include overheads for any management or support costs incurred off site, or any capital costs which are outlined below.
36. As capital costs relating to in-house services fall outside of the annual budget costs, a separate exercise was carried out into the additional expenditure that would have to be borne at each of the homes by the Council in the next 10 years.

### **Intermediate Care Services in County Durham**

37. Within the County, social care and health colleagues have undertaken an assessment of the current arrangements for intermediate care in County Durham and set out a plan to develop improved services for the future. The recommendations of that plan remove the need for intermediate care beds in the Council's residential care homes, preferring to purchase beds from the independent sector for the future. In March 2010, officers of the Council agreed a joint commissioning strategy with health for the future provision of intermediate care. The strategy contains an ambition to improve equity of access and increase geographical spread of intermediate care beds across the County and is integral to the Council and CCG plans linked to the Better Care Fund (BCF) monies (money coming from health budgets to social care to provide a range of integrated services).

### **Current physical condition of in-house residential care homes**

38. Stock condition surveys, by independent surveyors, Bond Bryan, were undertaken on 4 homes (excluding Newtown House) during August/September 2010. The brief was to establish the current condition of the fabric of each building including the interior and furnishings and provide a schedule of urgent works (next 5 years) and projected further works required (6-10 years), both with associated costs.
39. Repairs from 2010/11 to 2015/2016 were estimated to be just under £1.5m and those in the following 5 years to be just over £1.5m, making a total of £3,042,739. This work would repair and maintain homes to be retained for their existing use but would not substantially improve them.
40. More recently, the Council's asset management team have worked with the in-house building surveyors to refresh these surveys using a mixture of condition surveys and life cycle criteria which has allowed for a balanced view of future capital works to be created using local knowledge and asset maintenance records. The new surveys now include the costs for Newtown House.
41. Taking into account, that approximately £780,000 has been spent on repairs and maintenance and capital works carried out since 2010 across all five homes, a revised capital requirement for the next 10 years at the five residential homes is now £4.1m at current prices as shown in the table

below, and this excludes costs of internal improvements, totalling an estimated £75,000 such as curtains, sinks, blinds etc, which were originally included in the 2010 surveys.

	<b>0 - 5 years</b>	<b>5 - 10 years</b>	<b>Total</b>
<b>Cheveley House</b>	£1,465,799	£395,2150	<b>£1,861,014</b>
<b>Feryemount</b>	£174,196	£433,070	<b>£ 607,267</b>
<b>Grampian House</b>	£318,434	£482,317	<b>£ 800,751</b>
<b>Mendip House</b>	£221,715	£337,435	<b>£ 559,150</b>
<b>Newtown House</b>	£138, 810	£222,772	<b>£ 361,562</b>
<b>TOTAL</b>	<b>£2,714,169</b>	<b>£1,475,594</b>	<b>£4,189,763</b>

Source: DCC Neighbourhoods

42. The Council currently has just under £5.8m earmarked against the residential homes within the approved capital programme, £1.2m in 2013/14 and £4.6m in 2014/15.

#### **The current use of in-house residential homes for day services**

43. In addition to residential services, there are also day services operating as follows as at 31 March 2014.

<b>Day Service location</b>	<b>Total Service users*</b>	<b>Total day care days** per Week</b>
Cheveley House	12	20
Grampian House	9	19
Newtown House	15	29
<b>Grand Total</b>	<b>36</b>	<b>68</b>

\*older people only

\*\*one "day" = 2 "sessions"

44. As at 31 March there were 160 older people using all in-house day services and 512 using independent sector services or purchasing day care through Direct Payments. Just over 5% of the total number of older people attending day care services were using the in-house residential care homes. Children and Adults Services established a panel of independent sector providers offering day services in April 2013, which further stimulated the independent sector market. A significant amount of spare capacity therefore exists within day services in Durham, with a high percentage of providers having vacancies.

### **CQC inspections of in-house services**

45. Between August and December 2013, CQC inspectors visited all 5 of the in-house care homes, and all of them met the required standards. Without exception each home received positive feedback from the residents and from CQC. A summary of each overall review is attached at Appendix 3.

### **Summary of Consultation on in-house residential care homes**

46. On 9 October 2013, Cabinet agreed to consult on three options for each home as follows:
- **Option 1:** Consult on the retention of each of the homes; Cheveley House, Feryemount, Grampian House, Mendip House and Newtown House undertaking repairs and maintenance as required.
  - **Option 2:** Consult on the closure of each of the homes; Cheveley House, Feryemount, Grampian House, Mendip House and Newtown House and commission alternative residential care provision and day services through the independent sector.
  - **Option 3:** Consult on the potential for transferring each of the homes; Cheveley House, Feryemount, Grampian House, Mendip House and Newtown House to an alternative service provider.
47. Full details of the methodology used to undertake this work and the processes and tools applied can be found in the full consultation report which is available on the Council's website. The consultation was publicised through the Council's website, media releases and presentations during visits to the relevant Area Action Partnerships (AAPs) by senior officers. During the presentation to Weardale AAP it was apparent that there was opposition to the Council's proposals to consider the future of Newtown House. Overall, there was substantial engagement, and special attention was paid to ensure individual consultations for residents and their families. There were 5 main categories of people and organisations who were consulted:
- Service users of each residential care home and users of day services attached to each of the homes
  - Carers and families
  - Staff and trades unions (consulted as stakeholders)
  - Elected Members
  - Stakeholders including members of the public, community groups and partner organisations
48. The table overleaf shows a summary of the total number of submissions split into type of submission.

<b>Home</b>	<b>Email</b>	<b>Letter</b>	<b>Telephone</b>	<b>Petition</b>	<b>Other</b>	<b>On-line Q</b>	<b>Total</b>
Cheveley House	2	0	0	0	0	76	<b>78</b>
Feryemount	2	3	0	1	0	84	<b>90</b>
Grampian House	0	0	1	0	0	78	<b>79</b>
Mendip House	2	0	0	0	0	107	<b>109</b>
Newtown House	23	646	3	7	1*	124	<b>804</b>
All	9	3	2	0	0	incl above	<b>14</b>
Grampian day centre	0	1	0	0	0		<b>1</b>
<b>Total</b>							<b>1175</b>

\*Poster

49. A summary of the responses from services users to the question about moving out of their home, either temporarily or permanently, and of the overall submissions to the consultation in each category can be found at Appendix 4.

### **Common themes throughout the consultation**

50. Common themes appear both in the interviews and through the other channels of communication. In general, very few of the residents or their families wanted to move from their current home, with only some being prepared to move on a temporary basis while the home was improved.
51. Most commonly, staff and the in-house services received high praise for the quality of care delivered, and respondents expressed concerns that they would not receive a similar quality of care from an independent provider, and referred to the profit motive behind the provision of services.
52. Many concerns were raised about the stress and anxiety that any home closure would have for the residents and their families
53. The need for residents to have continued contact with friends and family was highlighted. This also includes the wish to continue to live with the same people should the homes close.
54. Some adverse comments about the physical facilities within the homes were made, but generally the view was that the quality of the staff was paramount.
55. Some family members expressed concern about the stress of moving their relatives and how frail they were to be moved so late in life, and others felt that older people should have a choice about where to live (and die) that were very specific to their locality.

56. Stakeholders and staff commented on the loss of amenity in the area, the loss of potential use, and the restricted opportunities for future employment should the homes close.
57. Linked to the loss of amenity and investment in Weardale are the number of references in the consultation to the loss of employment for the staff, and especially for local people. The majority of staff at Newtown House live in Weardale, and while no formal consultation on individual homes has been undertaken with Trades Unions, based on previous experience, it is likely that some staff across homes will seek early retirement/voluntary redundancy should a decision be made to close any or all of the homes.
58. The impact on families in having to travel further to visit their relatives has been mentioned in respect of all of the homes. The need for additional travelling time, accessible public transport and convenience all being referred to as additional problems for people to overcome in order to maintain contact with their relatives, with this issue being particularly prominent in the public and stakeholder feedback from Newtown House, Stanhope.

**Feedback on consultation – Option 3 - the potential for transferring each of the homes; Cheveley House, Feryemount, Grampian House, Mendip House and Newtown House to an alternative service provider**

59. A part of the consultation included market testing in order to determine if independent providers of residential care wished to express interests in taking over the management of the homes. This option was considered desirable as it would assist the Council to meet its financial commitments, while ensuring minimum change to residents and families.
60. A prospectus for each of the homes was drawn up which indicated the key features of the service, along with outline terms and conditions for prospective applicants.
61. The availability of the homes was publicised through the regional procurement portal and on the Council's website. It was made clear at the outset that interested parties should be prepared to produce a viable business case for discussion no later than the close of the general consultation, and key contact information was provided.
62. During the three months, there were 5 expressions of interest. 4 initial requests for further information were made by email and one by telephone.
63. 2 requests did not progress beyond the initial stage of receiving the prospectus for the homes and 3 others were discussed in more detail.
64. Out of the 3 interested parties 2 were from organisations currently running care homes in the UK, and discussions took place about their proposed business models. 1 party did not wish to comply with the terms and

conditions of the prospectus and could not guarantee any continuity for the current residents and a second party, already a provider in the County, spent some time examining the business case but concluded that the homes did not present them with a viable opportunity for expansion.

65. The final expression of interest came from an individual from Stanhope who, if the Council decided to close the home, wished to create a social enterprise which would ensure the continued running of the home, and provide additional community facilities in order to make the whole of Newtown House a centre for the community to invest in. This proposal is not supported by any CQC registered provider. The plans would only be developed if the decision by the Council were to close the home. The alternative proposal acknowledges that the business case has not yet been made, does not yet have wide support and would not be developed to meet the terms of the existing prospectus but would need the Council to modify its offer substantially.
66. In summary, there have been no business cases submitted for any home which would meet the Council's requirements.

### **Summary of feedback from consultation and issues by individual home**

#### **Cheveley House, including day service provision**

67. Cheveley House is a residential home with provision for 36 people to live there, mostly on a permanent basis, and with a day service facility staffed to take 16 people every session and with 2 sessions per day.

	<b>Residential Care</b>	<b>Intermediate Care</b>	<b>Respite Care</b>	<b>TOTAL</b>
<b>Cheveley House, Belmont</b>	26	8	2	<b>36</b>

68. In September 2013, it was necessary to provide information to residents and their families about the condition of the home, leading to their decisions to move to other homes. Up to that point it had a regular occupancy of over 80% every year, including its use for intermediate care and respite care. The table below shows the percentage occupancy of Cheveley House for all types of service provision from 2007/08 to 2012/13 excluding from April 2013 to March 2014 to avoid an unfair comparison.

	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10</b>	<b>2010-11</b>	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14</b>
<b>Cheveley House</b>	85.52%	73.65%	80.3%	86.7%	84.2%	67.2%	excluded

69. In order to assist with the decision making process following consultation, a further building condition survey was carried out in Autumn 2013, to refresh the one carried out in 2010, with a view to determining what works would be required to bring the home up to standard for residents in the future. As shown in paragraph 42, the cost of bringing the home up to standard is £1,861,014, with £1.45m required immediately. Cheveley House will require substantial work including replacement of the roof, the

ground floor and major works to the external walls and foundations before it can be brought back into use.

70. Since September, it has not been possible to offer residential care, or short-term care at Cheveley House. The requirements for these services have been met through use of the independent sector and alternative providers.
71. Day services for older people in the community have continued to be offered to those people as before, and attendance as at 31 March 2014 is as follows:-

Total number of different people attending each week – 12

Number of Days Per Week Attended By Client					
1 day	2 days	3 days	4 days	5 days and more	Grand Total of people
5	6	1	0	0	12

Total number of days attended each week – 20

Number of People attending each day							
MON	TUE	WED	THU	FRI	SAT	SUN	Grand Total of days
3	3	2	5	2	2	3	20

72. For these numbers, and taking into account the home addresses of the people attending, it is possible that day services especially during the week could be easily accommodated elsewhere within a few miles of either Cheveley House or the service user's home.
73. Individual personal consultations have taken place with users of day services and offers were made to some former residents too. Responses were unanimous in that they enjoyed and valued their time spent there. The former resident would be prepared to go back, or accept a new provider as long as the staff were the same but also commented that bigger rooms and en-suite facilities would be desirable.
74. Issues raised included additional transport requirements in order to access alternative day services, special equipment requirements and the potential loss of friends if the service was no longer being offered. Most service users would be "unhappy" or "disappointed" if the service were to close.
75. It will be necessary to review the needs of these day service users if Cheveley House does not reopen, and ensure that adequate alternative provision is arranged, including additional assistance with transport if necessary. Service users have attended the day service for a period of between 1 year and 7 years.

76. Wider stakeholder consultation produced 76 responses, using the on-line questionnaire on the Council's website, with only 2 other contacts recorded.
77. Most people (47.4%) preferred option number 1, to retain Cheveley House, undertaking repairs and maintenance as required. 22.4% preferred option 2, closure of the home and 30.2% thought that the home should be transferred if a suitable organisation could be found.
78. 52% of those who responded to the question felt that all repairs and maintenance should be carried out regardless of cost.
79. When asked what impact the closure of Cheveley House would have on the place they lived, 43.8% said "no impact" although 38.3% thought that it would have a major negative impact
80. There has been no business case received from any provider interested in taking over the management of the home from the Council.
81. Stakeholders commented that option 2 and 3 would lead to unemployment or that members (of the union) would "suffer through terms of employment" although one stakeholder stated that option 3 could lead to "large council savings" and a "successful transition for ongoing care provision."

### **Feryemount, including intermediate care provision**

82. Feryemount is a residential home with provision for 20 people to live there permanently, and has special facilities to assist with its intermediate care provision of 9 beds, and hosts therapy and rehabilitation clinics in conjunction with health professionals.

	<b>Residential Care</b>	<b>Intermediate Care</b>	<b>Respite Care</b>	<b>TOTAL</b>
<b>Feryemount, Ferryhill,</b>	20	9	0	<b>29</b>

83. Use of the services at Feryemount from April 2013 to March 2014 is as follows:-

	<b>Total Capacity</b>	<b>Occupancy Apr - Jun 2013</b>	<b>Occupancy Jul –Sep 2013</b>	<b>Occupancy Oct – Dec 2013</b>	<b>Occupancy Jan - Mar 2014</b>
<b>Feryemount, Ferryhill</b>	<b>29</b>	81.02%	83.77%	74.21%	74.64%

84. The table overleaf shows the percentage occupancy of Feryemount for all types of service provision from 2007/08 to 2012/13 and for April 2013 to March 2014, which indicates a fairly consistent use over the years of just under 80%.

	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10</b>	<b>2010-11</b>	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14</b>
<b>Feryemount</b>	76.75%	73.33%	80.3%	79.4%	81.6%	77.5%	78.42%

85. As at 31 March 2014, there are 13 long-term residents living in Feryemount, including one waiting for a place in an extra care scheme.
86. The oldest person there is 96 years old and the youngest, 78 years old. In terms of occupancy, the longest any resident has lived there is nearly 12 years and the newest resident has lived there for 3 months.
87. Individual personal consultations have taken place with 16 residents and / or families, regarding their views on the proposals. All service users were happy living at Feryemount and the majority were happy and content the way they were. Half of the residents interviewed said that they would not mind moving on a temporary basis for modernisation and suggested improvements included, new carpets, en suite facilities, more entertainment and widening the doorways.
88. Seven service users would be “upset” or “worried” by any move if the home were to close, including emotional needs such as stress and anxiety. Three service users said it would depend on where they were being moved to.
89. All service users would want to stay in Ferryhill or the surrounding area; e.g. Newton Aycliffe, Spennymoor, Shildon and most people have specialist equipment or special requirements being met.
90. Issues raised included additional transport requirements for families, access to specialist equipment, concern about the quality of care in independent homes and the need to ensure that families were communicated with. Overall, families were happy with the quality of staff and the care provided and did not wish to see the home closed.
91. Wider stakeholder consultation produced 84 responses, using the on-line questionnaire on the Council’s website, with only 5 other contacts recorded. However, included in these responses was a petition with 716 signatures requesting that the Council keep the home open.
92. Most people (46.4%) preferred option number 1, to retain Feryemount, undertaking repairs and maintenance as required. 21.4% preferred option 2, closure of the home and 32.2% thought that the home should be transferred if a suitable organisation could be found.
93. 64.1% of those who responded to the question felt that all repairs and maintenance should be carried out regardless of cost.
94. When asked what impact closure of Feryemount would have on the place they lived, 43% said “no impact” although 39.3% thought that it would have a major negative impact with comments relating to loss of employment and businesses.
95. There has been no business case received from any provider interested in taking over the management of the home from the Council.

96. Should the Council decide to close Feryemount, analysis has been carried out regarding the provision of beds in the locality area. This shows that as at 2 April 2014, there were 92 beds available within a 5 mile radius of the home. The homes in question are shown below, and while there are vacancies in other homes further away it is felt that this distance produces a good indication of the availability of alternatives.

Home	Area	Dist in miles by post code**	QBA Score	Capacity	Vacancies as at 2 Apr 14
<b>FERYEMOUNT</b>					
<b>Care homes with nursing</b>					
Tenlands Care Home	Ferryhill	0.4	2	38	1
Denehurst Nursing Home	Merrington Lane	1	2	31	13
Bowburn Care Centre	Bowburn	3	1	79	7
Howlish Hall	Coundon	4	2	44	4
Bethany House Care Home	Newton Aycliffe	4	1*	32	1
The Beeches	Kelloe	5	2	31	23
Willowdene Care Home	Fishburn	8	1	48	6
Defoe Court	Newton Aycliffe	4	1	41	6
Aycliffe Care Home	Newton Aycliffe	5	2	54	13
<b>Care Homes</b>					
Acorn Grange Care Home	West Cornforth	2	2	48	3
Chilton Care Centre	Chilton	2	1	40	4
Lothian House Care Home	Spennymoor	2	1	47	1
Rose Lodge	Newton Aycliffe	4	1	54	10
				<b>587</b>	<b>92</b>

\* indicates where QBA outcome is still within the consultation period and is subject to confirmation within the next four weeks

\*\*rounded to nearest mile

97. In order to assist with the decision making process following consultation, a further building condition survey has been carried out in Autumn 2013 to refresh the one carried out in 2010, with a view to determining what works would be required to maintain the building in its current condition. This does not include any costs of refurbishing the contents of the home in the future.
98. As shown in paragraph 42, the cost of this building work will be £607,267 over the next 10 years.

### **Grampian House, including day services**

99. Grampian House has the least residential accommodation of all of the in-house homes but does house the multi-disciplinary intermediate care team on behalf of the Clinical Commissioning Group and hosts therapy and rehabilitation clinics in conjunction with health professionals. It also

provides a day care service. Grampian House is not used for respite care and the intermediate care beds in the future are likely to be managed in conjunction with the procurement of intermediate care beds within the independent sector. In view of that decision the long-term use for Grampian House would be to retain the establishment purely for respite and residential care.

100. Over the years, its main function has changed from being mainly a residential home to mainly hosting a residential intermediate care facility for the east of the County as can be seen below:-

	Residential Care	Intermediate Care	Respite Care	TOTAL
<b>Grampian House, Peterlee</b>	1	14	0	<b>15</b>

101. In addition to the residential care provided to one resident, there is also a day service provided at Grampian House staffed to take 20 people every session and with 2 sessions per day which is attended by 9 service users every week.

102. As there has only been one resident for the whole of this period, the occupancy figures relate mainly to the use of the facility for intermediate care.

	TOTAL CAPACITY	Occupancy Apr - Jun 2013	Occupancy Jul - Sep 2013	Occupancy Oct - Dec 2013	Occupancy Jan - Mar 2014
<b>Grampian House, Peterlee</b>	<b>15</b>	91.43%	82.83%	85.65%	86.96%

103. The table below shows the percentage occupancy of Grampian House for all types of service provision from 2007/08 to 2012/13 and for April 2013 to March 2014, which indicates an increased use overall. This increase relates to the use of intermediate care. The number of residents has fallen over the same time period.

	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
<b>Grampian House</b>	71.53%	69.66%	56.0%	71.7%	94.1%	84.5%	86.7%

104. As at 31 March 2014, there is only one service user living at Grampian House. The face-to-face interview with this service user took place in December 2013 with an advocate in attendance. The service user has lived at Grampian House for approximately 11 years.
105. Individual personal consultations have taken place with the resident and 10 other (at the time of the consultation) regular users of the day services provision. The resident was very happy with the whole provision there and did not want to move and had no issues with the facilities available.

106. Day services for older people in the community are also provided and attendance as at 31 March 2014 is as follows:-

Total number of different people attending each week - 9

Number of Days Per Week Attended By Client					
1 day	2 days	3 days	4 days	5 days and more	Grand Total of people
1	6	2	0	0	9

Total number of days attended each week - 19

Number of People attending each day							
MON	TUE	WED	THU	FRI	SAT	SUN	Grand Total of days
6	3	3	4	3	0	0	19

107. For these numbers, and taking into account the home addresses of the people attending, it is possible that day services especially during the week could be easily accommodated elsewhere within a few miles of either Grampian House or the service user's home, if necessary.
108. Of the day service users, consultations were carried out face-to-face. Service users were accompanied by family members, an advocate or the home manager. The length of time they had been attending Grampian House ranged from just under a year to over 7 years. Nine out of ten service users were happy to attend Grampian House for their day care service and 50% of service users were amenable to a move with some commenting that any new service would not have to be too far away.
109. Wider stakeholder consultation produced an additional 84 responses, mainly using the on-line questionnaire on the Council's website, with 2 other representations.
110. Most people (47.4%) preferred option number 1, to retain Grampian House, undertaking repairs and maintenance as required. 21.8% preferred option 2, closure of the home and 30.8% thought that the home should be transferred if a suitable organisation could be found.
111. 64% of those who responded to the question felt that all repairs and maintenance should be carried out regardless of cost.
112. Should the Council decide to keep Grampian House open, then later this year it will become purely a residential home with day services as it has been agreed with health colleagues that intermediate care beds will be purchased from the independent care sector. Given the alternatives shown below and the current in-house costs, it is unlikely to offer value for money or have high levels of occupancy.

113. Should the Council decide to close Grampian House, analysis has been carried out regarding the provision of beds in the locality area. This shows that as at 2 April 2014, there were 123 beds available within a 5 mile radius of the home. The homes in question are shown below, and while there are vacancies in other homes further away it is felt that this sample list produces a good indication of the availability of alternatives.

Home	Area	Dist in miles by postcode**	QBA Score	Capacity	Vacancies as at 2 Apr 14
<b>GRAMPIAN HOUSE</b>					
<b>Care homes with nursing</b>					
Peterlee Care Home	Peterlee	1	2*	44	7
Bannatyne Lodge Care Home	Peterlee	1	2	50	16
Croft House Care Home	Shotton Colliery	1	1*	58	8
The Hawthorns	Peterlee	1	2	103**	1
Jack Dormand Care Home	Horden	2	2	43	1
Abbeyvale Care Centre	Blackhall	2	1	56	8
Yohden Hall Care Complex	Blackhall	2	1	85	7
Ashwood Park	Easington Colliery	2	1	70	24
Birchwood Court	Easington Colliery	2	2	43	3
Abbotts Court	Wheatley Hill	3	1	39	8
Craigarran Nursing Home	Trimdon Station	3	1	44	10
Field View	Blackhall	4	1	36	11
Village Care Home (Murton)	Murton	5	2	40	4
<b>Care homes</b>					
Langley House	Peterlee	1	2	26	4
Highfield House Residential Home	Haswell	3	3	25	10
Church View (Murton)	Murton	4	1	42	1
Melbury House	Dawdon	5	1*	24	0
* indicates where QBA outcome is still within the consultation period and is subject to confirmation within the next four weeks					
** some beds not available for LA use (CCG only)					
**rounded to nearest mile					
				<b>828</b>	<b>123</b>

114. Durham Dales, Easington and Sedgefield CCG commented in the consultation that it “recognises the challenges facing the Council and as such supports work to provide equitable intermediate care across the County. Current partnership working includes a county-wide intermediate care service pilot. As such we would support option 2 (closure of the home) but subject to continuing to work closely with the Council to address concerns about the viability of care beds across our localities.”

115. In order to assist with the decision making process following consultation, a further building condition survey has been carried out in Autumn 2013 to

refresh the one carried out in 2010, with a view to determining what works would be required to maintain the building in its current condition. This does not include any costs of refurbishing the contents of the home in the future.

116. As shown in paragraph 42, the cost of this building work will be £800,751 over the next 10 years.

## Mendip House

117. Mendip House is a residential home with provision for 18 people to live there permanently, with an additional 2 beds which can be used for short-term respite care, and has special facilities to assist with its intermediate care provision of 8 beds, and hosts therapy and rehabilitation clinics in conjunction with health professionals.

	Residential Care	Intermediate Care	Respite Care	TOTAL
Mendip House, Chester-le Street,	18	8	2	28

118. Use of the services at Mendip House from April 2013 to the end of March 2014 is as follows:-

	Total Capacity	Occupancy Apr - Jun 2013	Occupancy Jul - Sep 2013	Occupancy Oct - Dec 2013	Occupancy Jan - Mar 2014
Mendip House, Chester-le-Street	28	85.87%	87.93%	75.74%	66.75%

119. The table below shows the percentage occupancy of Mendip House for all types of service provision from 2007/08 to 2012/13 and for April 2013 to March 2014, which indicates a reducing demand for it over the last three years although still on a level similar to other homes at around 80%.

	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
Mendip House	90.32%	88.06%	87.9%	87.4%	86.7%	81.1%	79.12%

120. As at 31 March 2014, there are 10 long-term residents living in Mendip House. The oldest person there is 99 years old and the youngest, 69 years old. In terms of occupancy, the longest any resident has lived there is over 8 years and the newest resident has lived there for 6 months.
121. Individual personal consultations have taken place with 14 residents and / or families, regarding their views on the proposals. All service users were happy living at Mendip House, with most people satisfied with the facilities.
122. 9 service users said that they would not mind moving on a temporary basis for improvements to be undertaken but five service users would be made "upset" or "unhappy" by any move if the home were to close. 2

service users said that they would be happy to move, and one person wanted to know more about the home they would have to move to.

123. Some service users stated their preference would be to move with their friends, but all service users would prefer to stay in Chester le Street or Durham with 78% of people identifying individual issues that would need to be taken into consideration if a move happened either on a temporary or permanent basis. This included, staff knowing and understanding existing medical problems, dealing with anxiety caused by a move and age related problems.
124. In addition over half of the residents will continue to need special requirements.
125. Wider stakeholder consultation produced an additional 109 responses, mainly using the on-line questionnaire on the Council's website.
126. Most people (58.9%) preferred option number 1, to retain Mendip House, undertaking repairs and maintenance as required. 15.9% preferred option 2, closure of the home and 25.2% thought that the home should be transferred if a suitable organisation could be found.
127. 53.3% of those who responded to the question felt that all repairs and maintenance should be carried out regardless of cost.
128. When asked what impact closure of Mendip House would have on the place they lived 33.7% said "no impact" although 47.4% thought that it would have a major negative impact
129. There has been no expression of interest from any provider in taking over the management of the home from the Council.
130. Should the Council decide to close Mendip House, analysis has been carried out regarding the provision of beds in the locality area. This shows that as at 2 April 2014, there were 164 beds available within a 5 mile radius of the home. The homes in question are shown overleaf, and while there are vacancies in other homes further away it is felt that this distance produces a good indication of the availability of alternatives in line with the preferences expressed.

Home	Area	Dist in miles by postcode**	QBA Score	Capacity	Vacancies as at 2 Apr 14
<b>MENDIP HOUSE</b>					
<b>Care homes with nursing</b>					
West House Care Home Limited	Chester le Street	0	2	26	4
Lindisfame CLS Nursing	Chester le Street	1	2	56	15
St Mary's Care Home	Chester le Street	1	3	54	9
Picktree Court	Chester le Street	2	1	88	12
Pelton Grange Care Home	Pelton	2	3*	47	11
Springfield Lodge Nursing Home	West Rainton	4	2	34	7
Melbury Court	Durham City	4	1	87	1
Hollie Hill Care Home	Stanley	4	1	62	9
Lindisfame Care Home	Newton Hall	5	1	57	0
Stanley Park	Stanley	5	2	71	18
St Andrews Nursing Home	Stanley	5	3*	45	7
Belmont Grange Care Home	Belmont	5	3	33	9
<b>Care Homes</b>					
Lindisfame CLS Residential	Chester le Street	1	2	30	15
Durham House Residential Care Home	Chester le Street	1	2	31	3
Lindisfame Ouston	Ouston	2	1	57	11
Beamish Residential Care Home	West Pelton	2	2	21	6
Beauley Lodge Care Home	Fencehouses	3	3*	33	11
Lambton House	Fencehouses	3	1	47	2
St Aidan Lodge Residential Care Home	Framwellgate Moor	4	1	62	11
Langley Park Care Home	Langley Park	4	2	46	3
* indicates where QBA outcome is still within the consultation period and is subject to confirmation within the next four weeks				<b>987</b>	<b>164</b>
**rounded to nearest mile					

131. As shown in paragraph 42, the cost of building work will be £559,150 over the next 10 years.

### **Newtown House – including day service provision**

132. Newtown House is a residential home with provision for 25 people to live there, mostly on a permanent basis, and with a day service facility staffed to take 15 people every session and with 2 sessions per day.

	Residential Care	Intermediate Care	Respite Care	TOTAL
<b>Newtown House, Stanhope</b>	23	0	2	<b>25</b>

133. Use of the residential care and respite services at Newtown House from April 2013 to the end of March 2014 is as follows:-

	<b>Total Capacity</b>	<b>Occupancy Apr - Jun 2013</b>	<b>Occupancy Jul - Sep 2013</b>	<b>Occupancy Oct - Dec 2013</b>	<b>Occupancy Jan - Mar 2014</b>
<b>Newtown House, Stanhope</b>	<b>25</b>	78.33%	74.65%	79.65%	68.0%

134. The table below shows the percentage occupancy of Newtown House for all types of service provision from 2007/08 to the current financial year, which shows fluctuating use of the home over the last 7 years.

	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10</b>	<b>2010-11</b>	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14</b>
<b>Newtown House</b>	81.70%	79.12%	80.4%	92.7%	93.9%	83.2%	75.19%

135. Day services for older people in the community are also offered on site and attendance as at 31 March 2014 is as follows:-

Total number of different people attending each week - 15

<b>Number of Days Per Week Attended By Client</b>					
<b>1 day</b>	<b>2 days</b>	<b>3 days</b>	<b>4 days</b>	<b>5 days and more</b>	<b>Grand Total of people</b>
6	6	2	0	1	15

Total number of days attended each week - 29

<b>Number of People attending each day</b>							
<b>MON</b>	<b>TUE</b>	<b>WED</b>	<b>THU</b>	<b>FRI</b>	<b>SAT</b>	<b>SUN</b>	<b>Grand Total of days</b>
6	3	8	4	8	0	0	29

136. As at 31 March 2014, there are 15 residents living in Newtown House.
137. The oldest person there is 100 years old and the youngest, 79 years old. In terms of occupancy, the longest any resident has lived there is just under 5 years and the newest resident has lived there for just under 4 months.
138. Individual personal consultations have taken place with 18 residents and / or families, regarding their views on the proposals. In addition 16 service users of the day service were interviewed, who had been attending there from as little as six months to over 23 years.
139. The majority of service users were happy living at Newtown House. Three said that they would rather be in their own home and one person said that they were not happy. The majority were complimentary about the staff and the service although some did refer to potential improvements being desirable such as toilet facilities and room size.

140. If a move had to take place on a temporary basis for repairs and maintenance to be carried out, 72% of the residents interviewed said that they would not mind moving. However, 75% said that they would not want to move on a permanent basis. One resident said that it would depend on what type of home it was they would move to and another said that they would move if they received the same treatment that they had at Newtown House. Overall, two thirds of residents either would not move or would not be prepared to move out of Stanhope or Weardale.
141. Issues raised by residents included special equipment and facilities which would continue to be needed, additional travelling requirements for families to visit, risk of increased social isolation from their families and communities.
142. Family members in their feedback raised issues about the increased stress and upset at having to move and the risk to life, if the service was no longer being offered, along with issues of additional travelling and cost if their family member was moved from Weardale. Eleven family members highlighted potential issues if their relative was to move to another home. These included:
- Those who have to rely on public transport
  - Travelling in poor weather
  - Additional cost
  - Additional time
143. One respondent wrote:
- “whilst some families do not live in Weardale and may, therefore, be closer to the alternative provision than this, many live to the west of Stanhope. The current residents of Newtown House have family visitors based in:
- Eastgate (3 miles to the west of Stanhope)  
Rookhope (6 miles)  
St.John’s Chapel (7 miles)  
Ireshopeburn(8 miles)  
Wearhead (9 miles)  
Lanehead/ Cowshill (10miles)”
144. There are clearly issues of rurality in this part of the County. Comparisons with neighbouring local authority areas, however, suggest that similar distances are already being recorded for travelling distances. For example, in Northumberland, there is no residential care home within 13 miles of Haltwhistle and 17 miles of Rothbury. In Cumbria, there is no residential home within 15 miles of Brampton. Such comparisons are useful but clearly no town is exactly the same as Stanhope. However, the places used for comparison are on major ‘A’ roads in rural settings and share rural features.
145. One family member identified a health issue of their own if they had to go further to visit their relative. The consultation also highlighted a range of

other practical issues for families linked to increased travelling distances associated with rurality including family responsibilities, family members with health issues and work commitments.

146. The full individual requirements of residents and families would be taken into account during a comprehensive assessment should the decision be made to close the home. It would be reasonable for the Council to provide some additional transport support where it is identified as critical to the residents' health and wellbeing.
147. In general, the vast majority of family members wanted Newtown House to remain open as a residential home under the management of the Council and most did not consider that a change to an independent provider would ensure a service of similar quality.
148. All of the day service users were happy with the service and the facilities at the day centre including the toilets, food, garden and activities were all praised. All but one of the service users said that they would move to another service temporarily for improvements to be carried out.
149. Issues were raised about the distance to the new service, people moving together and whether the move was temporary or permanent. Four service users (25%) said that they did not want the service to close and would not like to go to another service. Other service users would change service if it was with the same friends and/or the same staff, the service remained local, the facilities were good and their special requirements were met.
150. Wider stakeholder consultation produced an additional 680 responses, largely by letter, with another 124 received on-line through the Council's questionnaire.
151. Most people (55.8%) preferred option number 1, to retain Newtown House, undertaking repairs and maintenance as required. 15% preferred option 2, closure of the home, and 29.2% thought that the home should be transferred if a suitable organisation could be found.
152. 50.8% of those who responded to the question felt that all repairs and maintenance should be carried out regardless of cost.
153. When asked what impact closure of Newtown House would have on the place they lived 28.3% said "no impact" although 57.5% thought that it would have a major negative impact and the rural location of the home was significantly highlighted in the comments made.
154. There has been no business case from any provider in taking over the management of Newtown House from the Council.
155. An expression of interest was submitted from an individual in Stanhope with a proposal to form a community venture that would extend the use of

the service and incorporate facilities on site for the whole community.

156. The creation of a social enterprise to manage Newtown House would require time, resources and commitment from the Council, to investigate further, without any guarantee of producing a successful business plan in the longer term.
157. In order to assist with the decision making process following consultation, a building condition survey has been carried out in Autumn 2013 with a view to determining what works would be required to maintain the building in its current condition. This does not include any costs of refurbishing the contents of the home in the future, or current flood protection works already in hand.
158. As shown in paragraph 42, the cost of this building work will be £361,562 over the next 10 years.

### **Stakeholder feedback relating to Newtown House**

159. Much of the feedback from stakeholders echoed the concerns expressed by residents, service users and families, but extended to additional environmental and community considerations for potential future service users and for the Weardale area generally.
160. Most respondents referred to the rural nature of the Stanhope area and the catchment area that Newtown House serves, not just for those communities west of the A68, but more importantly for those people to the west of Stanhope.
161. The consultation produced correspondence from stakeholders broadly highlighting the following concerns, which it was stated, make a unique case for continuing to provide services at Newtown House, besides the issues raised by the residents and service users themselves. They are as follows:-
  - Transport and distance
  - Decline of the Dale
  - Employment
  - Home and alternatives
  - Residents/older people issues
162. Many respondents felt that the Council's Cabinet report in October 2013 did not fairly capture the difficulties in travelling for families of older people at Newtown House. Correspondents were keen to record that any change of residential care provision from Newtown House would inevitably disproportionately disadvantage those people living west of Stanhope.
163. While this is undoubtedly true for those with relatives and friends in Newtown House at the moment, others travelling to the home from further east, the majority of the County, will have less distance to travel. In the equality impact assessment (Appendix 5) we identify some of the ways

that the Council could mitigate additional burdens on families should the Council decide to close any of the homes.

164. The issue of alternative care homes and their proximity to Newtown House was raised many times and the table below contains details of homes within 15 miles of the home. This distance has been measured according to the shortest possible route, which many people have commented on. In the case of 5 of the homes those in Consett, Delves Lane and Leadgate, the shortest route involves some use of minor roads. If only major roads are used, the furthest journey to St Mary's Convent involves an extra 22.3 miles. For the 5 homes in Willington, Tow Law and Crook, there are no significant route choices to be made and all are within a 15 mile radius. Crosshill Nursing Home is in Stanhope.

Home	Area	Dist in miles shortest route**	Dist in miles by main road**	QBA Score	Capacity	Vacancies as at 2 Apr 14
<b>NEWTOWN HOUSE</b>						
<b>Care homes with nursing</b>						
Crosshill Nursing Home	Stanhope	0	0	1	25	0
Brockwell Court Care Home	Consett	12	20	1*	75	22
Abigail Lodge Care Home - Consett	Delves Lane	13	21	2	60	0
West Lodge Care Home	Crook	13	13	1*	60	1
Redwell Hills Care Home	Leadgate	14	22	2	50	14
Richmond Court	Willington	15	15	1	49	8
Brancepeth Court	Willington	15	15	1	49	10
<b>Care Homes</b>						
Castle Bank Residential Home	Tow Law	10	13	1	33	18
Parklands	Crook	12	12	1	36	8
Greenways Court	Delves Lane	14	21	1	51	3
St Mary's Convent	Ebchester	15	22	2	16	0
					<b>504</b>	<b>84</b>

\* indicates where QBA outcome is still within the consultation period and is subject to confirmation within the next four weeks

\*\*rounded to nearest mile

165. The Council selected this distance simply because this provides a similar range of choice for Newtown House as was described in relation to the other homes. Weardale is a rural area and it is unsurprising that it does not have the same level of infrastructure as a less rural area. The question of how far it is reasonable to expect people in rural areas to travel for services is an important matter for decision in this instance. There is no formula for calculating what is reasonable and no definitive guidance.
166. It is acknowledged that the other homes under consultation have alternatives much closer, and any change in provision may well affect their residents' families too, though it is argued to a lesser extent.

167. The concerns of families reliant on public transport were often mentioned, with transport provided on a limited basis on weekends and evenings, which would make travel to alternative homes on evenings and weekends by public transport, impossible or prohibitively long, so increasing social isolation for residents. Public transport in Weardale is limited during the week, and there is none at all on Sunday.
168. The last public service bus between Stanhope and those towns and villages to the east, stops running before 7pm from Monday to Saturday. During the day there are hourly services for this route.
169. Transport to and from Stanhope for communities to the west depends on an hourly, or 2 hourly service via Rookhope, available only during the day, with only a very limited early evening service and again no service at all on Sundays.
170. There is a Link2 facility in Weardale designed for people making local journeys for which there is no other suitable bus Link2 covers the whole county. The fare for Link2 is similar to a bus fare and concessionary passes are valid, although advance booking is preferred.
171. Should the decision be made to close Newtown House, then there would have to be individual consideration given to those residents and families where additional travelling was required which will be an additional cost.
172. Stakeholders expressed concern at the potential impact on the whole dale were Newtown House to close as the Council is considered to be the major employer, following the demise of the mines and cement works. They were also keen to document their fears that the GP, pharmacy, and community hospital would also leave Stanhope if Newtown House closed.
173. The local GP practice commented that they would not want to lose a valuable resource in the community.
174. Linked to the loss of amenity and investment in Weardale are the number of references in the consultation to the loss of employment for the staff, and especially for local people. Current staff levels at Newtown House are 7 permanent full time staff and 16 permanent part-time staff, of which 5 full-time and 5 part-time are over 55 years of age (3 of these are non-drivers). There are 9 temporary staff in addition to this, of which 3 are over 55 years of age and a further two will be 55 by the end of June 2014. The majority of staff at Newtown House do live in Weardale, and while no formal consultation on individual homes has been undertaken with trades unions, should the decision be made to close any of the homes opportunities will be made available for staff to consider redeployment, early retirement or voluntary redundancy.
175. The Council's latest unemployment summary for the County, shows that Weardale has one of the lowest levels in the County at 1.7%, compared to the County average of 3.7%. Should the decision be to close, the

opportunity for other work may well increase at any home taking additional residents and in the medium term the move to ensure that more people live longer at home may provide increased demands in the domiciliary care sector. These jobs would not, of course, be guaranteed to go to displaced Council staff and may not be on the same terms and conditions.

176. Respondents to the consultation reminded the Council of the latest CQC inspection which confirmed that an excellent standard of care was provided at Newtown House. Many respondents asserted that Newtown House is the only residential facility in the Dale. In fact, Crosshill Nursing Home, also in Stanhope, has older people living there on a residential basis who are not in need of nursing care. It is registered as a care home with nursing. In the recent QBA by the Council, this home improved its rating to Grade 1.
177. The kitchens at Newtown House also make and deliver meals for tenants of the neighbouring bungalows, 7 days a week, usually 6-8 a day, and each Tuesday, meals are made for, and collected by, a luncheon club at St John's Chapel. In the event of the home closing, these services will need assistance to find alternative suppliers, and possibilities such as accessing local services, e.g. commercial outlets, schools, or funding community kitchens through the AAP or Parish Councils could be considered.
178. Finally, many stakeholders were concerned about the upheaval and upset caused to residents should they have to move, on the basis that most residents come from Weardale and socialise in the community. Also there was concern about the loss of Newtown House and the choice for potential users being eroded, should the home close. Some people referred to the right for older people to choose where to spend their last days.
179. Analysis of the take up of residential care by people from Weardale shows that while 13 of the 17 people living in Newtown House at the time did formerly live in the community in Weardale, others have moved there to be nearer family who live there and have not lived there all of their lives. Equally, there are people from Weardale who have chosen to move out of the area for their residential care. It is not inevitable that all older people who live in Weardale will want to live in Newtown House in the future.
180. The consultation on the options for the future of Newtown House was unique in that a community proposal was received from an individual who wished to explore the potential for enhanced community use of the whole Newtown House site, if the Council felt unable to agree to keep the home open on the current basis.
181. The proposal is for the community to take it over and run it collectively. Using a legal structure called a "Community Benefit Society." It is anticipated by the proposer that this will be able to run on reduced overheads, without the need for large profits for investors and will be very

cost effective. Shares would be issued and money raised to secure the property and operate it for the benefit of current and future residents.

182. The proposal in full is enclosed at Appendix 6.
183. In considering this proposal Members need to be aware that this would still require substantial funding and input from the Council and at the public meeting called by Stanhope and Wolsingham Parish Councils in November 2013, no one supported this alternative proposal at the time which would suggest that there is little appetite for this community based solution.

### **Options and their implications for all homes**

#### **Option 3: The Council consider the transfer of each of the homes; Cheveley House, Feryemount, Grampian House, Mendip House and Newtown House**

184. No viable expressions of interest were received and therefore there is no decision to make on option 3.

#### **Option 1: The Council consider retaining each of the homes; Cheveley House, Feryemount, Grampian House, Mendip House and Newtown House including determining whether to undertake repairs and maintenance as required<sup>1</sup>**

185. This option would increase the number of residential care places for older people by a total of 39 beds across all four homes to 133 beds as intermediate care beds will no longer be required. Given the current occupancy rates and the lack of waiting lists for these homes, it is unlikely that this extra capacity would be taken up which would increase the unit costs. This option has the benefit of the permanent residents (40 as at 31 March 2014) being able to remain in situ and means relatively little change for the staff who work in the homes.

Issues to consider include:

186. The homes are very costly to maintain and have a number of pressing maintenance issues which are already beginning to impact financially.
187. The costs included in this report would not bring homes up to current market standards. Overall occupancy would be likely to reduce over time if remodelling were not carried out, but this would require additional time and money. Some adaptations to the buildings to overcome current operational difficulties are possible but major work would involve moving service users on a temporary basis while the work is carried out.
188. Unit costs will remain expensive in comparison with the independent sector and would not represent value for money for the Council. The differential in cost between buying an in-house bed and an independent

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<sup>1</sup> Recommendations in respect of each individual home are considered separately below.

sector bed is approximately £434 per week (as at 31 March 2014) and is likely to increase if occupancy of the in-house residential homes does not improve.

189. Alternative savings options of more than a million pounds would be needed in order to meet the Council's MTFP savings requirement for 2014/15.
190. The Council would be left with a service costing considerably more on a weekly revenue basis than could be procured through the independent sector. The difference using average figures amounts to in excess of £22,600 per annum per resident.

### **Potential impact on residents and staff in the in-house residential care homes**

191. Should Cabinet agree to retain the homes then there would be minimal disruption to the residents, in the short-term. It would not be possible to guarantee that there would be no relocation of residents during repairs and maintenance work in the longer term. Any major adaptations are likely to require residents to move out at some point.
192. This option would maintain the Council's position in the market as a provider of services at the current level but at a significantly higher unit cost than market rates. It would also mean that the Council would retain 172 permanent and temporary members of staff in employment.

### **Option 2: The Council consider the closure of each of the homes; Cheveley House, Feryemount, Grampian House, Mendip House and Newtown House and commission alternative residential care provision and day services through the independent sector**

193. This option will require all permanent residents and respite and day care clients to move to provision at a different location with Cheveley House, Mendip House, Feryemount, Grampian House and Newtown House being closed.

Issues to consider include:

194. Value for money for the Council is more likely to be achieved through purchasing all provision from the independent sector – even after meeting any transitional costs. This would ensure that the required MTFP savings would be achieved.
195. Commissioning of all residential care and respite beds from the independent sector coupled with the closure of all five in-house residential care homes will affect 126 permanent members of DCC staff and 41 temporary members of staff with more than 1 years' service, and 5 part time temporary staff with under 1 years' service (as at 31 March 2014).

196. Given the current market position, there is very little chance of one provider in the independent sector establishing a monopoly and it is highly likely that the market will remain competitive for the future.
197. The Council would be able to avoid potential building maintenance costs of over £4.1m during the next ten years.
198. Future demand for these services is unlikely to improve and people are likely to choose other homes for long-term care and respite care in increasing numbers.
199. This option would mean the loss of jobs for 172 permanent and temporary members of staff.

### **Potential impact on residents in the in-house residential care homes**

200. Were this option to be pursued, then a planned relocation of 40 permanent residents as at 31 March 2014 would have to take place, with support and assessments in place to assist them with this change and to accommodate their choice of home wherever possible. As at 2 April 2014 there were 711 vacancies in the independent sector (based on 100% check of independent sector homes).

### **Potential impact on day service users in the in-house residential care homes**

201. Were this option to be pursued, then a planned relocation of up to 36 day service users would have to take place, with support and assessments in place to assist them with this change.

### **Potential impact on staff employed in residential care and day care**

202. Should any of the homes close it would be necessary to open formal staff consultations about future employment or alternative options.

### **Equality Act Implications**

203. In carrying out its functions, including when making this decision, Cabinet must consider the equality impacts and have due regard to the Equality Act public sector equality duty aims to:
  - Eliminate unlawful discrimination, harassment and victimisation
  - Advance equality of opportunity
  - Foster good relations between people who share a protected characteristic and those who do not
204. The Equality Impact Assessment (see Appendix 5) carried out as part of this report highlights that, if implemented, each of the options are likely to have an impact on residents, other service users, their carers and families. The potential impacts identified include the health and wellbeing of residents, additional travel or reduced opportunity to visit for family and

friends, loss of local provision and employment. The impacts are most likely in relation to age as all residents are older people, also in terms of disability since many have age-related health conditions and some homes also provide day services for disabled people. Gender impacts are most likely for women, the majority of residents and staff are female. There were also potential impacts on race, religion or belief and sexual orientation as a result of moving to a new location. There was no evidence of particular impact on transgender people.

205. A number of mitigating actions have been proposed, depending on the decision made by Cabinet, this includes taking account of individual needs in any move and aiming to move residents together if this is their choice. Should the Members agree to close the homes, a full multi-disciplinary assessment including mental capacity and best interest assessments will be carried out for all residents to inform their care plan. The assessment process will take into account their specific needs and be tailored to their disabilities so they will not be offered alternative placements which do not meet those needs. Any staff changes would follow corporate HR procedures to take account of individual impacts and ensure fair treatment.

### **Human Rights**

206. Should the Council decide to close any of its care homes, then it will need to demonstrate that it has considered the appropriate articles of the European Convention for the protection of Human Rights and Fundamental Freedoms. A number of articles have been considered by the courts as potentially relevant to the issue of potential home closures.
207. Durham County Council is a public authority within the definition of the Human Rights Act 1998 and under Section 6 (1) of that Act, it is unlawful for a public authority to act in a way which is incompatible with a convention right. The key areas for consideration are:-

### **Article 2 “right to life”**

208. It is acknowledged that there is some risk in moving frail elderly people which can never be completely eliminated. Research suggests, however, that the risks can be minimised and managed. It has been stated in a judgement by the European Court of Human Rights in 2009 that “<sup>2</sup>For the Court to find a violation of the positive obligation to protect life, it must be established that the authorities knew or ought to have known at the time of the existence of a real and immediate risk to the life of an identified individual and that they failed to take measures within the scope of their powers which, judged reasonably, might have been expected to avoid that risk”
209. The court further added that “that the scope of any positive obligation must be interpreted in a way which does not impose an impossible or

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<sup>2</sup> Application no. 53586/09 by Louisa WATTS against the United Kingdom

disproportionate burden on the authorities, including in respect of the operational choices which must be made in terms of priorities and resources. Accordingly, not every claimed risk to life can entail for the authorities a Convention requirement to take operational measures to prevent that risk from materialising.”

210. The risks involved in moving older people, should it be necessary, have been carefully considered by officers who can use a range of measures, based on a mixture of research and experience under the guidance of an experienced senior manager. The Council has a good track record of assisting older people to move and minimise the stress this causes, which helps to mitigate the risks involved to older people undertaking any move.

**Article 3 – “freedom from torture and inhuman and degrading treatment or punishment.”**

211. This article has been raised in the past legal challenges involving closure of homes, although without success as the court decisions on this matter highlight that Article 3 addresses a high degree of severity, usually where public officials positively behave in a manner which deserves a high degree of opprobrium and not to cases where policy decisions are made on the allocation of resources<sup>3</sup>. By way of reassurance, members can be assured that details of the moves will be planned in conjunction with service users and their families, should they agree to close any of the homes, along with the use of assessments, including health checks. The needs, comfort, and safety of the residents will be at the core of any move.

**Article 8 - “provides a right to respect for one’s “private and family life, home and correspondence”**

212. Where residents regard a Council residential home as their home, closure of that home leads to consideration of Article 8.

The article reads in full:-

Everyone has the right for his private and family life, his home and his correspondence. There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.”

213. If the Council agrees to close any of the homes and requires a resident to move, there may be a challenge where such a move is considered to constitute an interference of the human rights of that resident. Article 8 does allow for such interference, but there must be a justification which is necessary, reasonable and proportionate.

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<sup>3</sup> E.g. North east Lancashire Health Authority Health Authority ex parte A [2000] 1WLR 977 and R (Dudley, Whitbread and others) v East Sussex CC [2003] WEHC 1093

214. A balancing exercise must be undertaken by the County Council to determine that this action is justified while taking into account the human rights considerations of those affected by the decision to close that particular home. See section below.
215. Officers are acutely aware of the need to minimise disruption to residents and are anxious to ensure that should residents have to move, that their family and friendship links will be preserved as far as reasonably practicable. For that reason, consideration will be given to the individual requirements pertaining to each resident. This includes maintaining the links with family members and providing additional funding (where necessary following assessment) to ensure that every opportunity to maintain these links is explored.

**Article 14 “prohibits discriminations on any ground for example, sex, race, colour, language, religion, political or other opinion.”**

216. These proposals have been subject to a full equalities impact assessment and officers are satisfied that these proposals are not discriminatory and have at their heart the need to modernise care and ensure that resources are allocated appropriately to meet the needs of more older people in the way they would wish.

### **Summary of Good Practice and Risk Management**

217. There is a substantial body of advice and information available to social work staff which would allow for a robust and detailed plan to be drawn up for any resident who has to move home. This plan will be underpinned by a full assessment of the individual which would involve families, carers, staff and, where appropriate, health professionals.
218. Each year a number of older people move out of our residential care homes to other homes, largely because of dementia or for other health reasons. From 1 April 2011 to 31 March 2014, 88 people were transferred from one of our residential homes to another place. This means that a wealth of experience about the practical, important matters that can make a difference to residents already exists within the authority and in the homes themselves. In addition major resettlement schemes have been undertaken successfully, in the past, which have helped inform good practice.
219. Within the homes in question there is a mix of older people with various conditions linked to age, ill health and frailty. Families have raised issues about the potential stress of any move contributing to the premature death of a resident, and the Council will make every effort to avoid this with mitigation undertaken to minimise this risk.
220. High quality planning and communication, involving all people affected by the move including new providers, can reduce the impact on residents, staff and families, and mitigate against the risk of long-term harm or death,

but the client group profile is such that there can be no guarantees made about the future wellbeing of any resident.

221. Social work teams and the Senior Operational Manager and his staff have extensive experience in facilitating transfers from residential homes. As well as dealing with voluntary moves, and moves that are necessary because of a change in an individual's needs, they have experience of moving service users from homes in the independent sector where the quality and performance of the service has become unacceptable.
222. Best practice would be used to develop any implementation plans and mitigate the risk in moving residents. Such plans would typically include the following:-
- Sufficient time to deal with the assessment process,
  - Being able to complete good life story work to ensure that the receiving home has sufficient information
  - Allowing individuals and families to have a choice of new home, wherever possible
  - Having policies in place to support staff and residents
  - Ensuring that other stakeholders are on board with the process such as General Practitioners, District Nurses, Community Psychiatric Nurses so that specialist assessments are completed on time
  - Agreeing with health colleagues that the transfer of medical and nursing notes is completed as quickly as possible between clinicians to ensure that all the important information required is on hand immediately
  - Allowing staff to work in a double up role to ease the transition process for an agreed timescale dependent on the need of the individual and/or for the staff to visit on a regular basis to ensure continuity

### **Balancing Competing Priorities**

223. In order to make a decision on the future of each of the 5 in-house residential homes, members must take into account a number of factors, and the following is a summary of matters which Members are asked to consider:-
- The views expressed in the consultation process by participants.
  - Legal responsibilities such as those pertaining to the Human Rights Act and Equality Act.
  - Potential impact on residents and families.
  - Financial impact on the authority and its Council Tax payers.
  - Responsibilities to staff.
  - Central Government policies, directives and financial targets.
  - Value for money in service delivery.
  - Current standards of care.
  - Supply and demand for residential care in County Durham
  - Occupancy levels of each home.
  - The estimated cost of maintaining or improving the buildings.

- The availability of alternative provision, and the cost / inconvenience to families.
- The service development opportunities in each location.

224. These issues have been considered extensively .They are referred to again below and are set out in a simple column based decision matrix sitting under the two possibilities open to members.

### **Decision for Members**

225. The question to be decided by members, following consultation, is whether to close or keep open each of 5 homes which are the subject of this report. To summarise the factors, the following lists have been produced.

<b>Factors which support closure</b>
Current occupancy levels in each home.
Expected future demand for places.
Re-providing in this way means all service users continue to receive a similar service.
Value for money in service delivery and the need to ensure value for money in order to meet the MTFP.
Availability of suitable alternative provision.
Capital Costs of maintaining/ improving buildings
Over supply of residential care places in the market at a lower cost.
Government pressures to change balance of expenditure.
Increasing demand from residents to live in their own homes for as long as possible.
The European Court of Human Rights has endorsed the need to allow Councils the ability not to let their homes fall below developing standards in case such a deterioration ultimately contributes to injury or death.
<b>Factors which oppose closure</b>
Feedback from the consultation from residents and families
Feedback from some stakeholders and future potential users
Risk to individual residents in moving them to a new home
Increase in travelling time and inconvenience for some families

Loss of employment by staff and impact on communities
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### **Consequences of Decision**

226. The consequences of the decision taken on each home by Members is summarised below. In making individual decisions on each home, Members should be aware that some consequences impact more on some homes than others and the whole report should be considered in order to understand those issues fully.

<b>Issues which arise from closure</b>
Major impact on residents
Impact on families
Major impact on staff
Work associated with assessment and transfer of older people
Loss of employment for staff
Potential to invest in strategic priorities, both capital and revenue
Adverse publicity and criticism
Decisions required on alternative use of land
Release of earmarked capital resources to support wider capital programme or to facilitate reductions in capital financing costs
<b>Issues which arise from retention</b>
Need for major capital investment
Value for money challenges to the authority
Increasing gap between these services offered and market standards
Failure to invest in strategic priorities
Under utilisation of an expensive resource
Continued high unit cost revenue expenditure on the homes and the people living there

## **Conclusion**

227. Whether to close the homes is a highly emotive topic. The extensive consultation exercise has demonstrated the strength of feeling from a range of people. The Council's own homes are clearly highly significant for the people who live in them. The majority of the 40 residents (number of long-term residents as at 31 March 2014) and their families do not want to move and are worried about the consequences should they have to do so.
228. A smaller number of day service users are opposed to disruption of their services.
229. A forceful body of opinion in the respective local communities, where the homes are situated, has campaigned against closure.
230. Staff side representatives and staff are also opposed.
231. There is sufficient capacity in the independent sector to meet current and likely future need
232. These issues clearly have to be considered alongside a range of factors :-
- Research clearly suggests that the vast majority of older people would prefer to stay in their own homes for as long as possible.
  - The demand for residential care has fallen over time and there is no reason to suggest that this trend will reverse. The council is likely to be able to continue to purchase places from the independent sector at a fee which represents good value for money.
  - The homes represent poor value for money and require significant capital investment at a time when funding available to Local Authorities is shrinking.
  - The case for making further investment would be to minimise disruption and change for existing residents. However the scale of any major improvement work required is likely to lead to a period of decanting residents.
  - Such work and the revenue implications of retaining the council run homes severely restrict the Council's ability to make investments elsewhere.
233. The factors described above apply to each home under consideration

## **Recommendations**

234. Members are requested to agree to the following recommendations:
- a. **Cheveley House, Belmont**  
Agree to close Cheveley House, and delegate to the Corporate Director for Children and Adults Services, in conjunction with the Portfolio holder, responsibility for developing and implementing a plan to close the home

and re-provide for existing service users in a time scale which minimises and manages risk.

**b. Feryemount, Ferryhill**

Agree to close Feryemount, and delegate to the Corporate Director for Children and Adults Services, in conjunction with the Portfolio holder, responsibility for developing and implementing a plan to close the home and re-provide for existing service users in a time scale which minimises and manages risk.

**c. Grampian House, Peterlee**

Agree to close Grampian House, and delegate to the Corporate Director for Children and Adults Services, in conjunction with the Portfolio holder, responsibility for developing and implementing a plan to close the home and re-provide for existing service users in a time scale which minimises and manages risk.

**d. Mendip House, Chester-le-Street**

Agree to close Mendip House, and delegate to the Corporate Director for Children and Adults Services, in conjunction with the Portfolio holder, responsibility for developing and implementing a plan to close the home and re-provide for existing service users in a time scale which minimises and manages risk.

**e. Newtown House, Stanhope**

Agree to close Newtown House and delegate to the Corporate Director for Children and Adults Services, in conjunction with the Portfolio holder, responsibility for developing and implementing a plan to close the homes and re-provide for existing service users in a time scale which minimises and manages risk.

**f. Disposal of Assets.**

In the event of any home being closed, Cabinet agrees to delegate to the relevant officers the decision that the home is surplus to County Council requirements and to take action to dispose of it on the open market.

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**Contact: Rachael Shimmin, Corporate Director of Children and Adults Services**  
**Tel 03000 267 353**

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## **Background documents**

- Joint Commissioning Strategy for Older People 2010-13
- Joint Commissioning Strategy for Intermediate Care 2010-13
- National Dementia Strategy 2009 and good practice compendium 2011
- Strategic Review of Older Persons Accommodation and Housing Related Support Services (2010)
- The Future of Residential Care 2008 (Council's Joint Health Overview and Scrutiny Committee's report to Cabinet).
- Report to Cabinet on the strategic review of residential care homes and older peoples' services 20 January 2010
- Report to Cabinet making recommendations on the future of 7 in-house residential care homes following a public consultation 21 July 2010
- Care and Support White Paper 2012
- Care and Support Bill 2013
- Report to Cabinet re review of in-house residential care homes 9 October 2013.
- Residential Care Consultation Report 1<sup>st</sup> April 2014.

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## Appendix 1: Implications

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**Finance** – Should the Council agree to close all the homes then savings towards the implementation of the MTFP for 2014/15 and future years would be secured and would release earmarked capital for other uses. The £5.8m allocated in the capital programme for investment in Council owned Residential Care Homes would be reallocated to capital contingencies in the first instance, pending a review of priorities within the Capital programme, with the potential to secure reductions in capital financing costs also being considered. Should the Council decide not to close the homes, in each case other savings will have to be found to deliver the MTFP and significant capital investment would be required in the facilities.

**Staffing** – Should the Council agree to close all of the homes then a total of 126 permanent staff, and 41 temporary staff employed for more than one year, would be affected across all 5 care homes.

### **Risk:-**

**Service users, carers and families:** Risks would be associated with movement of permanent clients to independent sector homes although this would be mitigated by a robust assessment and support service.

**Current in-house staff:** Risks around continuity of employment would require scoping and will include corporate human resources in managing and mitigating these risks. Formal consultation will be opened in the event of a decision to close any of the homes and the full range of options will be made available including redeployment.

A full risk assessment is at Appendix 7.

### **Equality and Diversity/Public Sector Equality Duty –**

An Equality Impact Assessment has been carried out to ensure that the consultation has been carried out in a fair and robust manner, and the outcomes fully reflect the issues raised and impact on groups with protected characteristics identified (see Appendix 5).

As expected, it will impact most on older people, with gender being a close second as most people in these homes are female. Special arrangements and provision will be made for those people whose disability or frailty requires it.

**Accommodation** – Should the Council agree to close any of the homes this would mean disruption and relocation for the residents. This could also result in a number of community health staff in the Easington area having to be relocated if Grampian House were to close.

### **Crime and Disorder - N/A**

**Human Rights** - The relevant articles of the Human Rights Act have been taken into account in the preparation of this report.

**Consultation** – A full and robust consultation has been undertaken already, but should the Council agree to close any of the homes individual consultation and assessments would have to take place with residents prior to any planned move.

**Procurement** - Procurement through the independent sector would yield a more sustainable approach to future commissioning, providing better value for money.

**Disability Issues** - Future provision would be commissioned in properties that will comply with accessibility and disability requirements and the Public Sector Equality Duty.

**Legal implications** – The local authority may face a legal challenge if a decision is made to close or transfer any of the remaining in-house residential care homes. However, legal advice has been sought in the production of this report and the operation of the consultation process in order to ensure that the consultation phase is carried out in line with best practice and legal requirements.

### Quality Band Assessment Summary

Commissioning Officers carry out a QBA which is a quality exercise on contracted providers. This along with an environmental standards score will determine payment levels to older peoples residential and/or nursing care homes.

The quality assessment includes assessments in the following sixteen areas:

1: Contracts/Assessment
2: Risks
3: Capacity
4: Staffing / Management / Leadership
5: Health and Safety
6: Safeguarding
7: Equal Opportunities
8: Residents
9: Nutrition
10: Health and Hygiene
11: Complaints
12: Confidentiality and Data Protection
13: Environment
14: Financial Issues
15: Medication
16: Appropriate and Safe Equipment

The QBA looks at policies and procedures, safeguarding referrals, complaints records, staff files (including recruitment and training), service user files including assessment information, care plans and risk assessment documentation, service delivery, outcomes of provision, meetings and surveys and equipment certificates.

## Summary of last CQC inspections for in-house residential homes

Home	Last report published	Meeting all standards	Summary of last CQC inspection
Cheveley House	17 August 2013	Yes	<p>We observed staff providing care and support to people throughout the inspection. There was a calm, friendly atmosphere around the home and people were seen to respond positively to the staff throughout. During our visit we found peoples' care and welfare needs were met in a way which ensured their safety. People told us "We are well looked after here," "They always ask you what you feel like," "They treat you well," and "It's a good service. They got the ambulance quickly when I needed it. They keep an eye on my ulcers and my knees." We spoke to two visiting relatives who also confirmed they were very happy with the care their family member received. We found the provider had made suitable arrangements to manage and administer peoples' medicines safely. One person told us "They stand by me to make sure I take my medicines OK." We also saw appropriate arrangements were in place to protect people from the risk of harm or abuse. We saw there were enough staff to meet the care and welfare needs of people. One person told us "You just have to ring the bell and they are there." We also found the provider had taken steps to listen to and act upon peoples complaints. One person told us "I would tell them if I wasn't happy. I do open my mouth and they put it right," another person said "I have no complaints."</p>
Feryemount	11 December 2013	Yes	<p>In this report the name of a registered manager appears who was not in post and not managing the regulatory activities at this location at the time of the inspection. Their name appears because they were still a registered manager on our register at the time. We found care and treatment was planned and delivered in a way which ensured people's safety and welfare. One person said "I am diabetic and the staff know what I can have to eat." Another person said "We get good nutritious food here". Other comments included "You get treat very well here. The staff are very helpful," "They took time to find out about my choices," "During the night if I need anything I just</p>

Home	Last report published	Meeting all standards	Summary of last CQC inspection
			<p>press the buzzer” and “When I was unwell they quickly got the doctor in to see me.” A visiting relative told us “I visited many care homes near to where I lived but I choose this one because the staff are very good and make me feel part of it. They moved my mam’s room so she could have a good view out of her window and so she could see more staff.” (Her previous room had been located at the end of a corridor so staff did not often pass it often). The provider had made suitable arrangements to protect vulnerable people and respond appropriately to any allegation of abuse. We found staff received appropriate support for their professional development. Staff told us “We get lots of training, its on-going” and “You always learn something with the training. They (the provider) are spot on with that.” People were given support by the provider to make a comment or complaint where they needed assistance. We found the provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and promote their health and wellbeing.</p>
Grampian House	22 October 2013	Yes	<p>All of the people who used the service expressed satisfaction with the care and service they received. One person told us, “The staff are very good, whatever you want they will help you”. We were able to observe the experiences of people who used the service. We saw that staff treated people with dignity and respect. We saw that they were attentive and demonstrated knowledge and understanding of people’s needs. Staff encouraged and supported people to make choices and be independent. One person told us, “They are lovely girls; they are very careful and help you to get better”. Another person said “I like it here; if I need anything I can ask the staff, they are very helpful”. During the inspection we spoke with all the people using the service which was eleven. They told us that they could speak to staff about any concerns they may have. One person told us "I know I can speak with the staff if I am worried". We were able to speak with all the staff on duty at the home. All of the staff told us they felt well supported by the manager and supervisors. They told us they received</p>

Home	Last report published	Meeting all standards	Summary of last CQC inspection
			regular training and they were encouraged to ask for support when needed. All of the people using the service were aware of how to make a complaint. We saw at the visit that one person changed her room at the home that was more suitable. We saw that people had a leaflet in their rooms on how to make a complaint.
Mendip House	7 November 2013	Yes	We spent time observing how staff supported people living in Mendip House. We found staff to be respectful in their approach, treating people with dignity and courtesy. We saw that staff knocked on doors before entering ensuring people's privacy was respected. People we spoke with said that they were happy with the staff. We spent time talking with several people and observed how staff provided support and care. We observed staff explaining what they were doing to people that lived in the home. We saw that people looked clean and well cared for. When we visited the home we looked at care plans and saw that the individual needs of each person were documented, care plans had been reviewed and people using the service and their relatives were involved in the review process. We looked at records of staff employment and saw evidence that staff had been through recruitment checks and that two references had been provided for each employee. This demonstrated that the provider was recruiting staff with the required skills and experience. We saw evidence of training provided during the induction period in line with the policy of the provider. We saw that people who used the service, relatives and staff were asked for their views about their care and treatment. On the day of the visit, we were unable to access records of staff meetings as the manager was on leave but evidence was subsequently provided which demonstrated that meetings had taken place.
Newtown House	7 November 2013	Yes	When we visited Newtown House, we found that people we spoke with were positive about the care and support they received. We observed staff providing care and support to people throughout the inspection with respect and dignity. There was a calm and friendly atmosphere and the building was clean, warm and well maintained.

Home	Last report published	Meeting all standards	Summary of last CQC inspection
			<p>We observed throughout the visit that staff had a warm relationship with people living in the home and understood their individual needs. People we spoke with told us that the staff treated them with dignity and respect. One person told us, "I don't think you could get any better anywhere". We saw that people were fully involved in decisions about their care. We found that care and treatment was planned in a way which ensured people's safety and wellbeing and was reviewed on an ongoing basis. We saw that meetings were held with people who lived at Newtown House and they had opportunities to contribute to the planning of activities. We found staff received appropriate professional development, supervision and their work was regularly observed and monitored. One person who lived in Newtown House told us, "The staff here and the care they give are the best". Everyone we spoke with said that they would have no hesitation in making a complaint and would feel able to talk with staff and the manager of the home. We saw that staff listened to people who lived in the home and their relatives and responded to any issues of concern.</p>

**Summary of responses to the question about moving out of the homes and of overall submissions to consultation:**

Response to question about moving out of the home either temporarily or permanently

Categories of response

- Answer A – said would move and be happy about it
- Answer B – said would move but were neither happy nor sad or “OK” about it
- Answer C – said would move but were not happy about it (includes provisos, eg “because I have to” and “depends where”)
- Answer D – would categorically not move
- Answer E – said would prefer not to move and expressed emotions such as: “unhappy”, “upset” and “depressed.”
- Answer F – unable to classify response or no response received.

It should be noted that the above categories are designed to capture as many answers as possible. Categorising answers is subjective as this depends on the interpretation of the answer. Some answers fit obviously into one category but others do not. The tables below, however, give an overall picture of service user and family feedback to the questions above.

**Residents Feedback**

**How would you feel if you had to move out temporarily while the changes [improvements] were made?**

<b>Establishment</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>TOTAL</b>
Cheveley House	0	0	0	0	0	1*	<b>1</b>
Feryemount	8	0	0	2	5	1	<b>15</b>
Grampian House	0	0	0	1	0	0	<b>1</b>
Mendip House	1	7	1	0	0	5	<b>9</b>
Newtown House	1	6	6	2	1	2	<b>18</b>
<b>Total</b>	<b>10</b>	<b>13</b>	<b>7</b>	<b>5</b>	<b>6</b>	<b>9</b>	<b>50</b>

\*Question not relevant as service user had already moved out due to building issues.

The majority of permanent service users would be prepared to move out on a temporary and short-term basis for improvements to be carried out. 10 service users (20%) would be happy to move. Comments included “I would be OK if I knew I was coming back.”

Five service users (10%) categorically did not want to move even on a temporary basis. Comments included “Not right, I wouldn’t do it.”

**If the decision was to close the home, how do you feel about the prospect of moving homes**

<b>Establishment</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>TOTAL</b>
Cheveley House	0	0	0	0	0	1*	<b>1</b>
Feryemount	0	1	6	1	6	2	<b>16</b>
Grampian House	0	0	0	1	0	0	<b>1</b>
Mendip House	2	0	5	0	3	4	<b>14</b>
Newtown House	1	0	2	3	9	3	<b>18</b>
<b>Total</b>	<b>3</b>	<b>1</b>	<b>13</b>	<b>5</b>	<b>18</b>	<b>10</b>	<b>50</b>

\*Question not relevant as service user had already moved out due to building issues.

Almost half of all permanent service users did not want to move out of their home if it were to close. Comments included “I would not like to think of this, it would be traumatic.”

17 service users (34%), however, would be happy to move, were “OK” with a move or would move with a proviso, for example, it would depend upon where the home was or they would like to know more about any home they were going to.

### **Day care service users feedback**

**How would you feel if you had to move out temporarily while the changes [improvements] were made?**

<b>Establishment</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>TOTAL</b>
Cheveley Day Care	8	1	1	1	0	1	<b>12</b>
Grampian Day Care	1	1	4	2	1	1	<b>10</b>
Stanhope Pathways	1	8	6	1	0	0	<b>16</b>
<b>Total</b>	<b>10</b>	<b>10</b>	<b>11</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>38</b>

\*Question not relevant as service user had already moved out due to building issues.

Over 80% of day care service users would be prepared to move out on a temporary basis for improvements to be carried out with 10 service users (26%) being happy with a move. Other comments included that it would depend on how far away the temporary service was and on the proviso that they were coming back to their original day service.

Only four service users categorically did not want to move even on a temporary basis, one comment being, “I would rather stay at home.”

**If the decision was to close the home, how do you feel about the prospect of moving elsewhere for your service**

<b>Establishment</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>TOTAL</b>
Cheveley Day Care	0	0	4	0	8	0	<b>12</b>
Grampian Day Care	1	2	2	1	2	2	<b>10</b>
Stanhope Pathways	1	4	5	2	4	0	<b>16</b>
<b>Total</b>	<b>2</b>	<b>6</b>	<b>11</b>	<b>3</b>	<b>14</b>	<b>2</b>	<b>38</b>

Half of all day care service users would move service on a permanent basis with some provisos. Comments included, “This would be alright, if the facilities were good and it was local to this area” and “I think I would have to, because I need day centre

services very much.” Other stipulations included not to move very far or to move with familiar people, both friends and staff.

Three service users did not want to move service, some saying that they would choose to stay at home. Just over a third, said that they would not be happy to move although did not categorically say that they would not move.

### Service user interviews

A total of 88 individuals were interviewed as part of the consultation, details are shown below:

Home	Residents	Family member of resident only	Day Care service user	Total
Cheveley House	1	0	12	<b>13</b>
Feryemount	14	2	NA	<b>16</b>
Grampian House	1	0	10	<b>11</b>
Mendip House	10	4	NA	<b>14</b>
Newtown House	17	1	16	<b>34</b>
<b>Total</b>	<b>43</b>	<b>7</b>	<b>38</b>	<b>88</b>

87 of those were face-to-face interviews; one service user chose to have a telephone conversation only.

98% of residents were accompanied at their interview (for example, family member, friend, home manager or advocate). 30 out of 38 day care users (79%) were interviewed with someone else present.

Three residents did not respond to correspondence inviting them for interview but may have submitted comments via another way of participating.

### **Overview of consultation feedback**

Feedback submitted as part of the consultation can be broken down into three main components:

- Feedback received through service user interviews
- Correspondence in various forms
- Feedback received via the on-line questionnaire

### Correspondence

Pieces of correspondence, ie letters, emails, telephone calls and petitions, were received from 674 unique sources. These are broken down by home as follows:

<b>Home</b>	<b>No</b>
Cheveley House	2
Feryemount	6
Grampian House	1
Mendip House	2
Newtown House	648
All	12
Grampian day centre	1
<b>Total</b>	<b>672</b>

In addition to the above, 18 of those 672 people submitted further correspondence via the Trade Union (all relating to Newtown House) and a further 16 of the 672 submitted more than one piece of correspondence<sup>4</sup>. These figures added to the above break down by home as follows:

<b>Home</b>	<b>No</b>
Cheveley House	2
Feryemount	6
Grampian House	1
Mendip House	2
Newtown House	680
All	14
Grampian day centre	1
<b>Total</b>	<b>706</b>

96% of correspondence received related to Newtown House, Stanhope.

#### Types of correspondence

The following types of correspondence were received for each home:

<b>Home</b>	<b>Email</b>	<b>Letter</b>	<b>Telephone</b>	<b>Petition</b>	<b>Other</b>	<b>Total</b>
Cheveley House	2	0	0	0	0	<b>2</b>
Feryemount	2	3	0	1	0	<b>6</b>
Grampian House	0	0	1	0	0	<b>1</b>
Mendip House	2	0	0	0	0	<b>2</b>
Newtown House	23	646**	3	7	1*	<b>680</b>
All	9	3	2	0	1	<b>14</b>
Grampian day centre	0	1	0	0	0	<b>1</b>
<b>Total</b>						<b>706</b>

\* Poster

\*\* Correspondence was received from Stanhope and Wolsingham Parish Councils which included a DVD recording of a public meeting on the consultation.

<sup>4</sup> 16 relates to the number of people who submitted more than one piece of correspondence to the consultation. It does not include any more than two pieces of correspondence where there has been ongoing dialogue with the County Council.

## Petitions

Eight petitions were presented to the consultation:

- One petition in support of Feryemount with a total of 716 signatures
- Seven petitions in support of Newtown House with a total of 3,332 signatures

The views expressed as comments on the petitions are similar to the themes expressed generally in the consultation and are detailed in the main consultation report and considered in the sections below on each home.

It is possible that individuals have signed more than one petition.

## On-line questionnaire

A total of 215 response questionnaires were returned:

	<b>No</b>	<b>%</b>
Service user	3	1.4
Carer/family member	36	16.8
Member of public	133	62.1
Health representative/GP	13	6.1
Stakeholder	29	13.6
Total	214	100.0
Missing*	1	
<b>Total</b>	<b>215</b>	

\*indicates question was not answered in some responses

The following number of on-line questionnaires were received for each home (some submissions related to more than one home).

<b>Home</b>	<b>No</b>
Cheveley House	76
Feryemount	84
Grampian House	78
Mendip House	107
Newtown House	124

**Equality Impact Assessment****Durham County Council – Altogether Better - equality impact assessment form**

**NB: Equality impact assessment is a legal requirement for all strategies plans, functions, policies, procedures and services. We are also legally required to publish our assessments.**

**You can find help and prompts on completing the assessment in the guidance from page 7 onwards.**

**Section one: Description and initial screening**

**Section overview: this section provides an audit trail.**

Service/team or section: Children and Adults Services (Commissioning)

Lead Officer: Nick Whitton

Start date: June 2013

Reviewed November 2013; February 2014, March 2014

Subject of the Impact Assessment: (please also include a brief description of the aims, outcomes, operational issues as appropriate)

**Proposal**

This assessment reviews the equality impact of the options to be considered by Cabinet for the five remaining in-house residential care homes in County Durham. In October 2013 Cabinet approved consultation on the future options for five homes:

- Cheveley House, Durham – provides residential care, intermediate care, respite and day services.
- Feryemount House, Ferryhill – provides residential care, intermediate care and respite.
- Grampian House, Peterlee - provides residential care, intermediate care, respite and day services.
- Mendip House, Chester le Street – provides residential care, intermediate care and respite.
- Newtown House, Stanhope – provides residential care, respite and day services.

Members agreed to a 3 month public consultation from 17<sup>th</sup> October 2013 until 19<sup>th</sup> January 2014 on three options for each of the five homes.

The three options are:

- **Option 1:** The retention of each of the homes; Cheveley House, Feryemount, Grampian House, Mendip House and Newtown House undertaking repairs and maintenance as required.
- **Option 2:** The closure of each of the homes; Cheveley House, Feryemount, Grampian House, Mendip House and Newtown House and commission alternative residential care provision and day services through the independent sector.
- **Option 3:** The potential for transferring each of the homes; Cheveley House, Feryemount, Grampian House, Mendip House and Newtown House to an alternative service provider.

The main reasons behind the decision to carry out the consultation were:

- Changes in the social care market over the last 30 years, shaped by a number of factors, and the responses to it by the Council.
- A changing national agenda linked to demands for higher standards and increased expectations
- The severe and sustained reduction in Government funding to the Council since 2010 requires it to explore every option in achieving value for money in its services in order to meet budgetary requirements. This includes revisiting previous decisions made across all service areas.

### **Background information**

Durham County Council (DCC) recognises the importance and the value of care and support services to older people, and has considered and refined its provision of services to them many times.

In recent years the Council's focus has been to help maximise independence and support people to continue to live at home for as long as possible. There is a clear continuing emphasis in Government policy, and in the policies of the Council, on personalisation and supporting people to live at home for as long as possible. The Care Bill 2013 proposals include the requirement for local authorities to reduce needs, put people in control of their care and support and promote wellbeing, through enabling them to prevent and postpone the need for statutory services.

On 20 January 2010, following the receipt of a report entitled "Strategic Review of Residential Care Homes and Older People's Services" Cabinet agreed that a detailed report be written on the development of a new role for Cheveley House, Feryemount and Mendip House. The scope of this project was later broadened to include Grampian House and also to consider the future of

Newtown House.

Since 2010 Durham County Council and the service have had to make very significant financial reductions. The Council's current MTFP requires it to make savings of approximately £224m from 2011/12 to 2016/17. Savings targets for 2011/12 and 2012/13 have been achieved but the on-going savings targets for Children and Adults Services are currently: 2013/14 £11.2m, 2014/15 £12.4m and additional savings will be required from 2015/16 onwards.

Access to services must take account of demographic factors including density of population, rural environments and access to other related community facilities. The current in-house residential care services provide a mix of permanent residential care, respite for older people and intermediate care. Three of the services also provide day care.

### **Legislation/Policy Drivers**

- Human Rights Act 1998, relevant articles
- Joint Commissioning Strategy for Older People 2010-13
- Joint Commissioning Strategy for Intermediate Care 2010-13
- National Dementia Strategy 2009 and good practice compendium 2011
- Strategic Review of Older Persons Accommodation and Housing Related Support Services (2010)
- The Future of Residential Care 2008 (Council's Joint Health Overview and Scrutiny Committee's report to Cabinet).
- Report to Cabinet on consulting on seven in-house residential care homes January 2010
- Report to Cabinet on decision on seven in-house residential care homes July 2010
- Duty to Involve
- Equality Act 2010 and the Public Sector Equality Duty
- Occupancy levels
- Alternative provision in immediate area
- Supply/demand
- Financial climate and implications
- Preventative agenda
- Personalisation agenda
- Care and Support White Paper 2012
- County Durham and Darlington Intermediate Care Programme Business Case October 2013
- Care Bill 2013

Who are the main stakeholders: General public / Employees / Elected Members / Partners/ Specific audiences/Other (please specify) –

There are a large number of stakeholders with an interest or who may be directly affected by the proposals. The key stakeholders include:

- Service users resident in the homes and users of day care services.
- Family and friends
- Staff and trades unions
- Elected members
- Town and Parish Councils
- MPs
- Members of the public
- Community groups and partner organisations including:
  - Clinical Commissioning Groups
  - County Durham and Darlington Foundation Trust
  - GP Surgeries
  - Voluntary organisations
  - Local businesses

Is a copy of the subject attached? ~~Yes~~/No

If not, where could it be viewed? Cabinet report and detailed consultation report

**Initial screening**

Prompts to help you:

Who is affected by it? Who is intended to benefit and how? Could there be a different impact or outcome for some groups? Is it likely to affect relations between different communities or groups, for example if it is thought to favour one particular group or deny opportunities for others? Is there any specific targeted action to promote equality?

**Is there an actual/potential negative or positive impact on specific groups within these headings?**

Indicate :Y = Yes, N = No, ?=Unsure

Gender	Y	Disability	Y	Age	Y	Race/ethnicity	?	Religion or belief	?	Sexual orientation	?
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## **How will this support our commitment to promote equality and meet our legal responsibilities?**

Reminder of our legal duties:

- Eliminating unlawful discrimination & harassment
- Promoting equality of opportunity
- Promoting good relations between people from different groups
- Promoting positive attitudes towards disabled people and taking account of someone's disability, even where that involves treating them more favourably than other people
- Involving people, particularly disabled people, in public life and decision making

Any change, either temporary or permanent, is likely to have some impact on service users and their families and friends and stakeholders (see above for list of key stakeholders). As the majority of service users affected have disabilities and are older people, the impact on those areas is likely to be most significant. There are a greater number of older women in the County's population and this is also the case in the care homes. There is also a need to consider the impact on staff, the majority of whom are female. Most permanent staff members in each of the five homes are between 30 -54 years of age. Any changes would follow corporate HR procedures including consultation with staff and trades unions to ensure fair treatment.

### **The potential impact of the options:**

#### **Service users, friends and family**

Option 1: to retain the homes and carry out repairs and maintenance as required may have some impact as service users may have to be moved temporarily from their home for a considerable amount of repairs and maintenance to be carried out. This impact could be negative for some residents where moving to a new home with different staff may be a difficult experience. Depending on the location, changes could affect family and friends who may need to travel further to visit or reduce the frequency of visits. However there may also be positive impacts from option 1 where residents benefit from improved or additional facilities on a temporary basis.

Option 2: closure of the homes has the potential to have the most significant impact as it would mean a permanent change to a new location. This impact could be negative for some residents where moving to a new home with different staff may be a difficult experience. Depending on the location, changes could affect family and friends who may need to travel further to visit or reduce the frequency of visits. However there may also be positive impacts from option 2 where residents benefit from improved or additional facilities.

Option 3: the potential to transfer the home to an alternative provider would potentially mean that residents could remain where they are, however, this may also create uncertainty as any alternative would need to meet the Council's requirements. This could require time and resources to investigate further, without any guarantee of producing a successful business plan in the longer term. Residents may still need to move temporarily if significant repairs were required.

### **Staff**

Option 1: to retain the homes and carry out repairs and maintenance as required may have some impact on members of staff as they may be affected by changes to their place of work and/or working practices on a temporary basis.

Option 2: closure of the homes has the potential to have the most significant impact as this could mean permanent changes to their employment status.

Option 3: the potential to transfer the home to an alternative provider may create uncertainty for members of staff and they could still be affected by temporary changes to work practices or permanent changes to their employment status.

Any option chosen will respect equality and human rights in line with legal requirements and current case law. In all cases, the Council will ensure that best practice is followed to minimise the risks to residents.

### **What evidence do you have to support your findings?**

**Gender:** Service users in residential care homes are predominantly female and a greater number of women than men attend day centres. Carers also tend to be predominantly female. A move to a different home could potentially change the gender mix and impact on individual relationships, friendships and group dynamics. The majority of staff employed in these five homes are female and there could be a disproportionate effect dependent upon the option chosen. (Source, SSID and consultation). There is no evidence at this stage of a specific impact in relation to transgender status.

**Disability:** Most resident service users and respite clients have some form of physical disability, mental or general frailty due to old age, as do day care service users. Intermediate care clients tend to be frail due to their physical health needs. Any change or alternative provision would need to meet individual disability needs. If any of the homes were to close there will be a need to consider disability implications for staff which would be taken into account as part of specific consultation undertaken with them and

trades unions.

**Age:** The majority of service users are older people. As at 31 March 2014 there are 126 permanent members of staff and 46 temporary members of staff, 9 are aged under 30; 105 are aged 30 to 54 and 58 are aged 55 or over.

**Race/ethnicity:** The majority of service users, people who responded to the consultation (and identified their ethnicity) and staff are of white British origin. The needs of individual service users, carers, family and friends from different ethnic groups would need to be considered where appropriate in any change.

**Religion or belief:** Most residential care homes have links to faith communities, usually through the local church. The majority of people who responded to the consultation via the on-line questionnaire (and identified their religion) were Christian. A move to a different home may result in a change of church, change to visiting clergy and access to personal networks. The religious and belief needs of individual service users forms part of their care and would need to be considered in any change.

**Sexual orientation:** There is no evidence available on sexual orientation of service users and there was nothing identified through the consultation, but respecting and supporting individual relationships is an important aspect of care so any change in home could have an impact. .

### **Consultation Process**

A Task and Finish Group, chaired by the Head of Commissioning, was established to oversee and co-ordinate the review of the five residential care homes, including the consultation process.

A consultation framework document produced a structure which aimed to:

- Allow key interested parties to input their views on the proposals
- Provide a variety of ways for people and groups to register their views
- Enhance the information available to Members and aid decision making

The consultation sought to ensure that Durham County Council (DCC) met its obligations to focus attention on those most directly affected by the potential changes and undertake a thorough analysis of the information gathered.

As part of the consultation framework five key groups were identified and processes designed and implemented to enable meaningful consultation with:

- Service users of each residential care home and users of day services attached to each of the homes
- Family members and friends
- Staff and trades unions (consulted as stakeholders)
- Elected Members
- Stakeholders including members of the public, community groups and partner organisations

The consultation was promoted using various means including:

- Website
- Press
- Local TV news
- County publications

Several different ways of participating in the consultation were offered:

- One-to-one, face-to-face interviews for service users and the people they wanted to be in attendance
- By post via a dedicated address
- By email via a dedicated email address monitored daily
- By telephone via a dedicated telephone line, monitored during working hours and with a 24 hour voicemail facility
- Through an on-line questionnaire with free text facility on DCC's website

The majority of feedback from the consultation for all five homes is in support of option 1: to retain each home and undertake repairs and maintenance as required.

**Decision: Proceed to full impact assessment – Yes**

**Date: 14 February 2014**

**If you have answered 'No' you need to pass the completed form for approval & sign off.**

**Section two: Identifying impacts and evidence- Equality and Diversity**

**Section overview: this section identifies whether there are any impacts on equality/diversity/cohesion, what evidence is available to support the conclusion and what further action is needed.**

	Identify the impact: does this increase differences or does it aim to reduce gaps for particular groups?	Explain your conclusion, including relevant evidence and consultation you have considered.	What further action is required? (Include in Sect. 3 action plan)																												
<b>Gender</b>	<p>Service users within residential care (and day care) are predominantly female so any change would affect more women than men.</p> <p>If asked to move home, gender balance and relationships may be affected.</p> <p>Family and friends may be affected by changes, for example where a new temporary or permanent location is further away this would mean additional travel and possibly visiting less often. Whilst this could affect both men and</p>	<p>There are more women in residential care as on the whole, women live longer than men.</p> <p>Permanent residents as at 31 March 2014:</p> <table border="1" data-bbox="875 675 1440 1099"> <thead> <tr> <th>Home</th> <th>Male</th> <th>Female</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Cheveley House*</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Feryemount</td> <td>5</td> <td>9</td> <td>14</td> </tr> <tr> <td>Grampian House</td> <td>0</td> <td>1</td> <td>1</td> </tr> <tr> <td>Mendip House</td> <td>3</td> <td>7</td> <td>10</td> </tr> <tr> <td>Newtown House</td> <td>3</td> <td>12</td> <td>15</td> </tr> <tr> <td></td> <td><b>11</b></td> <td><b>29</b></td> <td><b>40</b></td> </tr> </tbody> </table> <p>[*As of 6<sup>th</sup> September there have been no residents living in Cheveley House]</p>	Home	Male	Female	Total	Cheveley House*	0	0	0	Feryemount	5	9	14	Grampian House	0	1	1	Mendip House	3	7	10	Newtown House	3	12	15		<b>11</b>	<b>29</b>	<b>40</b>	<p>Ensure any decision is communicated clearly and sensitively to all and support is available if required.</p> <p>All service users will have an individual needs assessments which will include consideration of any gender issues.</p> <p>Any employment changes would follow agreed corporate HR procedures to</p>
Home	Male	Female	Total																												
Cheveley House*	0	0	0																												
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women there is national evidence to suggest women are more likely to provide care for others and, as a result, may also be more likely to visit relatives or friends in care. This could have an impact on the wellbeing of both the resident and visitor.

Transfer of the existing home to another provider could mitigate some of the impacts where residents were able to remain in the same location. However there could be some uncertainty for residents and some may still need to move temporarily where significant repairs were required and there may also be changes to service provision. The five residential care homes employ more female workers than male and so women's jobs could be

Day care service users as at 31 March 2014:

Home	Male	Female	Total
Cheveley House	2	10	12
Feryemount	N/A	N/A	N/A
Grampian House	2	7	9
Mendip House	N/A	N/A	N/A
Newtown House (Stanhope Pathways)	5	10	15
	<b>9</b>	<b>27</b>	<b>36</b>

Almost 66% of those who responded to the online consultation were female and just over 34% were male.

As part of the consultation a question was asked in the on-line questionnaire about the impact on the area where you live if the home were to close. When results were analysed by protected characteristics only gender brought about any results of significance for three of the homes which showed that women had more concerns than men:

Feryemount

	Not 'Negative impact'	Negative impact
Male	65.4% (17)	34.6% (9)
Female	32.4% (11)	67.6% (23)

ensure fair treatment for staff.

disproportionately put at risk by closure or transfer to an alternative provider.

There is no evidence of a specific impact in relation to transgender status.

Grampian House

	Not 'Negative impact'	Negative impact
Male	68.4% (13)	31.6% (6)
Female	33.3% (11)	66.7% (22)

Newtown House

	Not 'Negative impact'	Negative impact
Male	43.3% (13)	56.7% (17)
Female	20.4% (11)	79.6% (43)

Generally responses highlighted the effect on older people, the need to maintain local services and employment and the impact on relatives.

Staff and trade unions were invited to take part in the consultation as stakeholders. There are more women care workers than men.

Permanent members of staff as at 31 March 2014:

	F	M	Grand Total
Cheveley Park House	25	4	29
Feryemount	19	1	20
Grampian House	21	3	24
Mendip House	27	3	29
Newtown House	21	2	23
<b>Grand Total</b>	<b>113</b>	<b>13</b>	<b>126</b>

		<p>Temporary members of staff as at 31 March 2014:</p> <table border="1"> <thead> <tr> <th></th> <th>F</th> <th>M</th> <th>Grand Total</th> </tr> </thead> <tbody> <tr> <td>Cheveley House</td> <td>1</td> <td>0</td> <td>1</td> </tr> <tr> <td>Feryemount</td> <td>18</td> <td>0</td> <td>19</td> </tr> <tr> <td>Grampian House</td> <td>9</td> <td>1</td> <td>10</td> </tr> <tr> <td>Mendip House</td> <td>6</td> <td>2</td> <td>8</td> </tr> <tr> <td>Newtown House</td> <td>9</td> <td>0</td> <td>9</td> </tr> <tr> <td><b>Grand Total</b></td> <td><b>43</b></td> <td><b>3</b></td> <td><b>47</b></td> </tr> </tbody> </table>		F	M	Grand Total	Cheveley House	1	0	1	Feryemount	18	0	19	Grampian House	9	1	10	Mendip House	6	2	8	Newtown House	9	0	9	<b>Grand Total</b>	<b>43</b>	<b>3</b>	<b>47</b>	
	F	M	Grand Total																												
Cheveley House	1	0	1																												
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Mendip House	6	2	8																												
Newtown House	9	0	9																												
<b>Grand Total</b>	<b>43</b>	<b>3</b>	<b>47</b>																												
<p><b>Age</b></p>	<p>All residential service users and the majority of day care users are older people.</p> <p>Moving to a new home, either temporarily or permanently, could have an impact on health and wellbeing. Changes to location, routine and staff could be stressful for some older people.</p> <p>Research and experience suggests, however, that the risks can be minimised and managed.</p>	<p>Age data for people living in County Durham:</p> <table border="1"> <thead> <tr> <th></th> <th>65-84 years</th> <th>85 and over</th> </tr> </thead> <tbody> <tr> <td>Numbers and %</td> <td>81,518 15.9%</td> <td>10,827 2.1%</td> </tr> </tbody> </table> <p>Source: Census 2011</p> <p>The number of older people is rising as people's life expectancy increases.</p>		65-84 years	85 and over	Numbers and %	81,518 15.9%	10,827 2.1%	<p>Ensure any decision is communicated clearly and sensitively to all and support is available if required. .</p> <p>Take on board good practice from other authorities, available research and previous experience regarding the mitigation of risks when moving</p>																						
	65-84 years	85 and over																													
Numbers and %	81,518 15.9%	10,827 2.1%																													

Residents often live in care homes close to their community or near to relatives so any change to location is likely to be unsettling. Family and friends may be affected by additional travel or visiting less often depending on the location. This may impact more on older relatives and friends who are likely to rely on public transport or on others to transport them.

Transfer of the existing home to another provider could mitigate some of the impacts where residents were able to remain in the same location. There could be some uncertainty for residents, some may still need to move temporarily where significant repairs were required and there may also be changes to service provision.

Permanent residents as at 31 March 2014:

Home	Oldest	Youngest	Average
Cheveley House	0	0	0
Feryemount	96	79	89.38
Grampian House*	-	-	-
Mendip House	99	69	89.3
Newtown House	100	79	89.2

\*not included as only one resident

Day care service users as at 31 March 2014:

Home	Oldest	Youngest	Average
Cheveley House	95	77	87.75
Feryemount	N/A	N/A	N/A
Grampian House	98	45	78.11
Mendip House	N/A	N/A	N/A
Newtown House (Stanhope Pathways)	95	74	83.4

National and local evidence suggests that older people, particularly older women, are more likely to rely on public transport or on others to transport them. Public transport on evenings and weekends has reduced in some areas of the

older people.

Ensure the options highlighted in the consultation for making any move easier are actioned.

Any employment changes would follow agreed corporate HR procedures to ensure fair treatment for staff.

	<p>The staff profile shows 44 permanent members of staff and 13 temporary members of staff are over 55 years old. Older staff may feel at greater risk in any employment change – individual support is available to help mitigate this if necessary.</p>	<p>county, for example, some areas do not have a service on Sundays.</p> <p>Family members, friends and/or advocates were invited to attend service user interviews. Capacity tests and, where appropriate, best interests assessments were carried out.</p> <p>Most service users and their family members were unhappy about a potential move and many were concerned about a potential adverse impact on health or even death. However, the requirement to move is likely to be a feature of either option 1 or option 2. Most of those consulted were unwilling to move homes and unhappy about the prospect. A significant number of relatives and/or friends expressed concerns that such a move could have a detrimental effect on the older person’s wellbeing.</p> <p>Several people referred to research which sets out the risks and potential effects of moving frail elderly people into new accommodation.</p> <p>The majority (almost 52%) of those who responded to the online consultation were aged 45 to 64 years</p> <p>Several ways of making any move easier were highlighted in the consultation feedback. These included moving people with friends, keeping people informed, offering advice and information and ensuring choice.</p> <p>Generally responses highlighted the effect on older people, the need to maintain local services and employment and the impact on relatives.</p>	
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Permanent members of staff as at 31 March 2014:

<b>Age</b>				
	<b>30-54</b>	<b>55 and over</b>	<b>Under 30</b>	<b>Grand Total</b>
Cheveley Park House	19	10	0	29
Feryemount	15	4	1	20
Grampian House	15	9	0	24
Mendip House	19	11	0	30
Newtown House	10	10	3	23
<b>Grand Total</b>	<b>78</b>	<b>44</b>	<b>4</b>	<b>126</b>

Temporary members of staff as at 31 March 2014:

<b>Age</b>				
<b>Age Bandings</b>	<b>30-54</b>	<b>55 and over</b>	<b>Under 30</b>	<b>Grand Total</b>
Cheveley House	1	0	0	1
Feryemount	12	4	2	18
Grampian House	4	4	2	10
Mendip House	3	4	1	8
Newtown House	7	2	0	9
<b>Grand Total</b>	<b>27</b>	<b>14</b>	<b>5</b>	<b>46</b>

**Disability**

A significant proportion of current residents and day care service users of the five homes have a

Disability data for people living in County Durham:

Ensure information can be provided in different formats

physical disability with many residents using walking aids or wheelchairs, have a sensory impairment or have a mental impairment.

Options 1 and 2 could potentially have a positive impact on people with a disability through improved facilities either in a new permanent location or through improvements to an existing home. Conversely, any move, either temporary or permanent, could have a negative impact on health and wellbeing, particularly on those with sensory or mental health issues due to a change of environment and routine.

Transfer of the existing home to another provider could mitigate some of the impacts where

Disabled People who have said they have a 'limiting long-term illness'	Non-disabled People who have said they do not have a 'long-term limiting illness'
121,286 23.6%	391,956 76.4%

Source: Census 2011

Permanent residents as at 31 March 2014 can be categorised by the following client groups:

Home	PSFD*	MH**	Not Stated	Total
Cheveley House	0	0	0	<b>0</b>
Feryemount	13	1	0	<b>14</b>
Grampian House***	-	-	-	<b>1</b>
Mendip House	7	2	1	<b>10</b>
Newtown House	13		2	<b>15</b>
	<b>34</b>	<b>3</b>	<b>3</b>	<b>40</b>

\* Physical and sensory frailty and disability

\*\* Mental health

\*\*\* not included as only one resident

when required, specifically for those with visual impairments.

Individual service user needs assessments would be undertaken to highlight specific needs and requirements.

Any employment changes would follow agreed corporate HR procedures, including reasonable adjustments, to ensure fair treatment for staff.

Ensure any future provision would be commissioned in services that comply with the Equality Act 2010

residents were able to remain in the same location. There could be some uncertainty for residents, some may still need to move temporarily where significant repairs were required and there may also be changes to service provision.

Staff with disabilities may feel more at risk in any employment change. Reasonable adjustments are a continuing legal requirement and individual support would be available if required to help mitigate this impact.

Day care service users as at 31 March 2014 can be categorised by the following client groups:

Home	PSFD*	MH**	Not Stated	Total
Cheveley House	7	5	0	<b>12</b>
Feryemount	N/A	N/A	N/A	<b>N/A</b>
Grampian House	8	1	0	<b>9</b>
Mendip House	N/A	N/A	N/A	<b>N/A</b>
Newtown House (Stanhope Pathways)	12	3	0	<b>15</b>
	<b>27</b>	<b>9</b>	<b>0</b>	<b>36</b>

\* Physical and sensory frailty and disability

\*\* Mental health

Of the people who completed the equality questions as part of the on-line questionnaire only 10.3% said that they considered themselves to be disabled. There were no significant differences in the comments received from disabled and non-disabled people.

Service user needs and requirements including access to the home, mobility issues, special requirements, and equipment were collected as part of the consultation. The majority of service users had some special requirement or a need for equipment due to a disability or their age.

A full needs assessment will be carried out for any service

and the Public Sector Equality Duty.

user prior to any move, including a capacity test and provision of advocacy where necessary, with appropriate adjustments made reflecting any special needs

Permanent members of staff as at 31 March 2014:

<b>Disability</b>				
	<b>No</b>	<b>Not recorded</b>	<b>Yes</b>	<b>Grand Total</b>
Cheveley Park House	5	24	0	29
Feryemount	1	19	0	20
Grampian House	2	22	0	24
Mendip House	5	25	0	30
Newtown House	Less than 5	21	Less than 5	23
<b>Grand Total</b>	<b>14</b>	<b>111</b>	<b>Less than 5</b>	<b>126</b>

Temporary staff as at 31 March 2014:

<b>Disability</b>				
	<b>No</b>	<b>Not recorded</b>	<b>Yes</b>	<b>Grand Total</b>
Cheveley House	0	1	0	1
Feryemount	2	16	0	18
Grampian House	3	7	0	10
Mendip House	Less than 5	5	Less than 5	8
Newtown House	2	7	0	9
<b>Grand Total</b>	<b>9</b>	<b>36</b>	<b>Less than 5</b>	<b>46</b>

<p><b>Race/Ethnicity</b></p>	<p>No specific equality impact in relation to race/ethnicity was identified at this stage, but individual needs assessments should continue to consider the possibility of needs in this area.</p> <p>Residents often live in a home near to their community or close to relatives so there may be potential impacts for them, family and friends. Given the low black and minority ethnic population some service users and families may feel concerned about moving to a new location. There may also be positive impacts depending on the new location, other residents and staff.</p> <p>Transfer of the existing home to another provider could mitigate some of the impacts where</p>	<p>Ethnicity data for people living in County Durham:</p> <table border="1" data-bbox="875 228 1541 826"> <tr> <td>White British, Irish, Gypsy or Irish Traveller and 'white' other</td> <td>503,769 98.2%</td> </tr> <tr> <td>Asian Indian, Pakistani, Bangladeshi, Chinese and Asian 'other'</td> <td>4,856 0.9%</td> </tr> <tr> <td>Black African Caribbean and Black 'other'</td> <td>701 0.1%</td> </tr> <tr> <td>Mixed white and black African Caribbean, Asian and mixed 'other'</td> <td>3,094 0.6%</td> </tr> <tr> <td>Arab</td> <td>459 less than 0.1%</td> </tr> <tr> <td>'Other' ethnic group</td> <td>363 less than 0.1%</td> </tr> </table> <p>Source: Census 2011</p> <p>As at 31 March 2014 all permanent residents and all day care service users were White British.</p> <p>Of the people who completed the equality questions as part of the on-line questionnaire 97.4% described their ethnicity as being "White." There were no significant differences in responses based on race or ethnicity.</p> <p>The consultation with current residents identified no specific issues regarding racial equality.</p> <p>125 of the 126 permanent members of staff as at 31 March 2014 are recorded as white British.</p>	White British, Irish, Gypsy or Irish Traveller and 'white' other	503,769 98.2%	Asian Indian, Pakistani, Bangladeshi, Chinese and Asian 'other'	4,856 0.9%	Black African Caribbean and Black 'other'	701 0.1%	Mixed white and black African Caribbean, Asian and mixed 'other'	3,094 0.6%	Arab	459 less than 0.1%	'Other' ethnic group	363 less than 0.1%	<p>Ensure that wishes of service users are taken into account in any future decision to move home.</p> <p>Ensure any race/ethnicity issues continue to be considered in individual needs assessments including offering information in other languages if required'</p> <p>Ensure friends and families views are included in needs assessments (e.g. transport costs/costs to health).</p> <p>Any employment changes would follow agreed corporate HR</p>
White British, Irish, Gypsy or Irish Traveller and 'white' other	503,769 98.2%														
Asian Indian, Pakistani, Bangladeshi, Chinese and Asian 'other'	4,856 0.9%														
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'Other' ethnic group	363 less than 0.1%														

	<p>residents were able to remain in the same location. There could be some uncertainty for residents, some may still need to move temporarily where significant repairs were required and there may also be changes to service provision.</p> <p>There is no evidence of a specific impact on staff based on race or ethnicity.</p>	<p>43 of the 46 temporary members of staff as at 31 March 2014 are recorded as white British.</p>	<p>procedures to ensure fair treatment for staff.</p>
<b>Religion or belief</b>	<p>There is some potential impact regarding ongoing access to support of visiting clergy and local social networks.</p> <p>Residents often live in care homes close to their community or near to family and friends, there may be some uncertainty about moving to a new location either temporarily or permanently. This can</p>	<p>The 2011 census showed that 72% of people answering the question on religion were Christian. Around 21% said they had no religion, this figure has doubled since 2001. Those who recorded their religion as Buddhist, Hindu, Muslim and Sikh or said they had 'other religious beliefs' make up just over 1% of the population. Around 6% of people did not answer this question on the census.</p> <p>Information on residents and day service users shows that the majority are from a Christian background.</p> <p>All homes have links to churches with some having visiting clergy and services being carried out in the homes. This is one of the ways in which residents are connected to their local communities. Few residents are able to go out to church. Whilst service users were not specifically asked about their</p>	<p>Ensure that individual needs assessments include consideration of religion or belief issues, including continuity of relationship with any visiting clergy/church visitors.</p> <p>Address any issues in relation to religion or</p>

	<p>be mitigated to an extent by ensuring that provision for religion or belief is included in individual needs assessments.</p> <p>Transfer of the existing home to another provider could mitigate some of the impacts where service users were able to remain in the same location. There could be some uncertainty for residents, some may still need to move temporarily where significant repairs were required and there may also be changes to service provision.</p> <p>There is no evidence of an impact on staff based on religion or belief.</p>	<p>religion or beliefs they had the opportunity to express their needs or wishes during the consultation.</p> <p>Of the people who completed the equality questions as part of the on-line questionnaire 66.2% said they were “Christian” and 27.3% saying “None.” 1.3% (1 person each) described themselves as Hindu, Muslim, Humanist, Pagan and Sikh. There were no significant differences in responses based on religion or belief.</p> <p>Representation was received from three members of the Church, all in relation to Newtown House.</p> <p>Staff information is not included in this assessment as the numbers of those recording their religion or belief are low.</p>	<p>belief in future service development.</p> <p>Maintain commitment to move service users in their social groups if this continues to be their choice</p> <p>Any employment changes would follow agreed corporate HR procedures to ensure fair treatment for staff.</p>
<p><b>Sexual orientation</b></p>	<p>No evidence of impact at this stage. If one or more of the care homes close then individual needs assessments</p>	<p>There are no reliable figures showing the profile for sexual orientation but national estimates are between 5% and 7% of the population are lesbian, gay or bisexual.</p> <p>The 2011 census asked people to say whether they had</p>	<p>Ensure individual needs assessments allow any issues relating to sexual</p>

	<p>need to allow any issues to be raised.</p> <p>Service users, family and friends may be concerned that a move will affect personal relationships and may increase sensitivities about sharing personal information. Whilst staff at any new location would be expected to treat all residents with respect and dignity, it may take some time for residents to build confidence and trust.</p> <p>Transfer of the existing home to another provider could mitigate some of the impacts where residents were able to remain in the same location. There could be some uncertainty for residents, some may still need to move temporarily where significant repairs were required and there may</p>	<p>registered a same sex civil partnership, in County Durham 759 people said they had. This is just over 0.1% of the population in County Durham which is also the same percentage as the north-east and whole of England and Wales.</p> <p>There is no demographic information on gay, lesbian, bisexual and transgender groups available in relation to social care services the Council offers, or the residential care homes affected by this decision. This information is not currently collected.</p> <p>Whilst service users were not specifically asked about their sexual orientation they had the opportunity to express their needs or wishes during the consultation.</p> <p>Almost 97% of those who answered the sexual orientation question in the online consultation were heterosexual/straight. There were no significant differences in responses based on sexual orientation.</p> <p>Staff information is not included as the numbers recording their sexual orientation are low.</p>	<p>orientation to be raised.</p> <p>Any employment changes would follow agreed corporate HR procedures to ensure fair treatment for staff.</p>
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	<p>also be changes to service provision.</p> <p>There is no evidence of an impact on staff based on sexual orientation.</p>		
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**How will this promote positive relationships between different communities?**

Equality and Diversity issues were integrated within the consultation process. All individuals and organisations within a community had an opportunity to participate in the consultation process through varying means.

There could be a socio-economic impact on communities (largely around GP surgeries, pharmacies and local shops) if one or more of the homes were to close.

Relationships built up in homes and communities will be preserved where possible if one or more of the homes were closed.

Any future proposals will bear in mind national policy and develop services to help older people live at home where possible, maintaining the link with local communities and reducing dependence on institutional care.

**Section three: Review and Conclusion**

Summary: please provide a brief overview, including impact, changes, improvements and any gaps in evidence.

This impact assessment relates to proposals to retain one or more of the five in-house residential care homes and carry out repairs and maintenance; to close one or more of the five in-house residential care homes and rehouse remaining residents; or to find alternative providers to take over existing care homes

Options 1 and 2 would mean moving existing residents to new homes, either temporarily or permanently while repairs are made. Option 3 may also include temporarily moving residents depending on the work required and the new provider.

Day service users in some of the homes would also be affected by changes.

The potential impacts identified include the health and wellbeing of service users, additional travel or reduced opportunity to visit for family and friends, loss of local provision and employment. The impacts are most likely in relation to age as all residents and the majority of day service users are older people, also in terms of disability since many have age-related health conditions and some homes also provide day services for disabled people. Gender impacts are most likely for women as the majority of residents and staff are female. There were also potential impacts on race, religion or belief and sexual orientation as a result of moving to a new location.

The impacts identified were also highlighted in consultation responses. A full consultation was undertaken over a 13 week period. Individual interviews were carried out with all resident service users and day care service users in each of the five homes under consultation. Various means of responding to the consultation were put in place for individuals and groups within the community. As part of the consultation service users were asked about where they would move to and how far they would move. They were also asked about family networks and social networks. Families and friends were asked if their relative was to move how this would impact on them. The majority of responses were not in favour of closing homes.

A number of mitigating actions have been proposed, depending on the decision made by Cabinet, this includes taking account of individual needs in any move and aiming to move residents together if this is their choice. Any staff changes would follow corporate HR procedures to ensure fair treatment.

Action to be taken depending on Cabinet decision	Officer responsible	Target Date	In which plan will this action appear
<p><b>Service users</b></p> <p>All service users will have an individual needs assessments which will include consideration of any equality issues, for example, continuing reasonable adjustments for disability, support for religious belief and sensitivities around sexual orientation.</p>	LJ	April 2014 dependent on Cabinet Decision	Implementation Plan for agreed Cabinet decision

Ensure that wishes of service users are taken into account in any future decision to move home.	LJ		
Ensure friends and families views are included in needs assessments (e.g transport costs/costs to health etc).	LJ		
Address potential risks around age and disability issues in risk assessment.	LJ		
Ensure the decision is communicated clearly and sensitively to all and support is available after the decision, including information in different formats and languages if required.	LJ		
Take on board good practice from other authorities, available research and previous experience regarding the mitigation of risks when moving older people.	LJ		
Ensure the options highlighted in the consultation for making any move easier are actioned.	LJ		
Ensure any future provision would be commissioned in services that comply with the Equality Act 2010 and the Public Sector Equality Duty.	LJ		
Maintain commitment to move service users in their social groups if this continues to be their choice	LJ		
<b>Staff</b>			
Any employment changes would follow agreed	LJ	April 2014 following Cabinet	Implementation plan for agreed Cabinet decision

<p>corporate HR procedures, including reasonable adjustments, to ensure fair treatment for staff.</p>		<p>decision</p>	
<p>When will this assessment be reviewed?</p>	<p>Date: April 2014 following Cabinet Decision.</p>		
<p>Are there any additional assessments that need to be undertaken in relation to this assessment?</p>	<p>Individual needs assessments need to be completed following Cabinet Decision, along with development of an implementation plan for whichever course of action is selected by Cabinet.</p>		
<p>Lead officer - sign off: Nick Whitton Head of Commissioning, Children and Adults Services</p> 	<p>Date: 31 March 2014</p>		
<p>Service equality representative - sign off: Claire McLaren, Strategic Manager, Quality and Development, Children and Adults Services</p> 	<p>Date: 7 April 2014</p>		

## Alternative Proposal for Newtown House

### **Newtown House Graceful Ageing Centre**

#### **A Community Owned Business**

Newtown House in Stanhope is a well-loved facility which provides a home when Weardale residents can no longer cope in their own homes.

It is currently operated by Durham County Council, which is under pressure from central government to save money and to outsource services.

The prospectus issued by the council invites proposals to run the home on a minimum ten year lease.

The option for the council to continue running Newtown House looks unlikely, which leaves the main option as a private operator taking over. Conversations with the private sector suggest this is unlikely due to difficulties in upgrading the building and the high cost of taking on the current staff.

However, the current focus in the community is on persuading DCC to continue operating Newtown House. This makes it difficult to gauge the support for an alternative. What is clear from a passionate public meeting of around 300 people in Stanhope Town Hall is that locals want Newtown House to continue to provide high quality accommodation for their relatives and friends and for themselves when the time comes. The community enterprise alternative has been kept low key, since it may be seen as undermining the campaign for DCC to continue running things. Informal soundings suggest that it will gain popularity as "Plan B", especially as the alternative model is not well understood yet.

#### **There is an opportunity for the community to take it over and run it collectively.**

Using the legislation around asset transfer from local authorities to local communities and a legal structure called a "Community Benefit Society", shares can be issued and money raised to secure the property and operate it for the benefit of current and future residents.

Since this will run without the overheads of the council or the need for large profits for investors, it will be very cost effective. Add in a more motivated and engaged staff team, volunteers and goodwill from local businesses as suppliers and it is clearly a genuine opportunity to safeguard Newtown House for the future.

#### **What is a Community Benefit Society?**

Also called a Society for the Benefit of the Community and a Bencom, it is a legal structure under the Industrial Provident Society umbrella and a form of Co-operative.

Bencoms are regulated by the Financial Conduct Authority.

They are typically used to save village pubs threatened with closure.

A business plan is prepared and a share prospectus issued.

Assets are protected from speculation and dividends are restricted to an amount necessary to secure the investment. This may vary from nil to base rate plus 5%.

Each member (irrespective of how many shares they buy) has one vote and the members elect their Board of Directors to run the company.

The Bencom may also be a registered charity and this will give many advantages to the new enterprise.

See: [www.co-operative.coop/simplylegal](http://www.co-operative.coop/simplylegal) for more.

### **What next?**

A Business Plan is being prepared, based on an asset transfer of the freehold or long leasehold of the whole site at Newtown House, including the Resource Centre and Waterside Court.

Once the Plan is ready and providing it stacks up financially and has local support, a prospectus will be issued and people and organisations will be invited to commit to buying shares.

The vision is not just to preserve the House as a well-run residential home, but to create a facility to address the 21<sup>st</sup> century needs of the Dale, including intermediate care, new facilities as required and to maintain Newtown House as a place Dales folk can call home when they can no longer manage independently.

The concept of Graceful Ageing promotes the value of our elders, ceases to see them as a burden or a "demographic time bomb", attempts to address the taboos around dying and sets out a vision of a gentle, reflective third age.

Whilst the current building has architectural merit, it is difficult to adapt to meet current standards. A new building in the grounds, with a pedestrian entrance off the main road and lay-by loading and parking will enable expansion of the offer and incorporate intermediate care accommodation as well as landscaped sensory and vegetable gardens and covered outdoor space for residents to enjoy the sunshine and fresh air.

This will work alongside the existing building and provide the extra space to achieve economies of scale.

A local architect, who has experience of designing care homes, is on the team.

### **Co-production**

There is scope for a partnership approach between all interested parties: the community, the GP Surgery, Crosshill Nursing Home, Parish Councils the County

Council and current staff. Each brings its unique perspective and resources to the table.

The Community Benefit Society enables shareholding by all the partners and since the model stipulates one member one vote (as opposed to traditional share companies which have one share one vote) power is held equally by all the shareholders, who elect their Board of Directors annually, with one third of Directors resigning every three years.

Given the revenue pressures on the Council, this model offers an equal or improved facility, whilst removing the running cost from DCC. The Bencom will require the freehold of the whole site, or a lease of at least fifty years to enable the construction of the new building. A peppercorn rent initially will assist the birth of the project and this will be reviewed as finances improve.

The GP Practice through the Clinical Commissioning Group and as a legal entity itself can buy shares (up to a legal maximum of £20k) and make loans.

The role of Crosshill is initially with expert advice and the possible conflict of interest is acknowledged - as well as the synergies to be gained from working with the main private sector provider of services to elders in the Dale. Crosshill will also provide CQC accreditation in case this is required during the transition.

Members of the community will also buy shares as well as support practically in the running of the Society and the services it provides.

Typically shares pay a low dividend and then only when finances allow. However, given the current low interest rates and the enthusiasm for Newtown House, we expect significant investment from the local community and the Weardale diaspora.

In the partnership model, there will be a seamless transfer, within a reasonable timescale, meaning current residents will have no need to move.

### **An integrated approach**

The community enterprise set up to run Newtown House as a residential home, will also consider other aspects of the needs of older people in the wider community, including intermediate care, elderly mentally infirm etc.

Brokerage of older people's spare rooms, in exchange for informal care (with appropriate safeguards) is a mutually beneficial arrangement for both parties and successfully operated in other parts of the country.

Co-housing will also be promoted as a cost effective way for people to manage their own retirement and pre-retirement years.

Wheels to Meals is a project being developed by Weardale Community Transport and this and the community transport project is a great fit with the new enterprise.

Intergenerational work is also of mutual benefit and changes our current preoccupation with an ageing population into something more positive.

Other ideas will be generated as we develop the project and people see all the possibilities.

## **Finance**

Being community owned brings huge advantages to the costs of running Newtown House. Whilst we would wish to maintain good wages and conditions, the economics of care constrain spending. Volunteer time, possibly through timebanking and also through the positive effect to the volunteers amongst the "young old" in the community, will help balance the books.

Detailed financial forecasting will be done in partnership with DCC once the principles are agreed.

An occupancy rate of 20 of the available 25 beds, a conservative estimate given the ageing population, the publicity generated by the new enterprise and the incentive for the new management to optimise occupancy, will generate £466k a year from council fees at Band 2.

The new building will be completed within three years and generate at least that much again (and new build standards will enable Band 1 payment).

Once DCC placements are covered, beds will be available for private payers and respite/holiday guests.

Reducing the current running costs is difficult to quantify at this stage, but the use of local suppliers for repairs and the involvement of staff in managing the necessary reductions (including voluntary redundancy) will generate savings.

The gap between income and expenditure based on a full transfer of staff on current salaries looks prohibitive at this stage and it will be necessary to examine the potential for voluntary redundancy.

Renewable energy technologies such as solar (including solar panels on south facing rooves and passive solar in the new building), biomass and micro-hydro will reduce the energy bill, create revenue through feed in tariffs and enable the conversion of capital (raised through shares, bequests etc) to revenue.

Ongoing fundraising, including bequests, will ensure a sound base for operation and expansion.

## Residential care review – risk assessment

Risk Description	Potential Impact	Treatment (if not already in place, state implementation date)	Risk Owner
<b>1. Agreeing recommendations (option 1 to retain the homes and carry out repairs and maintenance as required)</b>			
Risk to residents and families	<p>Current residents will not have to move from their current home on a permanent basis.</p> <p>Residents may have to move on a temporary basis whilst repairs and maintenance are undertaken.</p> <p>There may be a need to move at short notice if the building requires emergency works.</p> <p>Residents will have continuity of care in the long-term.</p> <p>Families will not have to change their arrangements in the long-term.</p>	<p>Following the Cabinet decision the following actions will be taken:</p> <ul style="list-style-type: none"> <li>• Ensure that the decision is communicated as sensitively and accurately as possible.</li> <li>• Ensure residents are aware that there may need to be a short-term move to allow for repairs and maintenance to be carried out.</li> <li>• Ensure plans for repairs and maintenance are communicated.</li> <li>• Revise business continuity plans to prepare for moving residents, possibly at short notice, for unplanned infrastructure issues affecting health and safety or wellbeing.</li> <li>• Ensure that there is sufficient time to undertake full individual assessments with service users prior to any temporary move.</li> <li>• Where appropriate, carers assessments will be undertaken which may result in identification of services for them, eg transport.</li> </ul>	

Risk Description	Potential Impact	Treatment (if not already in place, state implementation date)	Risk Owner
Risk to staff	Staff will have continuity of employment at their current location under their present terms and conditions.	<p>Following the Cabinet decision the following actions will be taken:</p> <ul style="list-style-type: none"> <li>• Ensure that the decision is communicated as quickly, sensitively and accurately as possible.</li> <li>• Ensure that staff are aware of the potential need for a short-term closure allowing for repairs and maintenance to be undertaken as required.</li> <li>• Ensure that staff are aware of the processes to ensure a smooth short-term move for service users and their families if required.</li> </ul>	
Risk to the Council	<p>The Council will not meet savings targets in the manner outlined in the (MTFP).</p> <p>The Council may need to make difficult decisions regarding repairs and maintenance to be carried out within each building.</p> <p>The Council will continue to have higher revenue expenditure than necessary in this area, with consequent risks to value for money principles.</p>	<p>Following the Cabinet decision the following actions will be taken:</p> <ul style="list-style-type: none"> <li>• The Council will have to reassess its MTFP and identify savings in other areas.</li> <li>• The Council will not meet its best value principles.</li> </ul>	Corporate Director of Children and Adults Services

Risk Description	Potential Impact	Treatment (if not already in place, state implementation date)	Risk Owner
<b>2. Agreeing recommendations (option 2 to close the homes)</b>			
<p>Risk to residents and families</p>	<p>This period will be unsettling and worrying for residents and families, leading to stress and other ill-health issues.</p> <p>Staff may elect to change jobs and/or leave, thus creating staffing difficulties at the home. This could also lead to increased concerns about continuity of care.</p> <p>Residents will be anxious about staff in a new home understanding their needs leading to increased concerns about continuity of care.</p>	<p>Following the Cabinet decision the following actions will be taken:</p> <ul style="list-style-type: none"> <li>• Ensure that the decision is communicated as accurately and sensitively as possible.</li> <li>• Ensure that full individual assessments are carried out with service users prior to any move.</li> <li>• Ensure there is sufficient time given to deal with the assessment process.</li> <li>• Ensure health professionals are on board with the process, eg GP's and district nurses so that specialist assessments are completed on time.</li> <li>• Agree with Health colleagues the process for transfer of medical and nursing notes ensuring that transfer is completed as quickly as possible and all relevant health professionals have information to hand.</li> <li>• Ensure that the receiving home has sufficient information about the person to understand their individual needs.</li> <li>• Ensure that service users and their families are fully engaged in determining a choice of home and have sufficient information to make their choice.</li> <li>• Ensure that friendships are understood and respected within the home so that social groups can make joint decisions if required.</li> <li>• Ensure that policies and processes are in place to support service users and families and are understood by staff working with them.</li> <li>• Staff will be encouraged to work in a "double-up" role to</li> </ul>	<p>Corporate Director of Children and Adults Services</p>

Risk Description	Potential Impact	Treatment (if not already in place, state implementation date)	Risk Owner
		<p>ease the transition process for service users for an agreed timescale. Timescales will be dependent upon the needs of the individual. Where this is not possible, arrangements will be made for staff to visit the service user on a regular basis to ensure continuity.</p> <ul style="list-style-type: none"> <li>• Where appropriate, carers assessments will be undertaken which may result in identification of services for them, eg transport.</li> </ul>	
Risk to staff	<p>This decision will be unsettling and worrying for staff and their families, particularly relating to the possibility of redundancy, which could lead to stress, absence and other ill-health issues.</p> <p>Staff may elect to change jobs and/or leave, thus creating staffing difficulties at the home.</p>	<p>Following the Cabinet decision the following actions will be taken:</p> <ul style="list-style-type: none"> <li>• Ensure that the decision is communicated as accurately and sensitively as possible to staff and trades unions.</li> <li>• Ensure that the full human resources (HR) consultation mechanism commences.</li> <li>• Ensure that the Council's HR policies are considered.</li> <li>• Ensure that clear on-going communication channels are opened between staff and management.</li> <li>• Promote awareness of staff welfare and counselling facilities.</li> </ul>	Corporate Director of Children and Adults Services
Risk to the Council	<p>The Council may be the subject of adverse publicity from interested parties in the community.</p> <p>The Council may face a legal challenge.</p>	<p>Following the Cabinet decision the following actions will be taken:</p> <ul style="list-style-type: none"> <li>• Ensure that the communications plan is up-to-date and implemented.</li> <li>• Ensure that the decision is communicated as accurately and as sensitively as possible to the</li> </ul>	Corporate Director of Children and Adults Services

Risk Description	Potential Impact	Treatment (if not already in place, state implementation date)	Risk Owner
		<p>community as a whole, with full reasons for the decision.</p> <ul style="list-style-type: none"> <li>• Ensure that the Council work with service users and their families including providing key information, eg details of independent sector homes and keeping them informed of each stage of the process.</li> <li>• Ensure that the Cabinet report contains sufficient information for members to make an informed decision.</li> <li>• The Council may have to defend itself through legal challenge.</li> </ul>	