



DERBY CITY COUNCIL

## **COUNCIL CABINET 8 JULY 2008**

### **Report of the Corporate Director of Corporate and Adult Services**

# **RESIDENTIAL CARE – FUTURE OPTIONS**

## **SUMMARY**

- 1.1 On 31 July 2007 Cabinet agreed three actions:
1. To consult on the closure of Bramblebrook Residential Care Home.
  2. To undertake further work to clarify future options for the remaining Council-run residential care homes.
  3. To explore the possibility of the development of an Extra Care housing facility on the current Arthur Neal site. Cabinet also agreed, in principle, to the use of any capital receipt for the expansion of extra care housing.
- 1.2 Since Cabinet took the decision to close Bramblebrook on 15.1.08, work has been on going to progress the closure plans. This has been delayed by an application for a Judicial Review made by Smith Partnership on behalf on one of the residents. On 31.7.07, there were 38 permanent residents, as at 15.6.08 there are 22 permanent residents.
- 1.3 Following Councillor Skelton's letter to residents of Bramblebrook, Cabinet now need to decide whether to continue with the closure as planned, or to suspend the closure for a period of at least 18 months to allow further consideration of the decision in the context of a strategic review of care home provision for older people in the City. The implications of this course of action are outlined in the supporting information.
- 1.4 As recognised in the Cabinet report of 31 July 2007, there is a need to clarify the future of all Council residential care homes. This work has commenced, but would be strengthened by a comprehensive cross sector review of care home provision, taking account of current capacity, recently published comparative quality information, costs, future needs of the population and anticipated risks. The review should address the question of how to raise quality in the sector, ensure sufficient capacity and ensure the development of alternatives to residential care to meet changing needs and aspirations of older people. The review should make recommendations that are financially viable.

In particular the issue of quality is significant. The Commission for Social Care Inspection (CSCI - the regulatory body) has recently published star ratings for all care homes in all local authorities. Local authorities are required to improve services available in their area, reducing the number of poor or adequate services, and increasing the number rated as good or excellent. This is a key part of the national focus on improving standards in care homes and increasing the dignity and respect afforded to older people using care services.

- 1.5 Exploration work regarding the possibility of developing Extra Care Housing on the Arthur Neal / Lois Ellis site has progressed. Council now needs to decide whether to proceed further with the development work now, which would involve consultation in autumn 08 with a view to a Housing Corporation bid in April 09; or to address this within the context of the wider strategic review. There are potential financial risks to the Council associated with any delay to this development work, outlined in Supporting Information.

## **RECOMMENDATIONS**

- 2.1 That Cabinet consider the continued operation of Bramblebrook as a care home for at least 18 months, in the context of a strategic review of all care home provision.
- 2.2 That Cabinet commission a strategic review of future options for all Council run care homes which will address all the issues outlined in the Supporting Information, and would be reported back to Cabinet with specific recommendations in relation to each of the care homes in January 2009.
- 2.3 That the current vacancies for all Homes should be used either for short stay or respite care, and for long term care only where any new resident understands that the future of the home is being reviewed and accepts the risk that they could be required to move to an alternative placement subject to the outcome of the review.
- 2.4 That Cabinet decide whether the development work on Arthur Neal care home should continue as a separate workstream with public consultation commencing in autumn 08; or become part of the strategic review, bearing in mind the possible deteriorating opportunities to attract housing corporation capital into this project .

## **REASON FOR RECOMMENDATIONS**

- 3.1 Public expectation is now that Bramblebrook will remain open for at least 18 months. If the home does close in the future the vast majority of the original long term residents will not be placed in a position of needing to move home against their wishes. This will offer reassurance to many of the remaining residents and their families. In addition the fall in land values means that it would not be in the Council's best interests to sell land at this point in time. Given the importance of this decision and the removal of the immediate financial saving imperative it is appropriate that the decision about Bramblebrook should be taken in the context of the review as a whole.

- 3.2 There are considerable changes to care provision across the country as local authorities respond to the need to focus more on prevention and provide increased opportunities for older people to stay in their own homes for longer. Increased use of intensive home care (which is already established in Derby), development of Assistive Technology and growth of Extra Care Housing are combining to reduce the demand for residential care places nationwide. The Council needs to secure services for existing residents while developing new opportunities which meet changing aspirations, within what is affordable. The Council needs to quantify and balance these trends so informed decisions can be made about the city's future needs that deliver appropriate services to current and future generations of older people aligned with value for money for Derby's Council Tax payers.
- 3.3 The trends and policy shifts outlined above have created considerable uncertainty for care homes over several years. This has been keenly felt in Derby and a review that examines evidence and sets out a clear direction with the input of stakeholders will clarify the future
- 3.4 The Council must ensure and drive up quality in the care home sector. The recently published star ratings for care homes in Derby show that 36% of care homes already graded are judged as zero star (poor) or one star (adequate). (Only one home in the city is judged as poor). Of Council homes Arboretum, Bramblebrook and Perth House have been judged as adequate; Coleridge, Raynesway and Warwick are judged as good; with Arthur Neal and Merrill House yet to be graded. The Council will be required to reduce the number of homes classed as poor or adequate.
- 3.5 Whilst it is helpful to undertake a comprehensive review of all homes the implications should be understood and accepted by any new resident. The Council would rightly be criticised if any new long term placement was made whilst this review is on going, as it could lead to unnecessary disruption for an individual at a later date. Other local authorities in similar circumstances have adopted this practice. In order to minimise the financial risk of running homes with high vacancy levels it is recommended that the review is completed by January 2009.
- 3.6 The Council already has an agreed objective to achieve 250 extra care places by 2010. At present there are 80. Tomlinson Court will add further 38 in 2009/10. There are no other firm proposals, although 3 options are being further worked up, including Arthur Neal. It is therefore important that we continue to make progress on the introduction of more extra care opportunities. Housing Corporation capital is important to the Arthur Neal proposal. The viability of the project without Housing Corporation or Council capital is questionable, particularly in the current housing market. The reduction in capital means that more units would be for sale rather than rent, and the developer would need to take a view re the sale targets. This also limits the benefits for those older people without the resources to buy. In order to maximise our chances of gaining Housing Corporation funding we should submit the proposal as soon as practicable. This does not detract from opportunities to use any of our other sites for extra care in the future, as it is expected that there will be a new housing corporation bidding round for funding from 2011.



## **RESIDENTIAL CARE – FUTURE OPTIONS**

### **SUPPORTING INFORMATION**

#### **Bramblebrook Residential Care Home**

- 2.1 Following consultation, scrutiny by the Adult Services and Health Commission, and further consideration through the call in process; Cabinet confirmed the decision to close Bramblebrook Care Home on 15.1.08. The Cabinet report is attached as Appendix 2.
- 2.2 Since then the decision has been made subject of a Judicial Review (JR). The Council has filed all required reports in connection with the Judicial Review, and instructed counsel to defend the action. Counsel has not indicated any particular concerns about the Council's position. Following receipt of a letter from Councillor Skelton to all residents outlining her intention to propose that Bramblebrook remains open for a period of at least 18 months, the Council received a letter from the Smith Partnership dated 9 June. A copy of the letter and the Council's reply are attached as Appendix 3.
- 2.3 The decision to close a care home, as may be expected in such circumstances, was difficult and controversial. The reasons for closing one home were as follows:
1. There is an over-provision of care home places in the City.
  2. Council care homes are more expensive than independent sector care homes.
  3. Costs are likely to rise further and the risk to the Council of over-provision of places should be minimised.
  4. Financial Efficiencies were required as part of the 07 / 08 adult social care budget plan.
  5. There is an under-provision of alternatives to care homes, and capital is required in order to develop options such as extra care housing, and specialist dementia care services.

It is my view that all of the above reasons remain valid.

- 2.4 The decision to choose Bramblebrook as the home for closure was primarily due to the following factors:
1. Unlike some of our other homes, Bramblebrook has no 'specialist' function (which would have to be provided in the event of the home closing).

2. It does not provide a wider range of services to the local community, and there are other care homes in the area.
3. The value of the site, particularly when considered with the Humbleton View site, would enable the most capital to be realised in the event of sale (which would then be re-invested into alternative provision).

2.5 The closure of a home requires older people to move to an alternative facility and consideration was given as to how to achieve this as sensitively as possible for the people concerned. In particular, residents were assured that every effort would be made to enable them to move to another Council home (if that was their wish) and with their particular friendship group. Vacancies have been kept in Council care homes to ensure this is possible. A policy of no compulsory redundancy was agreed in relation to staff, and again vacancies have been held to ensure this.

### **The current position**

#### **Bramblebrook residents**

- 2.6 Since the initial decision to consult on the closure of Bramblebrook on 31 July 2007 no new long term placements have been made. In addition, following the decision to close the home in January 2008, some residents who decided that they did want to move to an alternative home have done so. There are currently 20 permanent residents in Bramblebrook. Sufficient vacancies in other Council care homes have been held to allow all current 22 residents to move into an alternative Council run home (if that is their choice).
- 2.7 Following the closure decision in January each resident was allocated an individual key worker who discussed options with the resident, and where appropriate, with family members also. Some residents involved in supporting the campaign to keep Bramblebrook open, declined the offer of a key worker and asserted their wish not to discuss any options whilst the Judicial Review was in process. Eleven residents did engage with the process and 'reserved' beds in other homes but chose not to move pending the outcome of the legal challenge. Six residents did not like the uncertainty and chose to move to an alternative home.

No new permanent placements have been made at Bramblebrook since July 2007.

- 2.8 Of the original 38 residents (as at July 2007), 12 people have since died or been admitted to nursing home care. This number is in line with the number of people that we would normally expect, and in line with our other homes. Six people have moved to alternative residential care. This was their choice as they preferred to move than live in a position of uncertainty. Twenty people remain as permanent residents.
- 2.9 Bramblebrook has also been used for short stay and respite care during this period in order to ensure the home operates as efficiently as possible in the circumstances.

- 2.10 Councillor Skelton has asked that this report be brought to Cabinet. She has written to all residents of Bramblebrook outlining that she is minded to support Bramblebrook remaining open until at least the end of December 2009. This would enable a strategic review of all the Council's care homes to be undertaken and considered before making any final decision to proceed with the closure of Bramblebrook. This would also enable the Council to be more sensitive to the needs of existing residents, avoiding the need for many existing residents to move, even if the final outcome is closure.

### **The implications of Bramblebrook remaining open for at least 18 months**

#### **2.11 Implications for residents**

- Should Bramblebrook remain open for at least 18 months, it is likely that most of the original permanent residents would be able to remain at Bramblebrook until the 'natural end' of their placement (either through the need to enter a nursing level care home, or unfortunately through death). This is based on an average length of stay in our care homes of two years and six months (as at October 2007). If the home then did close there would be a significantly lesser effect on the original permanent residents, although clearly it is not possible to say how many residents might still have to move to an alternative if this was the case.
- Some of the original 37 Bramblebrook residents who have moved to alternative care homes may wish to return
- Current permanent residents would be likely to experience some changes within the home. The vacancies, if used more often for short stay residents, would mean more change of residents and less continuity. This can be minimised through careful discussion and arrangements within the home
- A decision would need to be made concerning new admissions to all care homes included in the review, including Bramblebrook. While the future of a home is being actively reviewed I would strongly recommend that vacancies are used either for short stay or long stay care only if the uncertainty of the future is understood and accepted by the new resident. This is likely to limit the number of people who would wish to enter the home on a long term basis. It would potentially cause unnecessary harm and distress to allow a new long term placement to be made without ensuring that the potential risk of closure or change of use was understood and the risk accepted.

#### **2.12 Implications for staff**

Currently there are 25 permanent (full and part-time) staff at Bramblebrook. Additionally there are temporary and relief staff. As a result of our commitment to avoid compulsory redundancies, vacancies have been held in other Council care homes since July 2007 to enable redeployment of Bramblebrook staff. This will not be sustainable for a further 18 months and some vacancies will need to be filled permanently in order to enable consistent staffing cover. This will affect the flexibility of the Council to offer redeployment and means that the commitment of no compulsory redundancy should be re-considered as part of the strategic review.

## **Strategic Review Of Care Home Provision**

- 3.1 This review will gather a range of information to make recommendations about the long-term future of the Council's eight care homes by setting them in context of Derby's independent sector capacity, and the impact of local trends in demography and people's changing expectations. The aim of the review will be to make sure that the Council is using its resources in the best possible way to meet the needs of Derby's older people in their local communities, both now and for the future.
- 3.2 Options for each of the Council's care homes are likely to come from the following list:
- a) Maintain existing use
  - b) Remodel to provide specialist services, for example dementia care or intermediate care, retaining care home function
  - c) Close home and use site to support older people in another way, for example via Extra Care Housing
  - d) Transfer care home to independent or third sector ownership as a going concern
  - e) Transfer care home to other form of organisation (for example social enterprise)
  - f) Close home and use revenue and capital release to invest in alternative services for older people
- 3.3 A great deal of information has already been commissioned and will be updated as necessary. Further research will also be carried out to cover the issues identified.
- 3.4 **Consultation and comparison**

The review will utilise feedback from local older people about the type of care they would like to be available to meet their needs. Feedback from partnership organisations will also be sought to ensure a rounded appraisal of options and opportunities. Benchmarking from comparable Local Authorities will be important to maximise learning from other Councils who have similarly reappraised their care home capacity.

### **3.5 Analysis of the current care home market**

Mapping current provision and recent trends for both Council-owned and independent sector care homes in the areas listed below:

- a) Capacity
- b) Focus (including any specialisms such as dementia care, intermediate care, other service user groups)
- c) Location
- d) Vacancy rates
- e) Quality measures
- f) Cost measures

Most local authorities have considerably less 'in house' residential care provision than Derby. Evidence shows that in-house provision is more expensive than independent sector and not necessarily of a higher standard. In addition, the risk of changing purchasing and placement patterns is borne by the independent sector, whereas it is borne by the local authority where the in-house service is in a market dominant position.

The strategic review should include a market and risk assessment of the proportion of care provided in house as compared to third or independent sector provision.

### **3.6 Demand based information**

Establishing factors that will affect future demand for care home places:

- a) Explanations for recent trends in care home placements
- b) Current needs in Derby's localities
- c) Projected demographic changes that will influence placement demand
- d) Service initiatives that are projected to influence placement demand

### **3.7 The Council's residential homes**

Establishing specific factors to consider in options appraisal:

- a) Capacity
- b) Focus (including any specialisms such as dementia care, intermediate care, other service user groups)
- c) Location (links to surrounding areas, surrounding facilities)
- d) Vacancy rates
- e) Quality measures including service user feedback
- f) Staffing ratios and levels
- g) Staffing efficiency (economies of scale, sickness absence)
- h) Capital costs
- i) Revenue costs
- j) Site information: buildings and land
- k) Site valuation

### **3.8 Alternative service models**

Relevant information about alternative service models, for instance Extra Care Housing, intermediate care provision, dementia care that will enable decision-making about feasibility:

- a) Demonstrable outcomes
- b) Capital implications
- c) Revenue implications
- d) Partnership implications
- e) Risks



## SUPPORTING INFORMATION

### Development of Extra Care Housing on Arthur Neal site

- 4.1 Feasibility work regarding the possibility of developing Extra Care Housing on the Arthur Neal site commenced in August 2007.
- 4.2 The site was chosen for the following reasons:
1. The site, together with the land attached (previously Lois Ellis Care Home) is large enough to make Extra Care viable.
  2. Previous plans for the development of an older people's (dementia) resource had fallen through, the land has been vacant since.
  3. Arthur Neal has had little capital investment over recent years, and would take considerable capital to bring it up to today's standard (if this were possible). The state of the building required a strategic decision about its future, sooner rather than later.
  4. The care home, despite being in a poor state of physical repair, is well used by the community it serves. In particular it provides valued day services which we would wish to preserve and extend.
- 4.3 A development partner has been selected. This is at no risk to the Council at the present time but assists in the process. The provider is in the process of drawing up detailed proposals. The final model, including the number of units which are for sale and rent, will be influenced by the additional capital available to the project. Council or external capital investment in the project (in addition to the land) is highly desirable as it will allow a different proportion of sale / rental units .

There are the following possible sources of capital:

- (i) From the sale of Bramblebrook land. Subject to Cabinet decision this is not currently available.
- (ii) Housing Corporation (2008 – 11 funding). Housing Corporation bids are acceptable either in November 2008, April 2009 or August 2009; however the likelihood of success decreases from November 2008 onwards due to the financial allocation arrangements.  
In order to achieve Housing Corporation funding the Council would need to formally support the bid, and provide evidence that the land would be available to the project (either on a gift or lease arrangement). This necessitates completion of the consultation on the future of Arthur Neal before submission of the bid. The Council must therefore, consult on the proposed development, which in time would include the closure of Arthur Neal Residential Home. The home would be replaced, on the same site, with a new build extra care housing facility offering accommodation with 24 / 7 care and a range of other community facilities including day services, for older people in the area. If a bid was successful in April 2009, work would commence in 2010. At some stage in 2010 the current Arthur Neal building would need to be demolished. No new long term placements have been made at Arthur Neal since November 2007, hence we expect that the closure would cause disruption to a relatively small number of existing long stay residents.

(iii) Council capital. £4m has provisionally been identified in the Council capital programme for 2009 – 10. This is subject to successful business case and any re-prioritisation necessary as a result of the reductions in land values.

4.4 It may be that developers will be seeking increased capital contributions from Councils as the selling price of flats decreases. It is not yet clear how this will affect Extra Care Housing. It does, however, strengthen the need to achieve Housing Corporation or any other external capital wherever possible.

4.5 The development of Extra Care on the Arthur Neal site will necessitate the closure of the existing care home at some point. The timescales depend on the capital source, and are influenced by the state of the building.. Due to the state of repair of Arthur Neal any delay increases the risk of increased spend on essential maintenance.

4.6 In order to prepare a bid for Housing Corporation funding for April 2009, consultation would need to be completed and a Cabinet decision made, by January 2009. This necessitates addressing the future of Arthur Neal specifically, and in advance of the decision about the remaining homes. It would be possible, and also logical, to delay the consultation and option appraisal for Arthur Neal to align with the wider strategic review. This does, however, have the following risks:

- 1) Increased capital and maintenance spend.
- 2) Reduced likelihood of Housing Corporation funding being achieved.

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Background papers:	Appendix 1 – Implications Appendix 2 – Report outlining the reasons for the closure of Bramblebrook Appendix 3 – Letter from Smith Partnership re Judicial Review		

<b>IMPLICATIONS</b>
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**Financial**

- 1.1 Originally, the closure of one home was required to create revenue savings to support the adult social care financial recovery plan in 2007 / 8 and capital investment for future alternatives.
- 1.2 Due to the timescales involved and the Judicial Review process, revenue savings could not be achieved in 2007 / 8, or guaranteed for 2008 / 9. The adult social care budget for 2008 / 9 therefore did not include identified revenue savings and the shortfall is contained within the £2.2m re efficiency savings / additional income target.
- 1.3 The loss of any capital receipt from the sale of a care home is relevant to both the development of Extra Care Housing (on the Arthur Neal site) and / or the development of dementia specialist services. However, the current state of the housing market suggests that, even had the closure gone ahead, this is not a beneficial time to sell the land. In addition, the Council has also provisionally identified capital resources for both the development of Extra Care Housing and specialist dementia services from 2009 / 10. This is dependent on further agreement of the business case, and also on the impact of the land price reductions on the Council's capital programme more generally.
- 1.4 The future financial risks which are relevant and should be taken into account by Cabinet in any decision to delay or cancel the closure of Bramblebrook are as follows:
  1. Recommendations from CSCI re staffing levels. CSCI have indicated some concerns at existing staffing levels. This may require additional staffing levels in all Council care homes hence increasing the unit cost and increasing the differential between Council and independent sector.
  2. Increased capital costs for repair and maintenance over an 18 month period. There is a particular current Health and Safety issue re fire doors which is likely to cost approximately £100k for each of the Council care homes.
  3. Results of the Job Evaluation process.
  4. Increased vacancies across Council care homes, again increasing unit cost, with the risk taken by the Council rather than the independent sector. Council supported admissions to care homes continued to reduce in 2007 / 8, the final number being the lowest number of admissions per year to date. If this continues, the vacancy level will increase and the cost per place will rise.

## **Legal**

- 2.1 The JR proceedings are still before the High Court. The Council has filed its evidence and the resident was due to file his evidence in response on our by June 9. Following receipt of Cllr Skelton's letter his solicitors have not filed any evidence in response. They have written to the Court asking that the matter be taken out of the expedited list (no longer be regarded as urgent) and they be given seven days after receiving notice of Cabinet's decision to file any evidence they feel appropriate.
- 2.2 If the decision is made to suspend the closure of Bramblebrook House, then the Smith Partnership have stated that the JR proceedings are likely to be settled. Any further legal costs will therefore be saved, and the Council will need to negotiate with them, or ask the Court to resolve, whether the Council should pay any of the resident's legal costs. He is receiving public funding (legal aid).

## **Personnel**

- 3.1 If Bramblebrook remains open, some previously held vacancies for possible staff redeployment will need to be filled. The opportunity should be taken to regularise some of the long standing temporary contract arrangements as part of this process.
- 3.2 As employees at Bramblebrook have been consulted about the possible closure of the Home there should be further discussions with them and their representatives concerning the implications of this decision.
- 3.3 There will need to be communication and consultation with all employees in residential services about the Review that has been proposed in this report, and its outcomes.

## **Equalities impact**

- 4.1 These proposals will not have an adverse impact in terms of equalities.

## **Corporate priorities**

- 5.1 The modernisation programme supports the Council's objectives of healthy, safe and independent communities and furthers the priority of modernising social care, including adult home care.



DERBY CITY COUNCIL

**COUNCIL CABINET  
15 JANUARY 2008**

Cabinet Member for Adult Services

**Consultation on the closure of Bramblebrook House  
Residential Home for Older People**

**SUMMARY**

1.1 On 31 July 2007, Council Cabinet agreed to:

- Begin consultation on the closure of Bramblebrook House residential home for older people
- Undertake further work in 2007 / 8 to clarify future options for the remaining seven homes, including the possibilities of mental health resource centres and extra care housing options
- Explore Extra Care Housing for older people as an option for effective use of the adjoining Arthur Neal House and Lois Ellis sites and as part of the expansion of Extra Care in Derby and to agree in principle to use any capital receipt realised for this purpose

1.2 Council Cabinet, at its meeting on 27 November, received feedback on the consultation on the closure of Bramblebrook House Residential Home and agreed that the closure proceed.

1.3 That decision was then called in under the Council's procedures. The Adult Services and Health Commission resolved on 6 December 2007 to ask the Council Cabinet to reconsider its decision on the grounds that the following decision making principles had been broken:

- a proportionality
- b due consultation and advice from officers
- c respect for human rights
- d presumption in favour of openness
- e clarity of aims and desired outcomes
- f a record of what options were considered and giving reasons for the decision or where relevant issues do not appear to have been taken into consideration.

The full minute was reported to Council Cabinet at its 18 December meeting.

1.4 Subject to any issues raised at the meeting I support the following recommendations.

## **RECOMMENDATIONS**

- 2.1 To approve closure of Bramblebrook residential home for older people at the end of May 2008 but to delegate to the Cabinet Member for Adult Services the power to extend this timescale by no more than three months if necessary.
- 2.2 To work closely with individual residents of Bramblebrook House to identify alternative placements that are suitable for them, bearing in mind their neighbourhood links, their friendship groups and their preferences about where services are delivered.
- 2.3 To ensure each affected resident has a key worker based at Bramblebrook to liaise with them, their relatives or carers and the staff at the place the resident transfers to.
- 2.4 To ensure that staff at Bramblebrook House are appropriately supported to transfer to alternative places of work

## **REASON FOR RECOMMENDATIONS**

- 3.1 The decline in demand for residential care for older people, combined with the increase in demand for alternatives like Extra Care Housing, means action is necessary to divert resources to where they will have most long-term impact.
- 3.2 There is enough remaining care home resource in Derby, between the independent sector and the Council's own provision, to cover needs in the long and short term.
- 3.3 The closure of a residential home for older people is very difficult for residents and their families. Care must be taken that further trauma is minimised at this sensitive time, through working closely with them and ensuring their preferences are met wherever possible. If continuity through local links or friendship groups can be maintained this should be a high priority.
- 3.4 Bramblebrook staff have provided an excellent service and engaged extremely professionally in the consultation process. The decision to close Bramblebrook House is by no means a reflection on them, and they must be supported to find alternative opportunities in the Council.



DERBY CITY COUNCIL

**COUNCIL CABINET  
15 JANUARY 2008**

Report of the Director of Corporate and  
Adult Services

## **Consultation on the closure of Bramblebrook House Residential Home for Older People**

### **HISTORY OF THE PROCESS TO DATE**

1.1 Cabinet agreed to commence consultation on the possible closure of Bramblebrook Care Home on 31 July 2007. The July 2007 Cabinet report referred specifically to:

- the decrease in the number of residential care placements supported by the council in each of the last 5 years
- the level of vacancies in care homes across Derby, (both Council run and independent sector)
- the need to develop new alternative services to meet older people's needs for the future, specifically Extra Care and Dementia Services
- the factors taken into account in reaching the recommendation about which home to close. These were listed as:
  - a) the locality and community served
  - b) local connections with community services
  - c) alternative residential provision available in the locality
  - d) specialist service focus in the homes
  - e) fabric of the building
  - f) size and value of the land which would be released
  - g) standard of care provided
  - h) range of services provided
  - i) number of service users affected

1.2 The Cabinet report recommended consultation on the possible closure of Bramblebrook House on the basis of consideration of all of our homes against the above factors.

The key determining factors which influenced the recommendation to consult on the possible closure of Bramblebrook were

- Bramblebrook does not provide any specialist services
- There are other care homes in the locality
- Bramblebrook does not have strong community ties or provide community based services

- The potential capital which could be released is the highest of all the homes, with additional value being created by selling the Bramblebrook site at the same time as the Humbleton View site. This would release greater resources for use for older persons' services.

See generally on these factors section 2 below.

- 1.3 Cabinet also agreed to investigate the possibility of developing the current Arthur Neal Care Home into an Extra Care facility and during 2007/08 to develop future proposed directions for the remaining care homes.
- 1.4 The economic background for Adult Social Services (ASS) has been an important issue throughout the process. The ASS budget for 2006/7 was overspent by £1.7m. The 2007/8 budget included 3.5% efficiency savings across all Council services. This amounted to £1.5m for ASS on top of an already overspending budget. The 2007/8 ASS budget included a proposal to reduce residential capacity as one of the savings to achieve the 3.5% savings and balance the budget. In July 2007 when the initial report was considered by Cabinet the ASS budget was projecting an overspend of £3.2m for 2007/8. The Adult Services and Health Commission considered a special Adult Social Services budget report on 29 October 2007.
- 1.5 The consultation process commenced on 1 August 2007 and ended on 29 October 2007. A summary of the consultation process and the views from the same is attached at Appendix 1.
- 1.6 The consultation process included a review of the proposed closure of Bramblebrook by the Adult Services and Health Commission. This review took place on 24 September 2007. The review accepted the case for the proposed closure of one care home, but did not agree that it should be Bramblebrook. The Commission did not identify an alternative home to close in support of their findings.
- 1.7 The outcome of the consultation process was reported to Cabinet on 27 November 2007, with a recommendation that Bramblebrook should close. Cabinet decided to close Bramblebrook but the decision was called in to allow further consideration by the Adult Services & Health Scrutiny Commission.

## **2 PURPOSE OF THE REPORT**

- 2.1 This report provides Cabinet with an update following the November cabinet meeting and in particular provides more information in relation to:
  - the issues raised as part of the call in process;
  - the issues raised by Mr Taylor as part of the consultation process;
  - the issue of whether closure of Bramblebrook would breach any of the residents' rights under the Human Rights Act 1998 or any legitimate expectation that they have that Bramblebrook would be a 'Home For Life';



- 2.2 The proposal to close Bramblebrook was considered at a special Adult Services and Health Commission meeting on 6 December 2007. During this consideration there were a number of points raised concerning the process, which are addressed in this report.

The feedback from the consultation process was reported to Cabinet in November 2007. In addition, this report provides further comments in relation to Mr Taylor's feedback.

If the decision is made to close Bramblebrook it may be legally challenged through Judicial Review. In particular the question of whether residents have a legitimate expectation of a home for life or their rights under the Human Rights Act 1998 are not being respected, has been raised. This report provides information on that question.

It should be noted by Cabinet that many people move out of Council residential care homes on a regular basis when their need levels change, for example into hospital or nursing care homes. In these circumstances individuals do not have the choice of moving with friends or to other Council run homes. The average length of stay for individuals who have moved to nursing care or died over the past 3 years is 2 years and 3 months, in Council run care homes. The average for Bramblebrook is not significantly different at 2 years and 6 months.

- 2.3 Issues raised through the Call in process:

- 1) That the consultation process itself commenced at too late a stage, beyond the point of proposals being at a formative stage.
- 2) That all relevant information was not made available to interested parties, and that the reasons for the recommendation to close Bramblebrook (as opposed to another home) were not transparent.
- 3) That the consultation process was not wide enough and that residents of other care homes should have been included.
- 4) That the information regarding the Council's need for residential care had been under-estimated or under-reported, and that the increased number of older people in the population indicated that residential care home places should be maintained.
- 5) That the proposals for investment in alternatives were not clearly explained.
- 6) That Bramblebrook is the most efficient care home and hence should not be recommended for closure.
- 7) That no consideration had been given to the alternatives for Bramblebrook, particularly the possibility of developing an Extra Care facility on the site.
- 8) That residents would be seriously adversely affected and that this had not been taken into account.

- 9) That the consultation process had not been meaningful and the decision had been made in advance to close Bramblebrook due to the financial pressures in adult social care.
- 10) The alternatives to the closure of Bramblebrook were not fully explored and reported on.

Each of the above issues are addressed sequentially below.

**1. That the consultation process itself commenced at too late a stage, beyond the point of proposals being at a formative stage.**

The proposal to close a care home was first developed as part of the budget planning process for 2007/08 in response to the requirement to balance the Adult Social Services budget and make 3.5% additional savings in adult social services. Council agreed a budget for 2007 / 8 on 1 March 2007. This included a reduction in long term care budgets for elderly people of £581k in 07 / 08 and a further £81k in 08 / 09. This achievement of this budget necessitates the closure of a residential home. Following approval of the budget, consideration was then given to which of our eight homes should be recommended for possible closure. Bramblebrook was identified as the most appropriate option and recommended to Cabinet in July 2007. Consultation on the proposal then commenced. The decision was not made and was open to challenge and influence as evidenced by the process which has actually taken place.

**2. That all relevant information was not made available to interested parties, that the reasons for the recommendation to close Bramblebrook (as opposed to another home) were not transparent.**

The factors which were taken into account in the recommendation to close Bramblebrook are outlined in the July 2007 report to Cabinet and noted in Para 1.1 of this report. The particular factors affecting the choice of Bramblebrook are as follows

- a) Bramblebrook does not have a specialist function. This is relevant for the following reasons:
  - i) In the case of Warwick House and Coleridge House, significant capital investment has been made to facilitate the respective specialisms of Intermediate Care and Dementia Care.
  - ii) In the case of Warwick House and Coleridge House, staff have received particular training and obtained experience to deliver the specialist services. In the case of Warwick House services are delivered jointly with Derby City PCT.
  - iii) In the case of Arthur Neal Home the provision of day services provides a significant community resource. If this home was to close not only residential but also day services would have to be re-provided.
- b) There are other care homes in the locality of Bramblebrook. This was considered relevant because of the desirability of ensuring that there is a reasonable coverage of care homes in a locality. A map of the locality detailing the alternative residential provision within a 2 mile radius of Bramblebrook is attached at Appendix 2. This shows 87 local authority places and 353 Independent sector places.

- c) Bramblebrook does not have a strong community connection. This is relevant in considering the impact of closure on local services and the need to provide services in a specific locality.
- d) The capital savings which could potentially be released by a sale. This was considered relevant because the Council has committed to using the capital released to benefit older people's services for the future, and in particular to invest in extra care and dementia specialist services. If more capital can be released then the opportunities are increased.

The report refers to the question of quality and the standard of care provided. All of our Council run care homes are judged as being of a good standard by Commission for Social Care Inspection (CSCI). There is no reason to believe that any one home provides a significantly different standard of care than another. Comparisons of quality would have been considered relevant if there were differences. However, the view of managers and of CSCI is that they are all comparable; hence quality was ruled out as a way of differentiating one home from another.

The question of efficiency has been raised by the 'call in' process as it is argued that Bramblebrook is our most cost efficient home and efficiency should have been a key factor in determining which home should be recommended for closure.

Efficiency is influenced primarily by the following factors:

- a) Staffing ratios and levels.
- b) Staffing efficiency (economies of scale, sickness absence).
- c) Occupancy levels. (which primarily affect income and unit cost).
- d) Other running costs associated with the home.

Efficiency was not included as a relevant factor in the initial recommendation for the closure of Bramblebrook for the following reasons:

- a) Staffing ratios and levels are the same across all of our homes (except where there are specialist services for example Coleridge Dementia Unit has a staffing ratio of 1: 3/4, instead of the usual 1: 10).
- b) The larger capacity homes do achieve some economies of scale in some of the running costs (for example management costs) but this is marginal. Sickness absence changes year by year. One home can have a particularly high sickness absence due to long term sick leave of a small number of staff, which can then change significantly the following year. We expect all of our homes to work to the same sickness absence management targets.
- c) Occupancy levels – whilst occupancy can indicate popularity it also changes year on year. It is often a case of which vacancies are available at a specific time when an older person needs the placement; it can also be affected by how many vacancies a home has within a short space of time. It is further influenced by how many short stay beds a home has, which will tend to reduce occupancy levels. All these factors make occupancy changeable year on year and between homes. The variability in occupancy year on year is illustrated for each home in the table below.

- d) Supplies / services / maintenance / depreciation / overhead costs – these costs are based on the size of the building, the number of residents and the state of the building. Maintenance can vary from one year to another depending on the timetable of works. The only home in a significantly inferior physical condition to the others is Arthur Neal House, we would expect maintenance costs for the other homes to be broadly comparable over a time period.

The factors which affect efficiency, with the exception of the poor state of repair of Arthur Neal, are comparable across our homes and are changeable year on year.

The overall cost of providing residential care services in 06/07 is indicated in the table below. Warwick House, Coleridge House and Arthur Neal Home are not comparable with the others due to their specialist nature, it would not be comparing like with like. The table below does show that Bramblebrook, in 06/ 07 was the most cost efficient of the five homes that are comparable. This was not considered to be a significant factor in terms of the decision making process on the basis that, as outlined above, this could change year on year. However, in the light of the challenge that efficiency has not been properly considered it is included here for information.

#### Residential Homes Unit Cost 2006/7

	Brambleb.	Merrill	Arboretum	Perth	Raynesway
<b>Controllable</b>	Spend	Spend	Spend	Spend	Spend
Employees	472261	485619	485588	511086	453511
Premises	21728	42294	29709	27799	22422
Transport Costs	61	54	474	892	134
Supplies & Services	80348	73658	69439	80005	67340
<b>Sub-total</b>	<b>574398</b>	<b>601625</b>	<b>585210</b>	<b>619782</b>	<b>543407</b>
<b>Non controllable</b>					
Maintenance Recharge	37016	48730	44722	28574	36657
Building Dev Environmental Recharge	15214	20029	18382	11745	15067
Service Mgr + Central Budget Recharge	45927	45927	43630	44778	40186
Social Care Support Services Recharge	49757	49125	46409	48036	43215
<b>Sub-total</b>	<b>147914</b>	<b>163811</b>	<b>153143</b>	<b>133133</b>	<b>135125</b>
<b>Total</b>	<b>722312</b>	<b>765436</b>	<b>738353</b>	<b>752915</b>	<b>678532</b>
Depreciation	10155	8388	12380	2541	10760
Notional Interest 3.5%	26079	22260	21665	18008	18830
<b>Total Asset Rental</b>	<b>36234</b>	<b>30648</b>	<b>34045</b>	<b>20549</b>	<b>29590</b>
Beds	40	40	38	39	35
Occupancy	97.4	88.4	92.2	94.5	95.5
<b>Gross Weekly Unit cost £'s</b>	<b>373</b>	<b>432</b>	<b>423</b>	<b>403</b>	<b>406</b>
<b>Occupancy 2005/6</b>	<b>94.3</b>	<b>93.5</b>	<b>96.2</b>	<b>99.3</b>	<b>94.8</b>
<b>Occupancy 2004/5</b>	<b>96.7</b>	<b>93.2</b>	<b>98.3</b>	<b>98.1</b>	<b>93.2</b>

It has been suggested that information has been withheld and the process deliberately obscured. The only information which has been withheld is market sensitive where it is not considered to be in the Council's interests for this to be public, in particular the expected sale price of the land on which each home sits. This information was, however, included in the confidential Cabinet report which is sent to all members of Council.

**3. That the consultation process was not wide enough and that residents of other care homes should have been included.**

Since the Cabinet proposal was to close Bramblebrook it was decided that the consultation process should focus on Bramblebrook residents, their relatives and staff. Consultation about a possible closure is stressful in itself and we would not wish to place this stress on any individual in the absence of a clear proposal which would directly affect them. The consultation process included individual interviews with all residents, with their relatives as requested.

**4. That the information regarding the Council's need for residential care had been under-estimated or under-reported.**

The information that the need for residential care is reducing and the judgement that it will continue to reduce has been challenged. The number of residential placements supported by the Council has reduced every year over the past five years. Placement information to date indicates that this reduction is continuing this year. The reduction is shown in the table below.

	2002-3	2003-4	2004-5	2005-6	2006-7	% decrease
Without nursing	725	699	640	545	531	26.8
With nursing	474	495	515	535	457	3.6
Total	1199	1194	1155	1080	988	17.6

Additionally, it is important to note that the Commission for Social Care Inspection has highlighted the need to continue to reduce the use of residential care as a performance improvement objective for the Council. Derby still supports significantly more people in care homes than the best performing Councils. The difference between them and us is the level of intensive home based support services provided, and the availability of alternative housing options for older people, such as extra care.

**5. That the proposals for investment in alternatives were not clearly explained.**

In the original Cabinet report it was stated that savings would be used to develop alternative services for older people, including

- Dementia care services
- Extra Care housing
- More intensive support at home.

It has been suggested that additional capital is not required to achieve this, and that the donation of land alone would constitute the Council's contribution to an Extra Care development.

Advice from my Housing Division, based on information from the Housing Corporation, is that this is not the case. In order to develop an Extra Care facility the Council requires a registered housing partner (most likely Derby Homes or a Housing Association). The partners will then have to submit an application to the Housing Corporation for “in year funding”. In year funding applications are only likely to be successful if both land and additional capital contribution from the local authority are included.

The development of one or more of our existing residential homes as Dementia Care Specialist Resource Centres will have both capital and revenue implications. The models for such services emphasise the importance of a suitable physical environment for the range of services likely to be provided, including significantly increased day and respite care services. There will undoubtedly be capital requirements, the detail of which is currently being developed. To some extent the design will need to be influenced by the resource availability, however the current buildings will certainly require some capital investment if services are to be re-designed in this way.

Until the completion of further work on the future direction of the remaining Council homes we are unable to be more specific about exactly what will be invested where. However, we are clear that without capital availability the proposal to develop Arthur Neal / Lois Ellis as an Extra Care site is not viable, nor is the potential to re-develop one or more other care homes as Dementia Resource Centres.

It is important to appreciate that Derby is significantly under-provided in both extra care and dementia care facilities. The Council has not been able to provide corporate capital resources to support new developments in these areas.

The revenue savings from a home closure are also relevant. The 07/08 budget requires these savings to be made. The closure of Bramblebrook would generate between £80,067 and £157,259 of revenue savings pa, based on the difference between the cost of providing residential care at Bramblebrook and the cost of purchasing residential level care in the independent sector. This revenue saving will be invested in supporting more older people with intensive support to enable them to continue living at home, and in particular to extend dementia based services including day and respite care

**6. That Bramblebrook is the most efficient care home and hence should not be recommended for closure.**

This issue is covered in the point above. Based on the 2006/07 information, and comparing Bramblebrook with the 4 other comparable homes the revenue savings per home would be:

Home	Minimum revenue saving £'s pa	Maximum revenue saving £'s pa
Bramblebrook	80,067	157,259
Merrill	180,298	250,357
Perth	131,643	204,665
Raynesway	126,033	192,259
Arboretum	162,255	231,672

The above reflects the difference between the cost to the Council of providing a place in each care home in 2006/7; and what the cost would have been if the care home place had been provided in the independent sector. The minimum saving would be realised if all residents had high dependency needs, the maximum if all residents had standard dependency needs. As referred to earlier, this reflects a snapshot based on 2006/7 only and the detail for each care home will change, depending on particular occupancy and expenditure in that year.

Coleridge provides care over the level we would normally expect to purchase within our higher level independent sector rate.

Warwick provides services which are not currently available in the independent sector, and we would choose to provide intermediate care as an in-house service because of our partnership with the PCT, and the particular importance of this service.

Arthur Neal provides a significant level of day service which we would have to re-provide, ideally in the locality. There would be a significant cost to this.

**7. That no consideration had been given to the alternatives for Bramblebrook, particularly the possibility of developing an Extra Care facility on the site.**

The following options have been considered as an alternative for Bramblebrook.

a) Sale of the home as a going concern.

Estimates of the likely sale price of Bramblebrook as a going concern have been acquired, and compared to the sale price of the land only (including Humbleton View site). If Bramblebrook was sold to an independent care home provider the advice received is that the Council would realise significantly less in capital receipts that could be achieved by selling Bramblebrook and Humbleton View sites together. In addition, feedback from the vast majority of residents is that they wish to remain in a Council run care home and this would not meet their wishes. Also, this would be likely to be very unpopular with staff, as staff would be transferred to the independent provider via a TUPE transfer. There could be significant implications for them in doing so. This option has been ruled out on the basis that it would have a negative financial impact, a negative impact on staff, the capacity is not needed and it would not meet resident's wishes.

b) Develop Bramblebrook as a site for Extra Care Housing

It has been suggested that the Council could develop Bramblebrook as an Extra Care site by giving the land to the housing partner without contributing any additional capital. Our advice is, despite the potential value of the land, this is unlikely to be achievable. If it was, the provider would seek to make up any shortfall in an increased number of flats for sale at higher prices; hence limiting access for the wider population. There would be no capital receipt with which to develop dementia care resource centres and, additionally, the receipt from the sale of the Humbleton View part of the site is required for investment in modernised learning disability services which would then not be possible.

**8. The residents in Bramblebrook would be seriously adversely affected and that this had not been taken into account.**

We have been very aware from the outset of the likely impact on residents. Many local authorities, including Derby, and other providers have closed care homes over the years and there is research in this area. The consultation process itself is a stressful time for older people, when the future becomes less certain. If a decision is made to close a home the key priorities in terms of protecting the older person's well-being in this are:

- a) Individual planning, working closely with the older person and their family to identify the right option for them.
- b) Good preparation including visits to the alternative home, meeting staff and having choice over when the move takes place.
- c) Careful, personalised support once the move has taken place, especially in the first few months whilst the older person is growing accustomed to new surroundings.
- d) Moving with friendship groups.
- e) Moving with at least some familiar staff wherever possible.

We have been criticised for not undertaking a formal risk assessment prior to consultation, but this does not mean that we are unaware of the risks, nor that residents needs have been neglected. At this consultation stage it is important that residents are able to voice their opinions and concerns, and that staff are able to support them. This has been the case, and staff at Bramblebrook have been excellent in their support of residents. If the decision is to close Bramblebrook, then a key worker will be allocated to each resident and a risk assessment and care management plan put in place for each resident.

The impact on residents of the proposed closure of any of our homes would be the same. It is impossible to close a home with permanent residents without causing anxiety and distress to those residents. If we had elected to close Coleridge House it would have been potentially more harmful for residents given the particular high level of dementia needs of a group of residents.

The only home which could have been closed with less damaging effect on individuals is Warwick House, which has four permanent residents. The closure of Warwick House would necessitate re-provision and re-investment in intermediate care (£130k investment in 2003/04). The capital receipt would be significantly less, hence offering fewer opportunities for developing new services, and the receipt for the Humbleton View site would also be significantly less as it could not then be sold with Bramblebrook. Altogether, if the Council pursued this option it would be likely to receive significantly less in capital receipts. The capital receipt would be further eroded by the requirement to reinvest in intermediate care elsewhere. The low existing provision of residential intermediate care beds in the city is a major issue. Any action to destabilise this scarce resource in the city is untenable and would interrupt our joint working relationship with the PCT on intermediate care.

**9. That the consultation process had not been meaningful and the decision made in advance to close Bramblebrook due to the financial pressures in adult social care.**

The process itself demonstrates that the consultation process has been meaningful. Challenges have been received and the proposal referred to the Adult Social Care and Health Commission on two separate occasions.

The proposal to ensure that Bramblebrook residents are able to continue to live in a



Council run care home has been agreed as a direct result of the consultation process, as has the agreement to extend the timetable for closure and the commitment to supporting friendship groups to move together.

Financial pressures are a reality and we have been clear from the outset that the financial benefits, both capital and revenue, form the underlying reason for the proposed closure. The decision about which home is not solely based on financial reasons however, it has been stated as a relevant factor in the July Cabinet report and on all occasions subsequently.

#### **10. The alternatives to the closure of Bramblebrook were not fully explored and reported on.**

The initial cabinet report does list each of the homes and the factors which are relevant to each.

All of the information which is now available is summarised in Appendix 5 for completeness.

#### **2.4 Issues raised by Mr Taylor – Contribution to the consultation process**

Mr Taylor is a relative of a resident at Bramblebrook. He has been highly critical of the proposal to close Bramblebrook and of the consultation process itself. He has prepared a report which is provided as Appendix 4. The following sets out what appears to officers to be the principal points made by Mr Taylor (but councillors will wish to read his report and his letter of 29 December 2007, also at Appendix 4, in full). In the executive summary of his contribution to the consultation process Mr Taylor suggests that Bramblebrook should not be closed because

1. It is the most financially efficient council home with significantly better performance than the others in relation to
  - Length of service of staff
  - Occupancy
  - Overall financial efficiency

Mr Taylor maintains there is no business case for the closure.

2. It is the best in the city, rarely having a vacancy and usually having a waiting list.
3. The number of older people over the age of 85 in the area is going to rise steeply, with a 60% increase in the number within 20 years.
4. There will be growing demand for such facilities as life expectancy increases along with the number of people aged over 85 years; this bald fact cannot be disguised by a policy of avoiding making placements to homes such as Bramblebrook house.
5. The closure of a care home is known to damage the health of residents. A decision to close the home and the consequential enforced removal of residents would put the residents at risk.
6. It is the home of choice for current residents, closure would be contrary to the councils obligation to work with older people around their home of choice.
7. It has a family like community comprising of residents and staff. It is an example of how a healthy, safe and independent community can be achieved through commitment to caring for people.

8. To close it risks serious breach under the Human Rights Act.
9. Closure of the home and sale of the land would be asset stripping of the most callous kind. The council would get the money the vulnerable elderly would pay the price.
10. Closure of a council run care home would create greater demand in the private sector and serve to protect profits made by such homes in the future.

In addition, Mr Taylor makes the following formal objections in his executive summary to the way the process has been handled

- The failure to provide full disclosure of relevant information, despite repeated requests for it ever since the possible closure was announced
- The fallacy of using falling demand as a reason for closing the home. Mr Taylor asserts that the truth is that the council set performance targets to place fewer people in residential care, not that there is any less demand
- The serious inadequacies of the imposed consultation process
- The rejection of a proactive suggestion to form a focus group to enable the consultation process to progress
- The many deficiencies of the options appraisal paper which formed the basis for the cabinet decision to consult on the possible closure
- The unbalanced presentation of information and demonstration of muddled thinking. Any crumb of evidence to support closure is emphasised, and information that may point to the contrary is qualified to nullify its effect
- The insensitivity shown when communicating with residents
- The failure to exhibit behaviour in line with the espoused values

This report addresses other points that Mr Taylor develops in his full report.

1. Bramblebrook is the most financially efficient council home with significantly better performance than the others in relation to

- Length of service of staff
- Occupancy
- Overall financial efficiency /cost per bed

Mr Taylor maintains there is no business case for the closure.

Mr Taylor makes the case for Bramblebrook House as offering continuity for residents as staff at Bramblebrook have the highest average length of service of all our care homes. However, the lowest average length of service in any of our care homes is over 5 years, well in excess of the average length of residence of a resident. This is not therefore a reason to differentiate Bramblebrook from any of the other homes.

Occupancy was high at Bramblebrook in 06/07 It was explained to Mr Taylor that this changes from year to year and therefore has to be considered in this light. The occupancy levels for previous years as referred to earlier illustrate this fact.

Overall efficiency – please see earlier comments.

2. It is the best in the city, rarely having a vacancy and usually having a waiting list

Bramblebrook is a good quality care home, as are our other care homes. The inspection reports from CSCI demonstrate the comparability between homes. Please see a summary of standards met in all our` care homes at Appendix 4

3. The number of older people over the age of 85 in the area is going to rise steeply, with a 60% increase in the number within 20 years

The population data is fact. The interpretation about what it means is not. The population has been rising in recent years and the number of people supported by the Council to enter residential care is falling. The majority of people do not consider entering a residential care home as their first choice, more and more people want to stay in their own homes or live in an environment that offers maximum independence. CSCI demand we reduce the number of people we place in the residential sector. This is the challenge in relation to the growing population.

4. There will be growing demand for such facilities as life expectancy increases along with the number of people aged over 85 years; this bald fact cannot be disguised by a policy of avoiding making placements to homes such as Bramblebrook House.

This is a similar point to the population growth point. The experience of staff working in this field is that older people want to stay at home wherever possible. Nationally the number of older people entering care homes is falling in every local authority as expectations and opportunities change. In order for different options to be available for older people in the future we need to invest in their development now.

5. The closure of a care home is known to adversely influence the health of residents. A decision to close the home and the consequential enforced removal of residents would put the residents at risk

There is evidence to suggest that moving to a new care home can potentially place older people more at risk than would otherwise be the case. The Council accepts this. Research evidence suggests any moves must be well planned and well co-ordinated, in these circumstances the risk to individuals will be minimised. We are advocating assigning a worker to each resident to facilitate moves in accordance with best practice. Moving with friends is shown to reduce risk.

This is why the decision to close a care home is such a sensitive and difficult one.

6. It is the home of choice for current residents, closure would be contrary to the Council's obligation to work with older people around their home of choice

The home of choice directive applies to the choice of placement, within the placements available and at the local authority contracted rate. The closure of a care home is not contrary to the choice directive as the council only has the obligation to provided choice within the parameters of what is available, and within the contracted price arrangements. Bramblebrook, if closed, would cease to be an available choice.

7. It has a family like community comprising of residents and staff. It is an example of how a healthy, safe and independent community can be achieved through commitment to caring for people.

Yes, it does, and so do our other care homes.

8. To close it risks serious breaches under the Human Rights Act

Please see section 2.5 below.

9. Closure of the home and sale of the land would be asset stripping of the most callous kind. The Council would get the money the vulnerable elderly would pay the price.

This is Mr Taylor's opinion. The intention is to reinvest in older people's services of the future, whom may be equally vulnerable. The Council has committed to putting the capital and revenues savings into older peoples services and the development of new or extended services.

10. Closure of a Council run care home would create greater demand in the private sector and serve to protect profits made by such homes in the future.

It is significantly more cost effective for the Council to purchase residential care placements through the private sector than to directly provide. In the short term there will be more placements made in the independent sector, and as alternatives become more widely available and more and more people are supported to remain at home this will change again. The fact remains that, if the council does need to provide residential care for an individual, it is more cost effective to do so through the use of an independent sector placement and that 75% of people supported by the Council to live in care homes, live in independent sector care homes.

One advantage of the independent sector, not available in Council care homes, is the higher likelihood that a further move may not be necessary as a result of increased needs, if the placement is in a care home which also provides nursing level care.

The Consultation process;

- The failure to provide full disclosure of relevant information, despite repeated requests for it ever since the possible closure was announced.

Mr Taylor requested land values and the reason why these could not be provided was explained. Mr Taylor again raises this in his submission.

At a meeting with Mr Taylor as part of the consultation process Mr Taylor requested detailed budgetary and staffing information for each of the 8 care homes over the past 5 years. Mr Taylor refers to being told that annual accounts were not available for each of the homes. Mr Taylor was told that this information was not available in this form, and discussion about what information Mr Taylor wished to access and why took place. This was not with an intention to obscure or withhold information, but in order to clarify what Mr Taylor wanted, and draw Mr Taylor's attention to any issues relating to the use of this information. Mr Taylor was provided with budgetary information for each of the homes for 06/07, together with staffing turnover information as requested. This was with Mr Taylor's agreement. Although I am not aware of any specific pieces of information which Mr Taylor considers relevant which have not been provided, I am aware that he continues to believe that information has been either deliberately withheld or should have been available and was not.

- The serious inadequacies of the imposed consultation process

The consultation process has been active and many people have become involved. Individual discussions have been held with all residents and the issue has been

debated at length, including through the Adult Health and Social Care Commission.

- The rejection of a proactive suggestion to form a focus group to enable the consultation process to progress

Mr Taylor did make this suggestion and it was not taken up, on the basis that different people have different questions at different times. There were two public meetings held by Councillor Hussain as part of the process, access to individual discussion and considerable opportunity for people to ask questions and contribute to the consultation process.

- The many deficiencies of the options appraisal paper which formed the basis for the cabinet decision to consult on the possible closure

The Cabinet paper is referred to in section one of this report.

- The unbalanced presentation of information and demonstration of muddled thinking. Any crumb of evidence to support closure is emphasised, and information that may point to the contrary is qualified to nullify its effect

This is Mr Taylor's personal view.

- The insensitivity shown when communicating with residents

Mr Taylor suggests that no effort was made for relatives to be with residents when the decision to consult on the closure of Bramblebrook was first communicated. This is the case, but this was not due to insensitivity but logistics. We were aware of the likely distress that this would cause residents therefore we were very careful that the possibility should not be widely known prior to the Cabinet meeting on 31 July, on the basis that cabinet may not have agreed with the recommendation. Following Cabinet it was likely that the decision would become publicly known very quickly as the Cabinet report including the recommendation had gone to all elected members. We therefore considered it imperative that residents heard about the proposals first from senior council staff before the news leaked out. It was therefore decided to meet with all residents on the morning following the Cabinet decision. On the same day all relatives were contacted by telephone so that they could arrange to visit and support their relative. Staff were on hand to support residents.

We do accept that all letters should have been personally addressed and this has been rectified.

In terms of the effect on residents, we would not wish to deny that this is an anxious time and distressing for some. However, staff have supported residents with professionalism and sensitivity.

- The failure to exhibit behaviour in line with the espoused values.

This is Mr Taylor's personal view.

2.5

The challenge that any imposed move on the residents would involve a breach of their rights under the Human Rights Act 1998 or a breach of a legitimate expectation that they are entitled to a home for life at Bramblebrook.

In this regard, solicitors acting for residents have set out their representations on these

issues in correspondence which is set out in Appendix 3.

*(a) Human Rights Act 1998*

Article 8(1) of the European Convention on Human Rights (“the Convention”) provides that everyone “has the right to respect for his private life, his home and his correspondence”

Article 8(2) of the Convention provides that interferences are justified only if permitted by law, and if they are measures necessary in a democratic society to meet a pressing social need and are proportionate to the aim being pursued. Legitimate aims include the economic well-being of the country or the protection of the rights and freedoms of others.

Cabinet is advised to proceed on the basis that closure of Bramblebrook may involve an interference with the right to respect for the residents’ home or private life and would need therefore to be justified under Article 8(2): (See the letter of 21 December from the Smith Partnership which sets out references to European Court case law including the recent decision of *Stankova v Slovakia*). In that regard, the courts have accepted that closures based on the need to ensure the effective use of resources to ensure the provision of services for older persons’ generally, in circumstances where all residents will be offered suitable alternative accommodation, is capable of amounting to a justification for the closure: see *R (Phillips) v Walsall Metropolitan Borough Council* judgment 26 April 2001, and *R (Dudley) v East Sussex County Council* judgment 16 April 2003.

In the present case, the justification for closure of a home has been set out above. The justification for selecting Bramblebrook is similarly set out above. All the residents will be provided with suitable alternative accommodation. In the present circumstances, officers consider that the closure of Bramblebrook and the transfer of the residents to alternative accommodation would not breach the residents’ rights under Article 8 of the Convention.

Solicitors for the residents have also raised the issue that the transfer of residents may involve a breach of their right to life under Article 2 of the Convention: see the letter from the Smith partnership dated 29 December 2007. Officers are aware that the possible closure of Bramblebrook will have caused distress and anxiety to individuals and have been conscious to minimise that distress wherever possible, to consult residents and to re-assure them that they will be provided with alternative accommodation. There is no plausible evidence to suggest that the transfer of any residents to alternative accommodation will shorten their life expectancy or that there is real and immediate risk that that would be the case if Bramblebrook closed and the residents were provided with alternative accommodation.

*(b) Legitimate expectation of a home for life*

Bramblebrook has offered long term care placements for many years. When a resident moves to Bramblebrook s/he is clear that, following any trial period, the intention is that it will become their home and that they will live there (as opposed to staying for a short time) . It is intended that this is the person’s home on a long term basis, and indeed for some people this will be for the rest of their life. However, this is not a promise or a guarantee. On entering the home staff reassure people that this is their home now and assist them to feel at home and comfortable within it. This does not imply that there is

guarantee that the person will live at Bramblebrook for the rest of their life.

On entering the home no one is told that this is a home for life and that it will be their home for the rest of their life. Indeed, it would not be feasible to make such a promise. Bramblebrook is a residential care home, and as such, if a person's needs increase it can be the case that they can no longer live at Bramblebrook and will need to move to live in a care home with nursing. This is not an unusual occurrence. Over the past 30 months 24 people have moved from Bramblebrook to another care home, almost always a care home with nursing. All residents will know people who have moved for this reason. It is the most common reason for a vacancy occurring at Bramblebrook. There is no written guarantee given to residents that they can stay at Bramblebrook for the rest of their lives.

The assertion made by the Smith Partnership in their letter of 23 November, attached at Appendix 3, is that four residents were assured that Bramblebrook would be their permanent home, and that that is "a snapshot" of the evidence that they have received from the majority of residents. In one case, it is said that, in July 2007, when one particular resident, Betty Bateman, (already living at the home) was upset, a care worker by the name of Gillian reassured her that Bramblebrook would be her home for life and that she would never be asked to leave. All staff are aware that many residents of residential care homes are, unfortunately, required to move to nursing level care as their care needs increase. There is no available evidence to suggest that a lawful promise of a home for life has been given to any resident. Corlette, the home's manager, readily accepts that she may have used phrases like "This is your home now" and "Treat this as your home while you are here", but not that she would have used the phrase "home for life". It has not been possible to confirm what was said. The vast majority of residents signed our terms and conditions, which do not promise a "home for life". They make it clear that residents were given a licence, not a tenancy, and would not acquire the rights of a tenant. They do provide for the agreement to be terminated, although they do not anticipate the closure of the home as being a possible reason for termination.

First, Cabinet should take into account what was said to residents and should taken into account the fact that residents may have assumed that Bramblebrook would be their permanent home. That factor would then need to be weighed against the other factors justifying closure of a home and that home being Bramblebrook. For the reasons set out below, officers do not consider that the residents were promised a home for life. Nonetheless, Cabinet should weigh the case for closure against the interests and wishes of the residents, taking into account what was said to the residents.

Secondly, in certain circumstances, a person may have been promised a home for life, i.e. he or she will have been expressly assured that they will be able to stay at a particular home for as long as they want. The courts have indicated that an assurance of a home for life needs to be clear and unequivocal and the evidence must be convincing. In one of the cases where a closure decision was successfully judicially reviewed (Rota Bodimeade v LB of Camden) the council's stated policy was "that the homes function as a home for life except where a change in a resident's condition means that this is no longer possible." Their residents' handbook also had a heading: "A Home for Life."

Another successful judicial review (R v Merton, Sutton & Wandsworth Health Authority ex parte Geoffrey P) concerned a long stay hospital for persons with learning disabilities. Most residents had lived there for 20 or 30 years and were, on average

“about 40 years old with a mental age of 2 years and would not be able to live without 24 hour protection and supervision.” The longest serving resident at Bramblebrook House has been there since November 1998 and he is the only one admitted before 2000. The service users in the case were more vulnerable than residents at Bramblebrook House. One indicator of this was that, even when relocated elsewhere on the same site, “some found this distressing and very unsettling.” A consultant psychiatrist at the hospital had told the parents of one of the people placed there that he would have a home for life, and they had acted as a result of his promise. (Although the psychiatrist had since died the court decided it was 90 per cent plus probable that he had offered a home for life). The Chairman of the Parents Staff Association had confirmed in minutes of a meeting that residents had a long term home. A parent present at the meeting understood from this that the residents would have a home for life. A letter to an MP said that residents would not be relocated against their will, or against the will of their families, until the hospital ceased to be financially viable. All of this led the court to find that “the hospital authorities led the families to believe” they “would provide for its residents a home for life.”

The evidence produced to us so far in support of the “home for life” argument is not as strong as that in the cases where such a promise has been held to have been given. We consider that no convincing evidence has been adduced to establish that the residents have been given a clear and unequivocal promise that Bramblebrook would be their home for life. Even in the case of Mrs Bateman, where that phrase was allegedly used, it was used by a care worker comforting Mrs Bateman in a time of distress. The statement was not made to persuade Mrs Bateman to give up a home and move to Bramblebrook. There is no evidence that the care worker would have any authority to make promises committing the Council to keeping the home open for so long as Mrs Bateman was alive and wished to live there.

Where a promise of a “home for life” is made, then, according to the Court of Appeal in R v North and East Devon Health Authority ex parte Coughlan “there are at least three possible outcomes. (a) The court may decide that the public authority is only required to bear in mind its previous policy or other representation, giving it the weight it thinks is right, but no more, before deciding whether to change course ... (b) On the other hand the court may decide that the promise or practice induces a legitimate expectation of, for example, being consulted before a particular decision is taken ... (c) Where the court considers that a lawful promise ... has induced a legitimate expectation of a benefit which is substantive ... the court will ... decide whether to frustrate the expectation is so unfair that to take a new and different course will amount to an abuse of power. Here, once the legitimacy of the expectation is established, the court will have the task of weighing the requirements of fairness against any overriding interest relied on for the change in policy.”

If Cabinet conclude that the Council have made a promise to any resident that Bramblebrook would be that resident’s home for life, then Cabinet will need to take that promise into account. If so, they should be satisfied that it would not be so unfair to the resident or residents to go back on that promise before they conclude that closure of Bramblebrook is appropriate. Put differently, there should be a legitimate aim justifying departing from that promise and doing so should be a proportionate course of action.

In that regard, officers do not consider that the evidence does establish a promise of a home for life. Cabinet will need to consider if they agree with that assessment.

If Cabinet considers that a promise of a home for life was made (or intends to proceed on that assumption), then officers consider that the oversupply of places in elderly care



homes, and the desire to manage resources efficiently and to release resources for use for elderly persons' services does provide a legitimate reason for closure. The closure of Bramblebrook would be proportionate. For the reasons given above, that home is the most appropriate home for closure. Further, and importantly, all residents would be provided with alternative suitable accommodation. In all the circumstances, it is considered that it would not be unfair to close Bramblebrook, even if a promise of a home for life had been made, so long as suitable alternative accommodation is made available. Put differently, that would be a proportionate course of action designed to pursue a legitimate aim.

In addition, it is also noteworthy that no resident has been rushed into finding an alternative home and significant time would be allowed for alternative provision to be chosen by residents, including with friendship groups and alternative Council run accommodation, if the decision to close is taken.

### *Additional Matters*

There is no breach of duty in not making psychological and risk assessments in respect of the effect on the applicants of the transfer to new homes. The general principle is that such assessments may be necessary when deciding on a placement for the resident elsewhere and deciding what home would be suitable for the resident, but not when making the decision on closure.

## **Consultation on Possible Closure of Bramblebrook**

### **Process and Feedback**

#### **1. SUMMARY**

In August 2007 we asked all stakeholders for their views on the proposal to close Bramblebrook House care home for older people and reinvest capital receipts in Extra Care Housing and specialist dementia provision.

The Court of Appeal has held that there are four elements to a proper consultation of this sort: "First, that consultation must be at a time when proposals are still at a formative stage. Second, that the proposer must give sufficient reasons for any proposal to permit intelligent consideration and response. Third, that adequate time must be given for consideration and response and finally ... that the product of consultation must be conscientiously taken into account in finalising any ... proposals."

This report details feedback on the consultation itself. Feedback on the product of consultation is incorporated in the prior reports.

#### **2. PROCESS**

- The consultation was "project managed" at a senior level by the Assistant Head of Direct Services for Older People. A consultation plan was developed and monitored regularly.
- The consultation began on 1 August 2007. All residents, all staff and all relatives had been informed by 10am on 2 August 2007.
- Each resident (39), staff member (26) and main involved relatives or friends (42) were given a letter outlining the reasons why the council was consulting on possible closure, reflecting the main themes of the 31<sup>st</sup> July Cabinet Report. The duration of the consultation period was also specified.
- Once commercially sensitive material had been removed, the full Cabinet Report was made available to all stakeholders from August 22<sup>nd</sup>. A letter was sent out to each person confirming this.
- Residents, family members and involved friends were interviewed in accordance with their wishes over the first six weeks of consultation and their opinions were recorded.
- Residents were asked whether they would like independent advocacy. A list of those who did was passed on to Age Concern.
- Staff members were offered the opportunity to individually meet with the Service Manager and a senior Human Resources officer. The trade unions were informed. Staff were informed there would be no compulsory redundancy in the event of closure.
- Residents were also given opportunities to discuss the implications of the proposals at Residents Meetings where minutes were noted and circulated.
- A list of Frequently Asked Questions was circulated in writing to all residents, staff members and involved relatives or friends on 5<sup>th</sup> September 2007, after the first wave of consultation.
- The Cabinet Member for Adult Services attended Bramblebrook on two occasions in the consultation period. The first meeting was focused upon residents. Residents, staff and relatives / friends were invited in advance to the second meeting.

- As part of the proper political process, the Overview and Scrutiny Commission considered the Cabinet decision to consult on the possible closure. They took views from key stakeholders and delivered a report and recommendation on 29<sup>th</sup> October 2007.
- A survey was also carried out of older people in sheltered housing in Derby; to test out the hypothesis that Extra care Housing was more attractive to them than residential care should their needs begin to increase.

### 3. FEEDBACK FROM RESIDENTS

Bramblebrook residents were asked whether they agreed that a Council home for older people in Derby should be closed, and if so whether it should be Bramblebrook. The table below represents their responses to these direct statements.

	<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
<b>We should close a council home in Derby</b>	0	0	3	4	31
<b>If so – it should be Bramblebrook</b>	0	0	1	4	34

It is clear from the above that the vast majority of residents and relatives were strongly against closing Bramblebrook and against closing a home at all.

There were frequent comments about the high quality of the home, the excellence of the staff group and the friendships that residents had made since they had moved in.

- “Bramblebrook is a life-saver for me, the staff are superb and I have made many friends. I would be devastated if I had to leave”
- “I have no family, my only friends are here, they are my family. I want to stay here – this is my home”

Some also emphasised their local connections:

- “Not only would I be leaving my friends but it would also make it difficult for my daughter to visit, as she has to rely on public transport”

It was also clear that residents found the proposal to close the home and the consultation process itself extremely stressful.

- “We feel like a bag of refuse that can be thrown anywhere, they are so cruel and wicked for doing this”

Residents, like many other stakeholders, felt that the main motivation for the closure was financial.

- “Bramblebrook is always full and popular, so why close it? The reason is simple – prime building land”

Residents understood that the numbers of older people were increasing. They did not have confidence that community care would absorb the additional service demands, and felt the Council should be increasing residential care rather than decreasing it.

- “As for the myth that older people prefer to remain in their own home with visits from council staff – my relative could tell you it just doesn’t work. It is hardly surprising, given that home helps etc are being cut back”

Smith Partnership Solicitors were instructed by thirty Bramblebrook House residents and raised the following concerns:

- The declining demand for residential care in the city as a whole was immaterial to Bramblebrook House as it was virtually full
- Age Concern had reported there were only 11 unused beds at other care homes in the Mickleover and Littleover areas
- The home was in close proximity to the hospital and therefore convenient for residents with access needs
- The wishes of residents were not sufficiently weighted, especially in view of “the expectation on the part of all our clients, and promises given to some of them, that it would be their home for life”
- “Hardly any other Home provides ‘specialist care’, so Bramblebrook is in no worse position than most other Homes in the area”
- The good condition of the building precluded closure

#### **4. FEEDBACK FROM RELATIVES AND FRIENDS**

Relatives and friends also emphasised the high quality of Bramblebrook:

- “Bramblebrook is an excellent quality care home with long standing staff who promote, and are part of, the caring community of the home, and it should remain open for that reason”

There was some strong assertion on the basis of information requested that Bramblebrook was the most efficiently run of all Council care homes:

- “There is no business case for its closure”

Relatives and friends were also concerned for the well-being of residents, and the affect that closure would have:

- “Residents of Bramblebrook are old and frail and should not be subjected to the distress and disruption of moving, which research shows can hasten illness or earlier death”

Several commented that they had not been consulted with properly, either because of the number of opportunities they had to make their view known, or because they felt information was not forthcoming, or because the opportunity to speak with Councillor Hussain came too late in the process.

Other comments reflected the residents’ feedback given above: the increasing numbers of older people that would sustain future demand, the residents’ expectations around their Home of Choice, the perception that financial concerns were paramount.

There were also comments that the Bramblebrook site could evolve into providing the specialist services that it currently lacked: dementia care and Extra Care Housing being given as examples.

- “The lack of specialist services is due to the Council not putting them into Bramblebrook. The Council should do a feasibility study into providing such services”

There was some thought that Bramblebrook could be preserved by the Council selling it as a going concern although doubts were expressed about any guarantee this would bring for the future.

There was also concern that closure “would create greater demand in the private sector and serve to protect profits made by such homes in future”.

## **5. FEEDBACK FROM STAFF**

25 staff made individual consultation appointments. They responded in the main with concern for residents and the stress of the situation.

- “My heart goes out to the residents”
- “I’ve been through this before. I sat with the very last resident at Rykneld who was awake all night worrying, it was horrible”

There was considerable pride about Bramblebrook:

- “I view Bramblebrook as a flag-ship for Social Services homes. Closure would be a short-term gain for a long-term loss”

Staff were also concerned for their own future:

- “I feel very sad, it’s a job I enjoy”
- “I love it, there’s such good rapport. I don’t want it to close”

There was some feeling that any change ought to seek to benefit older people in some way:

- “If the money raised went directly into older people’s services it wouldn’t be so bad”

## **6. TRADES UNIONS**

UNISON submitted a series of questions by email that they felt reflected the main issues raised by their members. These were:

- What is going to happen to me?
- Am I going to be made redundant?
- Who will pay my travel costs?
- I would like to know when we carried lots of vacancies at Bramblebrook?
- Is the closure purely money motivated?
- Why are the council being so cruel to up root the elderly?
- Will residents get choices as to where they go?
- When will someone see sense and change their minds?
- Have the committee who are making the decisions visited the home for themselves?

## **7. FEEDBACK FROM OTHER INTERESTED PARTIES**

A total of 41 people sent in letters and one sent an email. All were responded to in writing. Concerns raised were similar in nature to those from residents and family or friends already described.

Age Concern also organised a petition with 4,038 signatures under the heading: "Please sign to support the residents of Bramblebrook House Residential Home in Mickleover. These residents are facing the possible closure of their home by Derby City Council in order that they can sell the land the home sits on".

## **8. REPORT OF THE ADULT SERVICES AND HEALTH COMMISSION**

The Commission considered evidence from a range of individuals including the Cabinet Member for Adult Services, Senior Assistant Director for Adult Social Services, relatives and friends of the residents of Bramblebrook House, Derby Seniors Forum and Age Concern Derby. The Commission also looked at information about population projections, demand for residential care, Adult Social Services eligibility criteria, strategies for addressing the future needs of older people, the cost differential between Council-run and independent sector care homes and any distinctive features of each of the Council's care homes.

Recommendations made by the Commission on the basis of this evidence were as follows:

- The Commission accepts there is a case for closure of one home but does not believe this should be Bramblebrook as it has recently been modernised and there are other homes in far worse condition
- Should the Council Cabinet decide to close a home, this should not be carried out quickly because closures place a great amount of stress on the residents affected who should be given the time and support they need to find suitable alternative homes
- The Council should retain a strategic level of in-house provision proportion as experience shows that fees in the independent sector can raise dramatically if there is no competition
- There seems to be significant nervousness in people wishing to be placed in the independent sector and therefore Council should work alongside care providers to promote the positive attributes of independent sector

The Commission drew further conclusions which were not stated as recommendations but are nonetheless significant:

- "Evidence shows that older people increasingly want to live independently with dignity. They want en suite facilities, freedom to cook what they like and when they like and to have complete control to their front doors. It was apparent that none of our existing residential homes provide all of these facilities and are therefore not fit for purpose".
- "It is evident from visits to the Councils care homes that more and more people are entering the service with higher levels of needs than in the past".
- National and local evidence shows that dementia is on the increase and our only secure unit has 12 places which is totally inadequate for the scale of the needs in the city. The Council therefore needs to reorganise its services to meet this growing need".
- "The Commission recognises the Council's duty to provide value for money especially as there are significant differences in the cost of provision between in-house and the independent sector. It also feels that we should offer choice between in-house and the independent sector, especially as users seem to have a higher level of confidence in the council run provision".

- “[T]here does not appear to be sufficient vacancies in the combined sectors to cater for all residents, especially in the Council run homes in order to give meaningful choice to the residents”.

## **9. SURVEY OF SHELTERED HOUSING SCHEMES**

A survey of residents of sheltered housing was carried out during the consultation period, establishing the factors that respondents most valued about their housing. 51 people aged 55 and upwards were surveyed, the largest proportion being in the 75 to 84 bracket. The opportunity was taken to also ask them to consider their preferred choice of future accommodation, should their needs increase to a level where they could not stay in their current tenancy.

38 people (74%), chose Extra Care and 10 (20%), chose Residential Care. 6% did not make a choice. The main reason for the Extra Care preference was given as the greater independence that it would offer.