

Cabinet

DOCUMENTS FOR THE MEMBERS ROOM

Tuesday, 16th July, 2019
at 4.30 pm

MEMBERS ROOM DOCUMENTS ATTACHED TO THE
LISTED REPORTS

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MEMBERS ROOM DOCUMENTS

Monday, 8 July 2019

SERVICE DIRECTOR, LEGAL AND GOVERNANCE

The future of Glen Lee and Holcroft House Residential Homes – Consultation feedback and response

Contents

Introduction2

Aims 2

Consultation principles..... 2

Consultation methodology.....3

 Questionnaire3

 Advocacy.....4

 Meetings.....4

 Additional feedback channels.....4

 Promotion and communication.....4

Part 1 – Summary of Consultation Feedback6

Overall respondents 6

Questionnaire quantitative feedback..... 6

 Breakdown of questionnaire respondents6

 Agreement or disagreement with the council commitments9

 Agreement or disagreement with the preferred option to close both Holcroft House and Glen Lee.....10

 Impacts 11

Qualitative written feedback from questionnaires, letters and emails.....12

 Comments expressing agreement or giving suggestions relating to the proposed changes12

 Comments expressing disagreement or giving suggestions relating to the proposed changes13

 Comments on the potential negative impacts of the proposed changes.....21

Public engagements, meetings and verbal feedback.....25

Petitions 27

Feedback on the consultation process 27

Conclusion 28

Part 2 – Consideration of the Consultation Feedback.....29

Summary.....29

Background29

Consultation.....30

Alternative Options Considered and Rejected.....31

Detail.....32

Financial.....33

Legal.....33

Introduction

1. Southampton City Council ran consultations on a range of budget proposals for 2019/20. As a part of this, the council sought views on a specific set of proposals regarding the future of Glen Lee and Holcroft House residential care homes. The consultation ran from 17 October 2018 to 16 January 2019.
2. As a result of reductions in funding from central government, Southampton City Council has made £136.4 million savings over the last seven years and needs to make another £15.05 million savings by 2020/21. Income from the Council Tax covers 17% of total council expenditure (excluding Housing Revenue Account expenditure and schools expenditure) and the revenue support grant funding the council receives from central government will be reduced by 54% over the medium term. At the same time as having to make further savings, demand for council services – particularly those for vulnerable children and adults – continues to increase year-on-year.
3. Southampton City Council residential care services for older people and older people with dementia are currently provided at Glen Lee, Wavell Road, Southampton, SO18 4SB and Holcroft House, Holcroft Road, Southampton, SO19 6HA. Although demand for adult social care is increasing, the demand for the type of care provided at Glen Lee and Holcroft House is decreasing. Many of the council's social care clients want to continue living at home for as long as possible, or to access alternatives like Housing with Care or Shared Lives schemes, rather than go into a residential care home.
4. This report summarises the aims, principles, methodology and results of the public consultation. It provides a summary of the consultation responses both for the consideration of decision makers and any interested individuals and stakeholders.

Aims

5. The aim of this consultation was to:
 - a. Communicate clearly to residents and stakeholders the proposals for the future of care homes run by the council in the city.
 - b. Ensure any resident, business or stakeholder who wishes to comment on the proposals has the opportunity to do so, enabling them to raise any impacts the proposals may have.
 - c. Allow participants to propose alternative suggestions for consideration which they feel could achieve the objective in a different way.
 - d. Provide feedback on the results of the consultation to elected Members to enable them to make informed decisions about how to best progress.
 - e. Ensure that the results are analysed in a meaningful, timely fashion, so that feedback is taken into account when decisions are made.
6. The consultation was not a vote, it enabled participants to read about the preferred option, answer questions and make comments that will enable the final decision to be made. Decision makers need to consider the representations made during the consultation period but a majority view will not necessarily dictate the final decision. It is also important to note that the consultation is one element of the suite of reports that will feed into the final position.

Consultation principles

7. The council takes its duty to consult with residents and stakeholders on changes to services very seriously. The council's consultation principles ensure all consultation is:
 - a. Inclusive: so that everyone in the city has the opportunity to express their views.

- b. Informative: so that people have adequate information about the proposals, what different options mean, and a balanced and fair explanation of the potential impact, particularly the equality and safety impact.
 - c. Understandable: by ensuring that the language used to communicate is simple and clear and that efforts are made to reach all stakeholders, for example people who are non-English speakers or disabled people.
 - d. Appropriate: by targeting people who are more likely to be affected and using a more tailored approach to get their feedback, complemented by a general approach to all residents, staff, businesses and partners.
 - e. Meaningful: by ensuring decision makers have the full consultation feedback information so that they can make informed decisions.
 - f. Reported: by letting consultees know what was done with their feedback.
8. Southampton City Council is committed to consultations of the highest standard, which are meaningful and comply with the following legal standards:
- a. Consultation must take place when the proposal is still at a formative stage
 - b. Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response
 - c. Adequate time must be given for consideration and response
 - d. The product of consultation must be carefully taken into account.
9. Public sector organisations in Southampton also have a compact (or agreement) with the voluntary sector in which there is a commitment to undertake public consultations for a minimum of 12 weeks wherever possible. This aims to ensure that there is enough time for individuals and voluntary organisations to hear about, consider and respond to consultations. It was felt that a 12 week consultation period would be the best approach.

Consultation methodology

10. Deciding on the best process for gathering feedback from stakeholders when conducting a consultation requires an understanding of the audience and the focus of the consultation. It is also important to have more than one way for stakeholders to feedback on the consultation, to enable engagement with the widest range of the population. Previous best practice was also considered in the process of developing the consultation methodology.
11. The agreed approach for this consultation was to use a combination of online and paper questionnaires as the main basis, supported by a range of meetings with those directly affected. Feedback was also received through email, letter and via advocates of the residents.
12. It was felt that due to the sensitivity of the consultation it was important to provide face to face contact with consultees to provide clarity and answer any questions. The drop-in or stakeholder sessions were designed to both increase awareness of the consultation but also to answer questions and explain some of the more technical elements to specific stakeholder groups.
13. This approach of open consultation, supported by a wide range of communications ensured that as many people as possible were aware of the issues and could have their say if they chose to.

Questionnaire

14. The main vehicle for gathering feedback through the consultation was a combination of online and paper questionnaires. Questionnaires enable an appropriate amount of explanatory and supporting information to be

included in a structured questionnaire, helping to ensure respondents were aware of the background and detail of the proposals. It was deemed the most suitable methodology for consulting on this complex issue.

15. Paper copies of the questionnaire were made available in Southampton Civic Centre reception and all Southampton libraries as well as at public consultation events and in the homes themselves.

Advocacy

16. To support the consultation activity and to ensure that the residents of the homes could share their views, the council employed Choices Advocacy an independent advocacy organisation. They met one to one with the residents of either home who wanted support to respond to the consultation. In total 29 people used this service and responded via Choices Advocacy.

Meetings

17. To allow people the opportunity to ask questions and respond face to face a total of seven public meetings, staff meetings and stakeholder meetings were organised and a total attendance of over 130 across these. The first of these meetings was a pre-consultation briefing for the families of residents so they were made aware about the proposals and how they could get involved with the consultation as early as possible.

Additional feedback channels

18. Any emails addressed to senior officers or Cabinet members were collated and analysed as a part of the overall consultation.

19. Respondents to the consultation could also write letters to provide feedback on the proposals.

Promotion and communication

20. Throughout the consultation, every effort was made to ensure that as many people as possible were aware of the budget proposals and had every opportunity to have their say.

21. Particular effort was made to communicate the proposals in a clear and easy to understand way. This was achieved by including key information within the questionnaire and signposting to a wide range of supporting information. This included the following which were hosted on a focused area of the council website.

- a. Information sheets
- b. Equality and Safety Impact Assessments
- c. Questionnaire
- d. Supporting information for the three parallel consultations

22. For the duration of the consultation paper versions of the consultation questionnaire were available in libraries and council offices. Paper copies of the questionnaire or alternative format versions could be obtained on request.

23. At the start of the consultation a media release was issued.

24. The council also wrote to all the residents or their representatives at the start of the consultation.

25. The budget consultations were included in 8 Southampton City Council e-alerts. The total reach of these e-alerts was in excess of 30,000. These e-alerts resulted in 810 clicks through to further information and the questionnaire.

26. With regard to social media a combination of Twitter and Facebook promotion was used, there were five posts about the overall budget consultation on Facebook with an overall reach of 37,033. There were a total of 17 tweets about the overall budget which had a total reach of 32,948. In addition to this there were three further tweets on the future of care home consultation with a reach of 5,101 and three specific Facebook posts with a reach of 7,284.
27. To support the external promotion of the consultation there were also activities to make staff of Southampton City Council aware of the consultation, internal emails and promotion on staff webpages.

Part 1 – Summary of Consultation Feedback

Overall respondents

28. Overall, there were 380 separate written responses to the consultation.

29. The majority of responses were received through the consultation questionnaire; 320 in total. Additional written responses were also received through emails and letters. The breakdown of all written responses is shown within table 1 below.

Feedback route	Total number of responses
Questionnaire (Paper and online)	320
Letters or emails	53
Feedback received through the overall budget questionnaire	7
Total	380

Table 1

30. In addition to written responses to the consultation, there were a number of public engagements and meetings in which verbal feedback was provided.

31. All written and verbal feedback received is summarised within the following sections.

Questionnaire quantitative feedback

Breakdown of questionnaire respondents

32. A number of questions were asked within the questionnaire to find out a bit more about the respondents to help contextualise their response.

33. Respondents were asked what their interest in the consultation was. Figure 1 shows the breakdown of responses to this question. Please note percentages add up to more than 100% as respondents could select multiple options. A total of 221 (70%) respondents expressed their interest as a resident of Southampton. The second highest proportion of respondents were family members of residents in one of the homes; a total of 48 (15%) selected this option. Respondents who were employees of a local authority were the following highest proportion of respondents; 41 (13%) selected this option. A further 21 respondents described themselves as a member of a community group or organisation, 20 were residents elsewhere in Hampshire, 18 were interested as political members; 14 said they were employees of Southampton City Council working in one of the homes, 5 were responding on behalf of a business or organisation, 2 are residents of one of the homes and a further 17 selected "other".

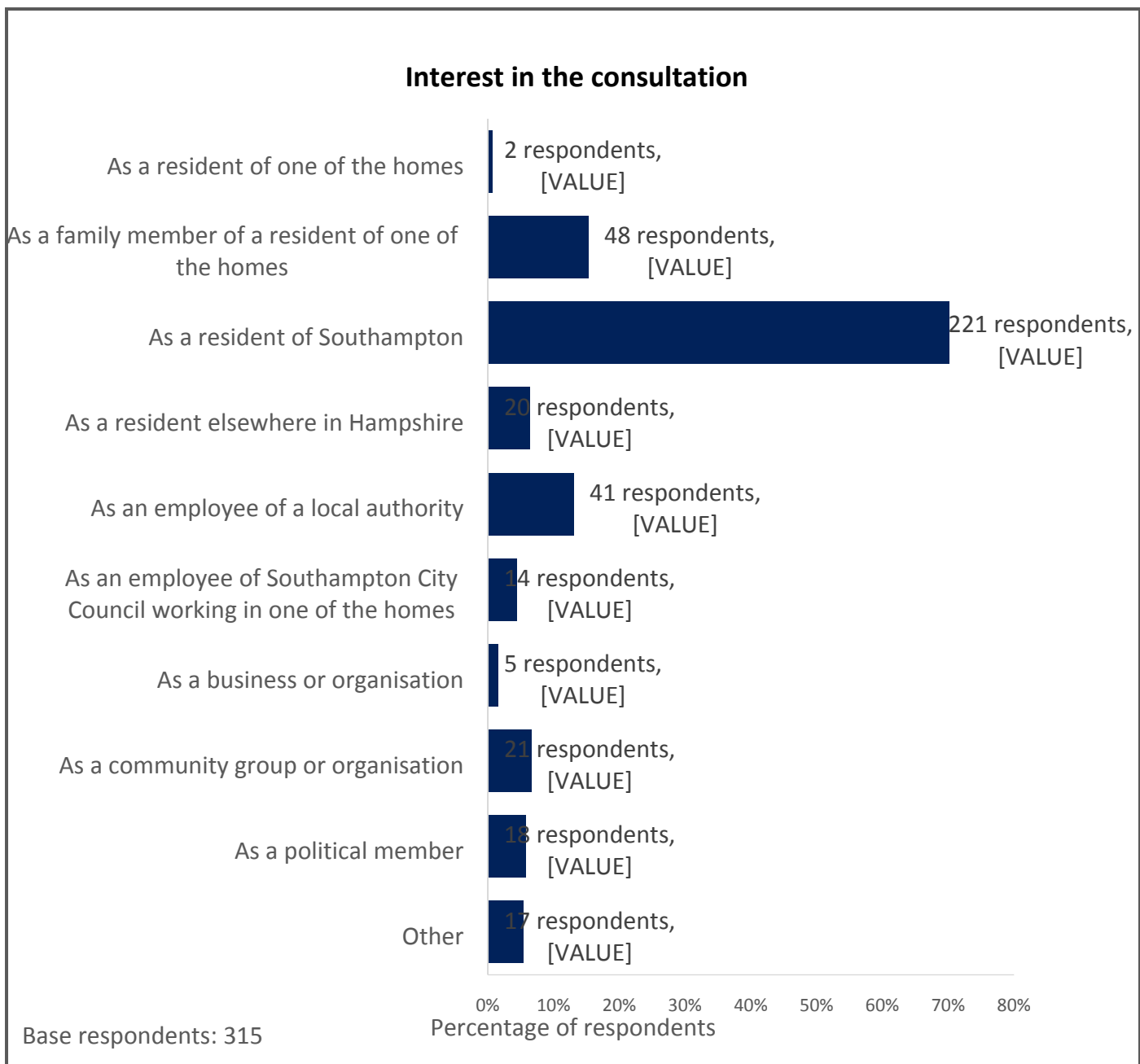


Figure 1

34. Figure 2 shows how respondents to the consultation best described their gender. 158 respondents described themselves as Female, 131 described themselves as Male and one respondent described themselves in another way.

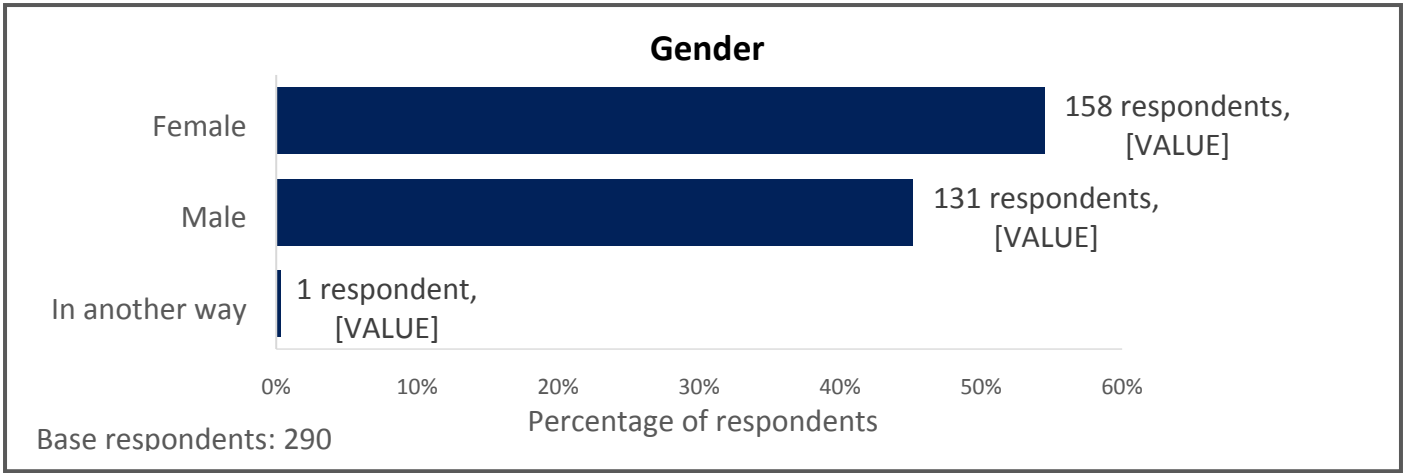


Figure 2

35. Respondents were also asked their age as shown within Figure 3. Around half (50%) of the respondents were between the ages of 55 and 74. There were a lower number of respondents for categories over the age of 75 and under the age of 25.

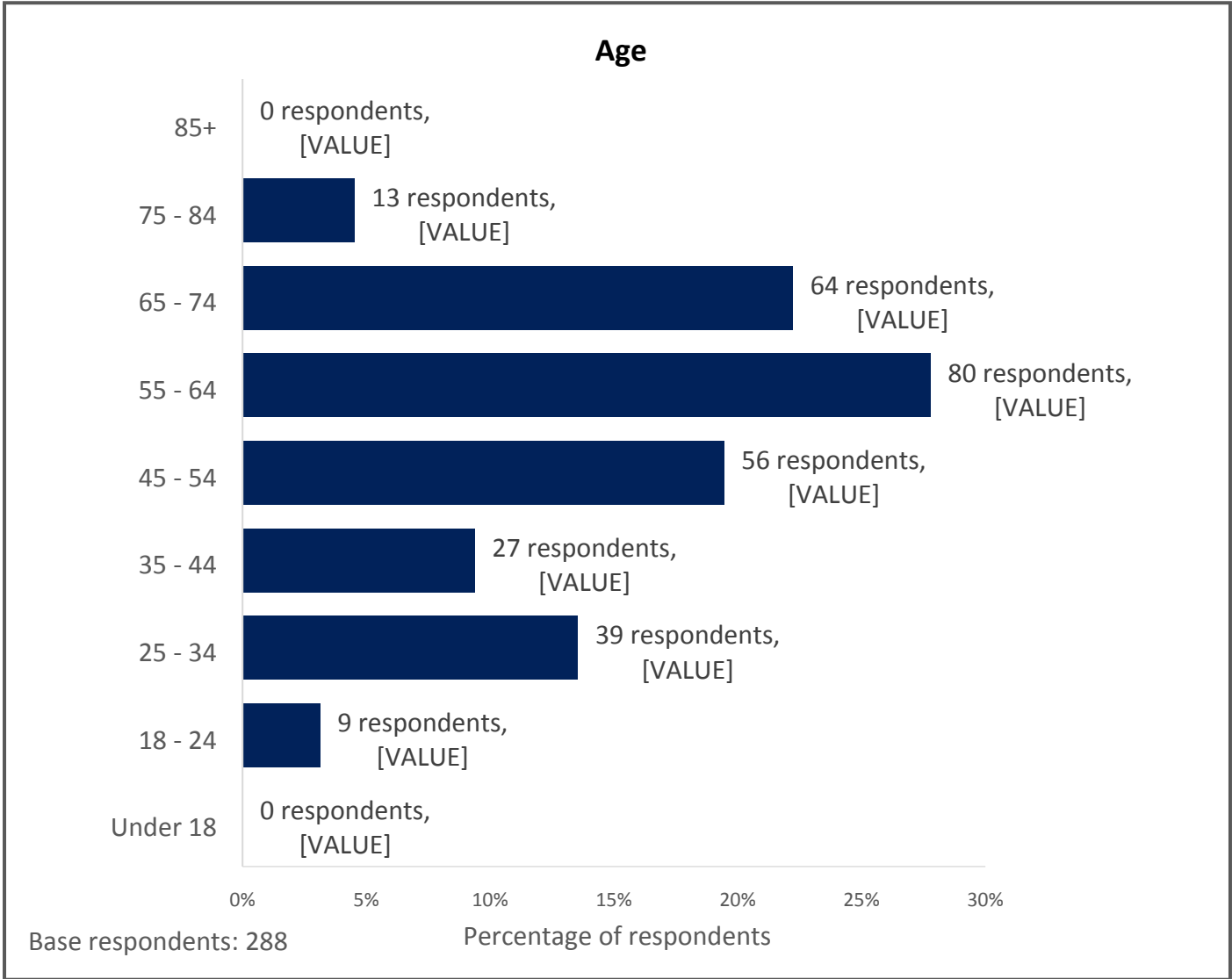


Figure 3

36. The last question gathering more information about the respondents themselves asked about their ethnicity. Figure 4 shows that the majority of respondents described themselves as White (95%). A further 1% of respondents described themselves as Asian or Asian British; 1% Black, African, Caribbean or Black British; 2% mixed or multiple ethnic groups and 1% as another ethnic group.

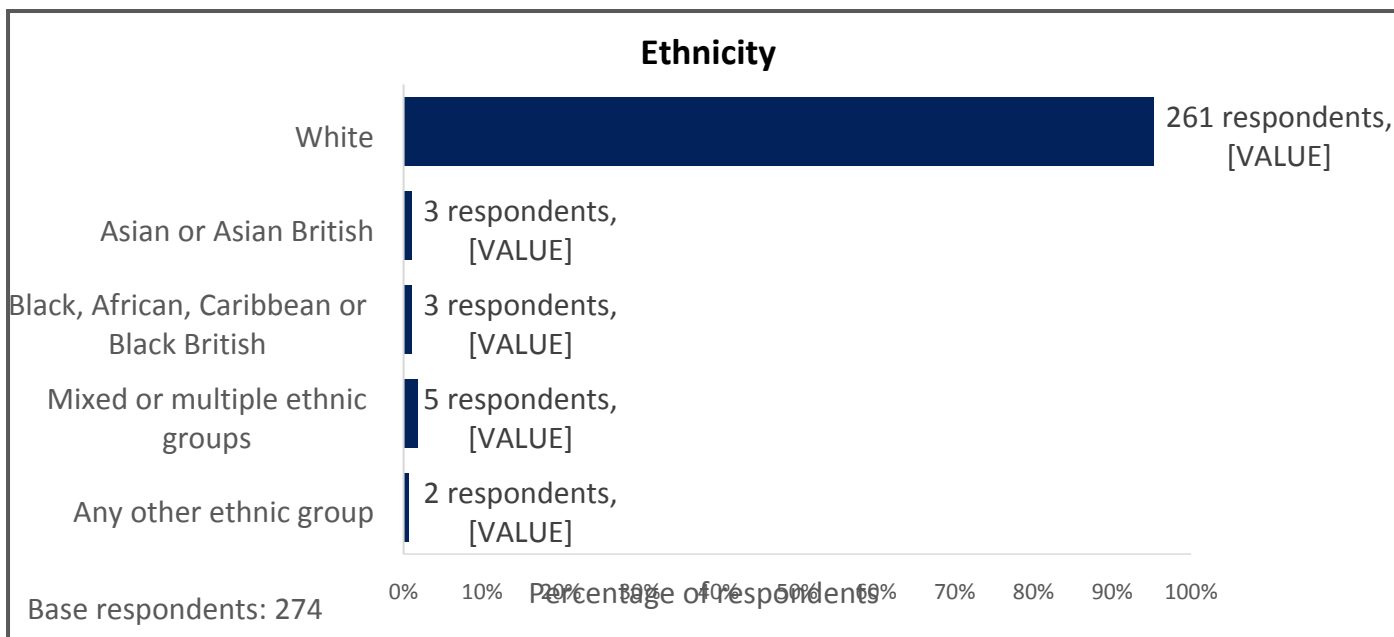


Figure 4

Agreement or disagreement with the council commitments

37. The council is committed to offering services that allow people to:

- Have the best quality of life and maintain maximum dignity and respect
- Stay healthy and recover quickly from illness
- Exercise maximum control over their own lives
- Live as independently as possible and stay safe
- Sustain a family unit and avoid family members taking on inappropriate caring roles
- Participate as active, equal citizens both economically and socially.

38. Respondents were asked to what extent they agreed or disagreed with the commitments. Figure 5 shows the results of this question.

39. A total of 55% of respondents expressed agreement with the commitments listed. Of this, 35% strongly agreed and 20% agreed with the commitments. A further 36% of respondents neither agreed nor disagreed with the commitments. The remaining 10% of respondents expressed disagreement with the commitments; of which 5% disagreed and 5% strongly disagreed.

Q1. To what extent do you agree or disagree with these commitments?

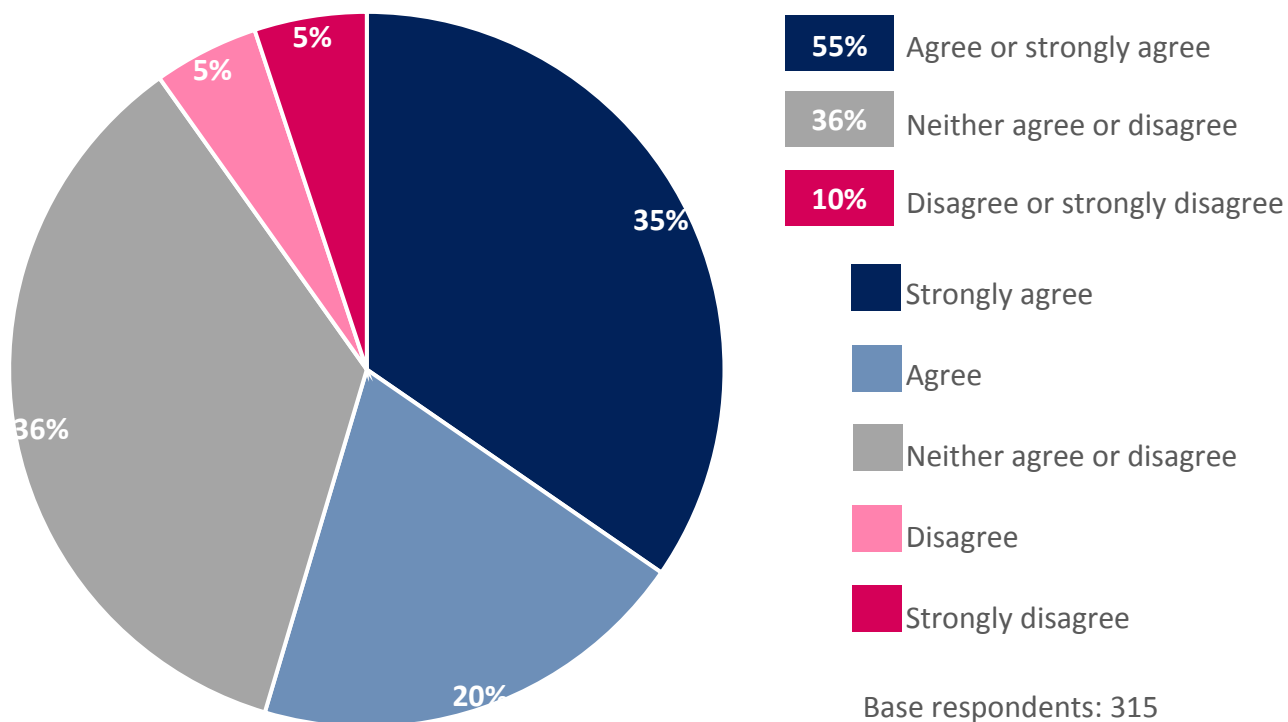


Figure 5

Agreement or disagreement with the preferred option to close both Holcroft House and Glen Lee

40. The proposed option that is preferred by the council puts forward the idea of closing two council-owned residential care homes, Holcroft House and Glen Lee, in order to make savings and respond to the changing demands within the adult social care sector.

41. Respondents were asked to what extent they agreed or disagreed with the preferred option to close both Holcroft House and Glen Lee. The results of this question can be seen in Figure 6.

42. Some 17% of respondents expressed agreement with the proposal to close both care homes; this was made up of 8% agreeing and 9% strongly agreeing. A further 3% of respondents neither agreed nor disagreed with the preferred option. The majority of respondents (80%) disagreed with the proposal to close both care homes; of which 11% disagreed and 69% strongly disagreed.

Q2. To what extent do you agree or disagree with the preferred option to close both Holcroft House and Glen Lee?

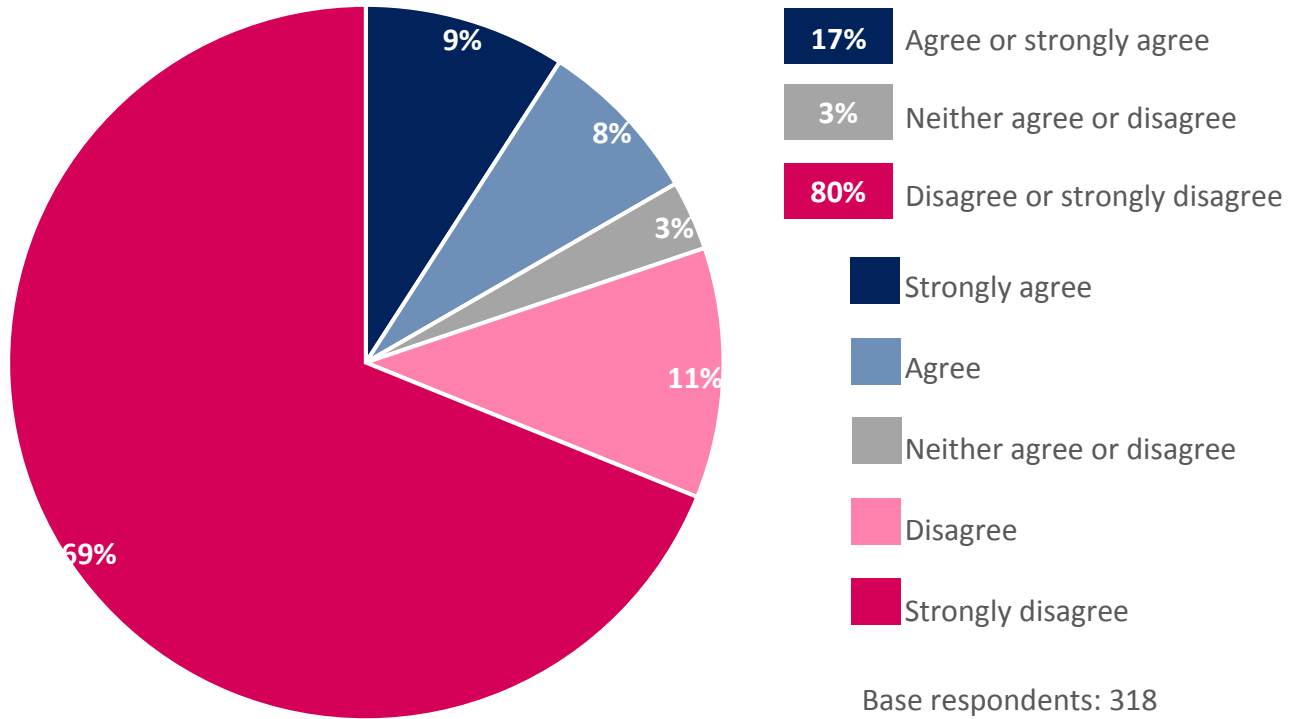


Figure 6

Impacts

43. Respondents were asked what the impacts would be on them, their family or community if the proposed changes were implemented. Figure 7 shows that 9% of respondents felt the impact of the proposed changes would be positive. Of this 3% felt it would be very positive, 3% fairly positive and 3% slightly positive. In comparison, over three quarters (77%) of respondents felt the impact of the proposed changes would have a negative impact; of which 60% felt it would be very negative, 11% fairly negative and 5% slightly negative. Of the remaining 15% of respondents, 13% felt there would no impact if the proposed changes were implemented and 1% did not know what the impact would be.

Q3. If the proposed changes were to be implemented, what impact do you feel this may have on you, your family or community?

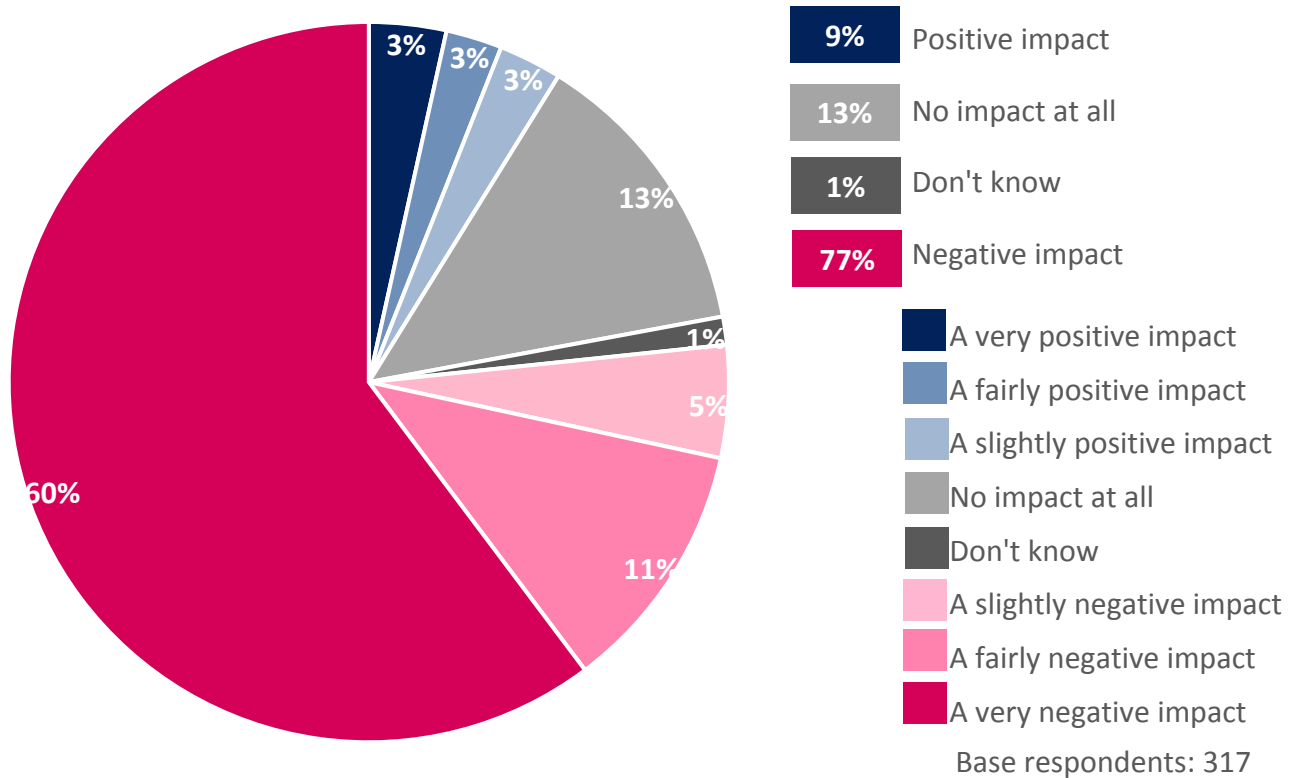


Figure 7

Qualitative written feedback from questionnaires, letters and emails

44. Respondents could provide written feedback to the consultation through a number of different routes. There were two free text questions within the questionnaire that respondents could provide feedback through. In addition anyone could provide feedback in the form of letters and emails.
45. All written responses and questionnaire comments have been read and then assigned to categories based upon similar sentiment or theme. Written responses to the consultation were assigned to 30 separate categories. Individual responses that raised a number of different points would be assigned to multiple categories. The report has also endeavoured to outline all the unique suggestions gathered as a part of the consultation. The following section provides further detail on these categories and the numbers of respondents that raised that theme within their response.
46. Points raised within the written feedback to the consultation generally fell into one of 3 broad categories. These were:
- Comments expressing agreement relating to the proposed changes
 - Comments expressing disagreement or giving alternative suggestions relating to the proposed changes
 - Comments on the potential negative impacts of the proposed changes

Comments expressing agreement relating to the proposed changes

47. A total of 7 respondents expressed agreement with the proposed changes. The following table presents the unique comments associated with this.

General agreement with Option A to close both homes

Care homes are in poor condition and should be closed.
Glen Lee is a dump.
Residents would be better cared for in own homes or privately run care homes.
If the people in these homes can be moved to more suitable accommodation then closing the homes is the right way to go.
The business case and rationale behind the closures is sound. (There is plenty of evidence of a surplus of residential beds in the city and care in people's own homes is now the focus of adult social care.)
Agree with and support other ways of caring (e.g. housing with care).
Vulnerable people should not be allowed to live in these care homes.

Table 2

Comments expressing disagreement or giving suggestions relating to the proposed changes

48. Figure 8 show the themes of comments where respondents expressed disagreement or gave suggestions related to the proposed closure of the care homes. The most mentioned theme (by 89 respondents) was of general disagreement. The next theme mentioned the most was the suggestion to go for the alternative option to keep both homes open, raised by 58 respondents. The third most frequently mentioned theme was various comments expressing disagreement or giving suggestions relating to the financial aspect of the care homes; this was commented upon by 56 respondents. More detail on the themes in Figure 8 can be found in the following tables.

Comments expressing disagreement or giving suggestions relating to the proposed changes

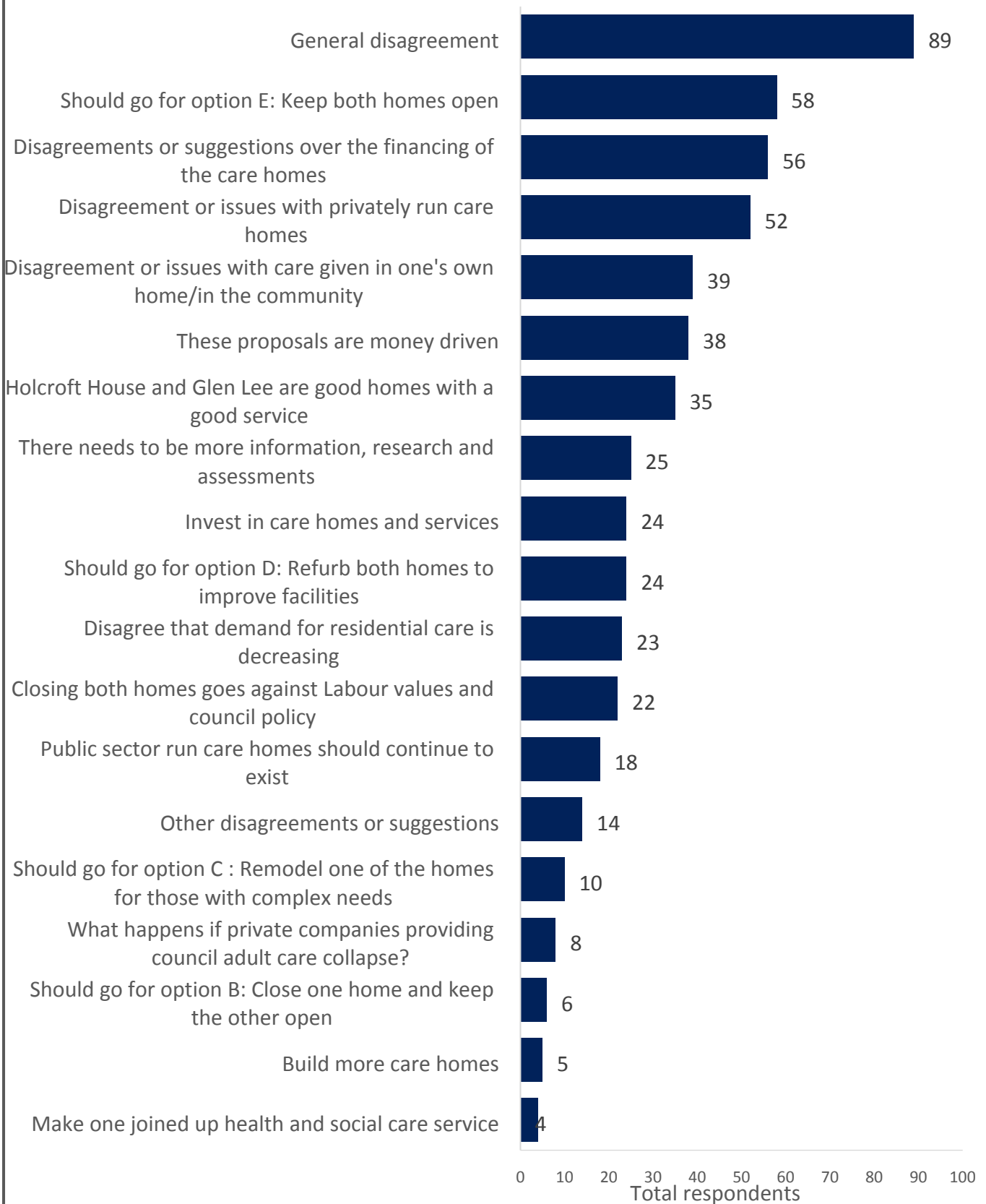


Figure 8

49. Overall, 89 respondents wrote of their general disagreement with the proposed changes to close both Glen Lee and Holcroft House residential home. The unique comments and suggestions relating to this are presented in the table below.

General disagreement
Whoever drafted this proposal knows nothing about dementia.
This is the worst policy Southampton City Council have made.
The council has an obligation and a duty to provide care for those who need it - this proposal is taking away that care.
The preferred option is not progressive, nor will it meet the gap in the social care needs for the City's residents.
Closing homes is going against the council's commitment to offer services allowing people to have the best quality of life.
The council are trying to shift responsibility away from them.
Care homes are needed now more than ever.
Closing these homes will not be good for the community they are part of, just like many of the closures the council have already done.
Why are the council outsourcing this yet choosing to bring other services in house?
It will be difficult to find somewhere that will provide the same level of care and attention.
The proposed alternative accommodation in the city is not adequate enough to best meet the needs of people with all disabilities and dementia. Some of the care homes are also deemed as "requiring improvement" (Pinewood Rest, St Johns and Lawnbrook).
Oppose the cuts the government is forcing upon local authorities.

Table 3

50. In total, 58 respondents suggested going with the alternative option to keep both care homes open. The unique comments and suggestions relating to this are summarised in the table below.

Should go for Option E: Keep both homes
Find money from elsewhere to keep care homes open.
Lobby central government for more funding.
The homes contribute to the local economy.
Make our council homes leaders in elderly care.
The homes have just been redecorated - why do this if you they are being closed?
Keep both homes open to allow for continuity for existing residents which can only be in their best interests. Restrict intake of new residents and close only when it will not have a negative impact on anybody currently cared for in either facility.
Keep these last council owned care homes open.
The proposal to close these homes doesn't make sense - the business case is incoherent.
Work with the NHS to keep homes open and funded.

Table 4

51. There were 56 respondents who expressed disagreement or gave suggestions in relation to the financing of the care homes. The unique comments and suggestions on this theme are detailed in the table below.

Disagreement or suggestions over financial aspect of the care homes
Make cuts from other less important council budgets to keep one or both of the care homes open (Suggested budgets to cut include: roads; arts and culture; bins; fewer councillors; councillors pay).
Use council reserves to keep care homes open or update them.
Borrow and take out loans to finance the care homes.

Stop running services at a loss, increase the care home charges to cover the cost.
Bring in residents who can pay for services to cover costs of running the homes, they can fill the empty spaces.
Support the care homes to be more cost effective (e.g. take away restrictions on where and who they can buy supplies and services from).
The Council should give Glen Lee and Holcroft House the opportunity to demonstrate value and financial management over a trial period of 12 months (minimum) with regular audits to monitor progress.
Renovate empty homes into profit making rented properties to subsidise the care homes.
Increase taxes to fund these services (both business rates and council tax).
Look into private sponsorship to fund the homes.
Set up charitable status for the homes in order to ask for and receive donations from the public to keep them open.
Put tighter restrictions on sick pay (e.g. insist those on long term sick pay see Occupational Health; do not give sick pay).
Review the cost of agency staff and share permanent staff across the two homes.
Consider an arms length management organisation for the homes.
Create a unitary authority across Hampshire to reduce costs and save money.
Sell the homes so that residents can stay there but the council can free finances for other projects.

Table 5

52. Disagreements or issues with privately run care homes were highlighted by 52 respondents. The unique comments and suggestions regarding this are given in the table below.

Disagreement or issues with privately run care homes
Private care homes cost more because they are out to make a profit. How could the council provide a cheaper and better services using private care homes?
Private care homes push residents and their families into paying for more services without sufficient detail and accountability of services delivered.
Private care homes are more focused on profit than the level of care.
Private care homes do not provide better care.
Private care homes only provide basic care, they do not do things like provide activities for residents.
Private care homes don't have specialist skills that Holcroft House and Glen Lee do and therefore cannot provide adequate care to all residents.
Private care homes are not capable of providing like for like care, in either quality or availability, when Holcroft House and Glen Lee close.
The private care sector is not doing very well, some homes are even under investigation. There has been many instances of privately run homes not being able to cope, especially with the specialised care needed by those with dementia.
Is there sufficient capacity in private homes to take these new patients?
The council's inspections of private care homes are not frequent or robust enough to ensure standards are maintained and no exploitation is present.
Private homes have more abuse and neglect of residents by staff.
The city's private care homes are often converted old houses with narrow hallways; shared rooms and no en-suites which is not appropriate for people with care needs.
Unite and Unison research shows that the availability of rooms with en-suite facilities at the homes on the list provided by the Council is much more limited than the consultation alludes to.
Private care homes are unreliable.

Private homes are known to refuse admission to those with more advanced dementia, incontinence or difficult behaviour or those who might have vascular dementia and therefore have a longer life expectancy with a decline in mental state over a long period of time.
Private care homes only accept a certain number of people who are not self-funding.
Unison and Unite researched all Southampton care homes and found little assurance in the availability of places for those who have no assets, can't pay top ups or who are solely funded by the local authority. Unite and Unison called Southampton care homes and found that room availability depended on how a potential resident was funded; the offer of rooms was restricted if someone was only state funded.
Private care home workforces are of lower quality, treated poorly and have a high turnover. (The workforce have lower pay; less sick pay; poor pension schemes and more temporary and zero hour contracts than the council care homes.)
Private care homes are more unstable and could close.
Profits from private care homes are not going back into the local area but into the companies' larger profits.
Lots of private companies don't pay UK tax as they are registered overseas.

Table 6

53. A total of 39 respondents disagreed or had issues with care given in one's own home or in the community. The unique comments and suggestions relating to this are summarised in the table below.

Disagreement or issues with care in one's own home or in the community
Care in the community doesn't work.
Those with dementia often need the constant care that residential homes can provide and being in one's own home cannot.
Care in the community is not appropriate for all adult care needs for example it cannot support more complex needs.
Care in the community leaves people isolated.
Care in the community leaves people more vulnerable to abuse and neglect.
Care in the community has higher associated health and safety risks for those with dementia. E.g. A higher risk of falls or risks surrounding use of home appliances like toasters, ovens etc.
Some people with dementia do not have the space in their own home to stay and have the equipment needed.
The care given at home amounts to less support than in a care home, with staff not spending enough time in the home of the person needing care and company.
The support staff are never the same when receiving care at home.
There are little or no checks on staff actually completing duties (many don't do what they are paid to do).
Community services are too small and strained already to take on more residents who would have been in a care home otherwise. There are currently not enough staff to support everyone at home.
Care in one's own home can be very difficult or even impossible for family or friends or carers.
People do not trust the process for reviewing needs of those getting support in their own home to ensure it is the best thing for them.

Table 7

54. Overall, 38 respondents believed the proposals to be mainly money driven. The unique comments and suggestions surrounding this are in the table below.

These proposals are money driven
Closing the homes will not save money as the savings will only be short term.
Closing the homes will not solve the issue of being underfunded.
The council is money grabbing with these proposals.
This proposal will save a small amount of money but have a huge impact on the care scene in the long term.
The council estimated savings will not be as large as predicted.

Money saving should not be put above the care of residents.
Private care homes will increase prices which will reduce savings.
The alternative care mentioned will cost more.
Closing the homes is not a financially stable choice.
Consider the examples of Reading and Surrey councils, who also closed all their council run homes to then discover it was not cost effective and in the long-run and have bought back care homes in house.

Table 8

55. In total, 35 respondents disagree with the closures because they believe Holcroft House and Glen Lee to be good homes with a good service. The unique comments and suggestions on this theme are detailed in the table below.

Holcroft House and Glen Lee are good homes with a good service
Residents like living at Holcroft House and Glen Lee.
The homes and service provided are good and effective.
Holcroft house is a shining example of how a care home should be run and the council should be proud of this.
The care homes have good staff
Holcroft house is small and one level so makes it safer and more friendly than private homes

Table 9

56. A need for more information, research and assessments was highlighted by 25 respondents. The unique comments and suggestions for the information, research and assessments can be found in the table below.

There needs to be more information, research and assessments
Need more information on the costings: provide a cost-benefit analysis of how much the proposal will save vs. the cost of paying private companies to provide the service and have these estimates audited to ensure all costs have been included in the estimates.
Need more information and research to back up claim that demand for residential care is decreasing.
Provide a balanced assessment of all options suggested.
Need more information about the impact or equality assessments.
Need more information about plans to mitigate negative impacts on: moving current residents; jobs at risk; provision for respite services that will be lost.
Need more information about what will happen to the buildings and land.
Need more information to clarify the preferred option: what is meant by 'other providers'; who would pay the fees (including additional fees) incurred by the residents. The council or the residents?
Need more information on admissions criteria of private residential homes.
Research the examples given (by Unison and Unite) of local authorities that kept their care provision in house. Examples include: Glasgow City Council; Monmouthshire County Council; Solihull Council; Poole Council; Cumbria County Council; Hertfordshire County Council; Liverpool County Council; and Halton Council. Activities include building new council care homes including ones with specialist dementia facilities; working in partnership with private companies to provide care and develop dementia hubs and centres; buying care homes to prevent closure; redeveloping and modernising care homes; creating a non-profit arms length management company to keep provision in-house; replacing old care homes with newer ones; acknowledging that residential care has a part to play in the social care sector as some people cannot always remain in their home.
Reassess residents needs before making a decision to close the homes and get a more accurate idea of what will be needed.
Need more information as to how the increasing demand for specialist care will be met.

Table 10

57. Investing in care homes and services was suggested by 24 respondents. The unique comments and suggestions relating to this are presented in the table below.

Invest in care homes and services
Invest to make savings in the long term.
Invest in preparation for the changes in the population increasing needs for care services (e.g. an ageing population and rise in life expectancy).
Do not believe demand for specialist residential care is decreasing; believe it is actually increasing.
Complex and specialist dementia needs should be provided for by the state. Build more fit for purpose properties which is specialised for people to live in - including for those with additional needs.
Need to develop an increased range of consistently high quality care.
There should be enough public run care homes for all who need it.
Work with not for profit adult care providers to maintain high standards of care in the city.
Improve management of Glen Lee and Holcroft House and keep them accountable as they have been mismanaged.
Have more respite care across the city; offer more respite care within Glen Lee and Holcroft House.
Train care homes staff in risk management etc.
Have a smoke free area for residents in Glen Lee and Holcroft House.
Make Glen Lee and Holcroft House dementia hubs or day centres with resources.
Build more modern care homes to replace Glen Lee and Holcroft House.

Table 11

58. In total, 24 respondents suggested going with the alternative option to refurbish both homes to improve facilities. The unique comments and suggestions relating to this are summarised in the table below.

Should go for Option D: Refurbish both homes to improve facilities
Refurbishing both homes causing a reduction in capacity should be no issue if there are already vacancies.
Invest in these homes - they are purpose built and once refurbished will be better than some private homes.

Table 12

59. A number of respondents (23) disagreed that demand for residential care is decreasing. The unique comments and suggestions regarding this are given in the table below.

Disagree that demand for residential care is decreasing
It's not true that demand for residential care is decreasing. The government are just pushing people towards extra care housing and staying at home because it is cheaper to fund. There has also been an increase in people with unmet care needs in the UK.
An ageing population would actually suggest an increase in demand of all adult care services.
Dementia cases are on the rise.
Don't believe there is a surplus of spaces for those with dementia or complex needs in the city.
The declining nature of dementia means this kind of care will always be needed.

Table 13

60. The preferred option to close both homes was considered to be going against Labour values and council policy by 22 respondents. The unique comments and suggestions on this theme are detailed in the table below.

Closing both homes goes against Labour values and council policy
People will stop voting for a Labour council.
Labour are not sticking to their own values and morals and should be fighting to keep these homes open.
The preferred option goes against the 'Southampton City Council First' policy the Council has adopted, which provides a framework for considering appointment of in-house services to deliver council requirements before using external companies. External companies should not be used when Southampton City Council's in-house services can meet the Council's requirements and demonstrate 'Best Value'. If the Council commissions services

to private companies it will lack flexibility to respond to local needs – the stated reason for ending the Capita Services contract.

The preferred option to close both homes does not follow the Labour Party’s commitment to ‘insource’ our public and local council services.

Don't use closures of care homes as a way to push the fault to central government.

Table 14

61. Overall, 18 respondents think public sector run care homes should continue to exist. The unique suggestions and comments surrounding this view can be found in the table below.

Public sector run care homes should continue to exist

Every city should have at least one public sector run residential care.

Bring back private care homes under council ownership again, like Surrey council.

Publicly owned care homes benefit the economy; its workers; residents, families and the local community. It ensures that public interests are put ahead of shareholders’ and that there is democratic accountability for services.

I strongly believe that Council facilities should be available for those that need them, whether fee paying or not.

Table 15

62. Other disagreements and suggestions that did not necessarily fit within other themes were given by 14 respondents. The unique comments and suggestions are summarised in the table below.

Other disagreements and suggestions

Stop refusing new permanent admissions.

The government via local Councils and the NHS should take a more holistic look at the whole issue around dementia and the effects and cost on the whole family - not just the one with the disease.

70 spare beds will easily be filled over the winter months.

Have a lower threshold for acceptance/admission to Holcroft House and Glen Lee.

One of the biggest causes of elderly people’s health deteriorating is a fall. Much more needs to be done to keep them mobile. Staff tend to leave them sitting far too long, exercise helps the mind and the body. More physiotherapy is needed, more expense, but cheaper in the long run saving all those injuries.

Disagree with installing en-suites as people with dementia are not used to them/don’t need them.

Fill vacancies in Glen Lee and Holcroft House with those who need rehabilitation following an operation or illness.

The closure of council care homes alongside the fact that if you have savings you have to pay for your own care will push people to spend their savings and just get free care from the council.

Central government should pay for all care needs if you have paid national insurance.

The council should create a longer term vision with strategy and policy to meet the care needs of all citizens, including older adults (and their carers and/or families), including the minority with dementia.

Central government should cut funds to other government budgets to give money to hospitals and care homes.

Disagree with some of the commitments as they are not possible or irrelevant for those with dementia.

Should work with private homes to create a joint scheme.

Table 16

63. A total of 10 respondents suggested going with the alternative option to remodel one of the homes for those with complex needs. The unique comments and suggestions relating to this are summarised in the table below.

Should go for Option C : Remodel one of the homes for those with complex needs

There is a need for a home for those with complex needs.

There needs to be a home for those with complex needs within the city.

Table 17

64. Questions and doubts were raised by 8 respondents around what would happen if private providers of adult care collapsed. The unique comments surrounding this can be found in the table below.

What happens if private companies providing council adult care collapse?
The council needs an emergency/contingency plan for when private companies collapse. How will council cope if the service they pay for is abruptly stopped due to private care company ceasing to exist?
Look at local authorities that are creating new, publically owned or led residential care or putting measures in place to reduce or minimise the effects of private providers going under in what is a volatile time for the sector.

Table 18

65. In total, 6 respondents suggested going with the alternative option to close one home and keep the other open. The unique comments and suggestions relating to this are summarised in the table below.

Should go for Option B: Close one home and keep other open
Close Glen Lee and keep Holcroft House open. Glen Lee is dirty, smelly and has horrible staff. Holcroft House is a lovely home with lovely staff.
The council should keep at least one home open.

Table 19

66. A suggestion to build more care homes was suggested by 5 respondents. The unique comments and suggestions on this theme are detailed in the table below.

Build more care homes
Other councils are opening new care homes and centres and they are under the same financial pressure.
Demand for care service is only increasing.

Table 20

67. Overall, 4 respondents would like to see health and social care services combine to make one joined up service. The unique suggestions and comments surrounding this theme can be found in the table below.

Make one joined up health and social care service
Integrate health and social care into one joined up service. (A nationally run service providing free care and treatment on the basis of need, with fair pay for employees.)
NHS should take on care duties of council to have all health care and services under one organisation. Making healthcare free from cradle to grave.

Table 21

Comments on the potential negative impacts of the proposed changes

68. Figure 9 shows the themes of comments that discuss the potential negative impacts of the proposed changes. The theme highlighted by the most respondents (85) was the negative impact on the resident and families currently living in the homes. The next most frequently mentioned theme was the negative impact on those working at the care homes; this was mentioned by 31 respondents. The third most referred to theme was the negative impacts on those with dementia who need care and their carers/families, which was raised by 28 respondents. More detail on the themes in Figure 9 can be found in the following tables.

Comments on the potential negative impacts of the proposed changes

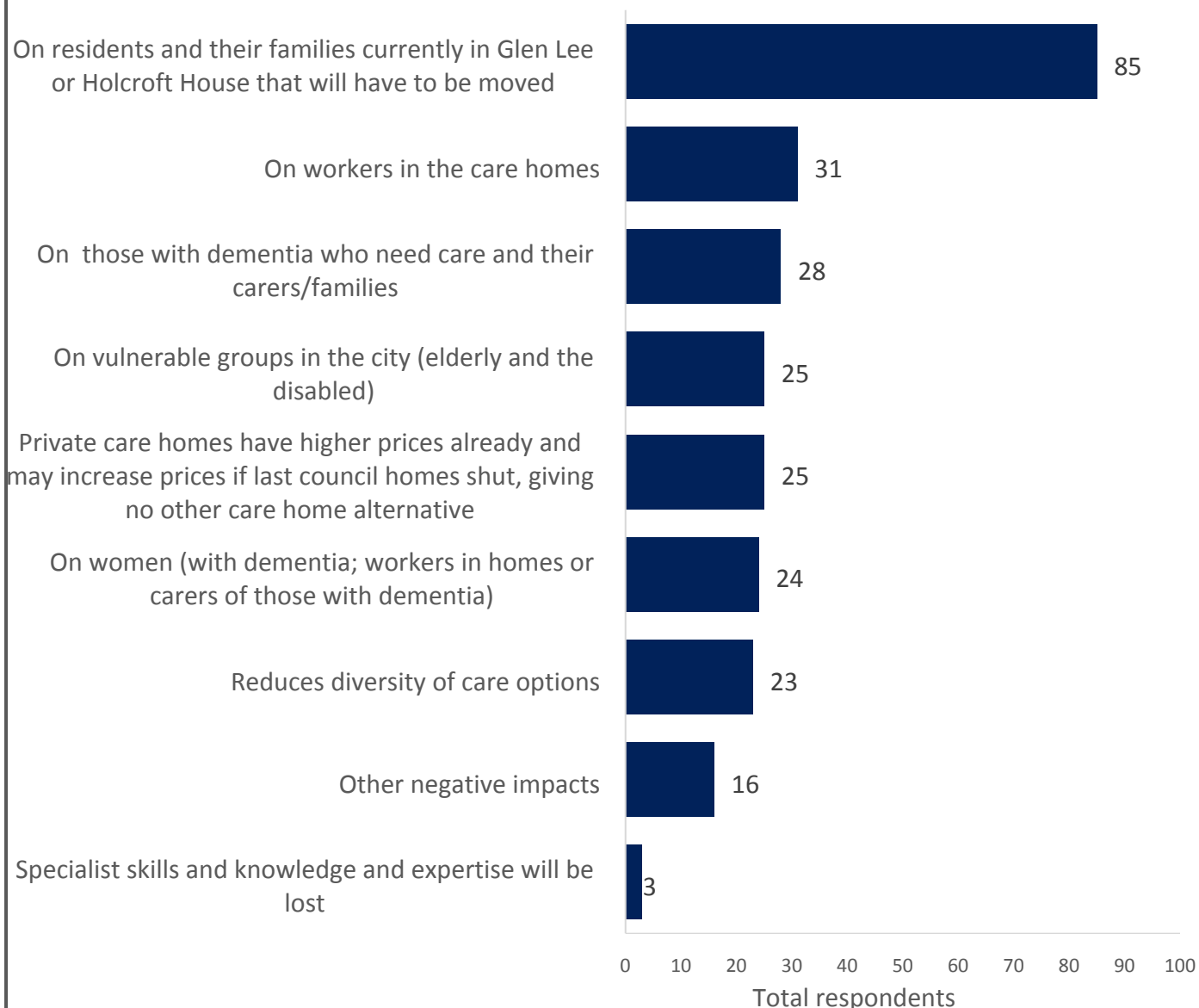


Figure 9

69. Overall, 85 respondents think there will be a negative impact on residents currently in Glen Lee and Holcroft House and their families. The unique comments and suggestions relating to this are presented in the table below.

On residents and their families currently in Glen Lee or Holcroft House that will have to be moved
Moving residents could cause: distress; stress; trauma; worsen their mental health and/or dementia; cause more or worsen health issues; shorten life expectancy.
Residents will be losing their home.
Raises safeguarding concerns for those being moved. Some are under 24 hour supervision and could cause harm to themselves or others if they lose this.
If residents have to live alone again this could isolate them.
Extra care housing or living independently will not meet the residents needs and they will not cope with having care at their home again.

Concern that residents without family will be put anywhere. These residents may find it the hardest to move and need extra support.
Families may have to travel further or find the journey more difficult to visit family that have been moved.
Families may suffer as they have to take on more care duties that are no longer provided for by the care home.
Residents are being put at a disadvantage due to their Age or Disability (dementia) which are protected characteristics.
Residents may have to pay more for care or receive a lower standard of care.
Will families have to look for another place for their relative currently residing in Glen Lee or Holcroft House?
Elderly residents could be at risk when being moved. - steps should be taken to prevent this from happening and causing harm.
Residents could be split up from their friends at the care homes - steps should be taken to prevent this from happening and causing harm.
Can you assure as stated in the Equality and Safety Impact Assessment that “Financially, no resident will be worse off as a result of this proposal...” and clarify this is the case for all residents of Holcroft House and Glen Lee and for how long.
Private residents who are paying the council to live at Holcroft House or Glen Lee will have to pay the difference for a private home.

Table 22

70. A total of 31 respondents mentioned the potential negative impact on workers in the care homes. The unique comments and suggestions relating to this are summarised in the table below.

On workers in the care homes
Even if workers are moved to the private sector, their pay will be a lower rate than in council care homes, with worse sick pay and pensions schemes and could be on temporary contracts with no guaranteed hours.
Jobs are at risk for those working in the care homes.
There is no guarantee of a job move for those currently working in Glen Lee and Holcroft House.
Workers will not find comparable terms and conditions and work elsewhere.
There will be an increase in unemployment.

Table 23

71. Potential negative impacts on those with dementia needing care and their family/carers were expressed by 28 respondents. The unique comments surrounding this can be found in the table below.

On those with dementia who need care and their carers/families
This proposal will harm those with dementia who need care.
This proposal will harm carers of those with dementia.
This will put affordable and good quality care out of reach for many who need care in the city.
People who don't meet the criteria for council-funded care may be pushed into poverty.
Those needing residential care may have to be placed further afield, meaning family and friends will have to travel further to visit.
More family members may have to become informal carers for their older relatives.
Will it be harder to access respite services?
The rate paid by the council is nowhere near the current market rate for private care home prices and requires substantial top up from the family.

Table 24

72. In total, 25 respondents believe the proposed changes will have a negative impact on vulnerable groups in the city, including the disabled and elderly. The unique comments and suggestions on this theme are detailed in the table below.

On vulnerable groups in the city (the elderly and the disabled)
Closing secure homes with assistance could increase safety risks for individuals with dementia and the surrounding area.
This will particularly impact residents with dementia and no family to support and advocate for them.
May leave people vulnerable and isolated.
Do those that are vulnerable in this situation like the elderly and those with dementia get a say? It seems they have no voice in this.
It will impact the elderly who have worked and paid their way and deserve more

Table 25

73. Private care homes increasing their already high prices following the closure of the last council homes in the city was a concern for 25 respondents. The unique comments and suggestions regarding this are given in the table below.

Private care homes have higher prices already and may increase prices if last council homes shut, giving no other care home alternative
For both individuals and for the council.
Private care homes will increase their prices because they will be the only residential care option in the city.
As demand increases so will cost.
The private care homes may charge the council more for residents living at the care homes for an extended period of time.
In order to provide the like for like provision promised, the council will end up paying more in the long run to private providers. In other areas private providers have increased their charges for local authorities and councils have ended up returning contracted out care homes back to their control.
The private care homes will increase prices and it will end up costing more than it would cost to keep Glen Lee and Holcroft House open.

Table 26

74. A concern about the impact on women the proposed changes could have was expressed by 24 respondents. The unique comments and suggestions around this theme are in the table below.

On women
On low paid women.
Lots of women work at the care homes.
Women are more likely to require local authority support for later life care due to living longer and having had lower-paid or part-time jobs.
If the homes close, any unmet and informal care needs will likely be taken on by women. Women may give up paid employment or reduce their working hours to provide care. Alternatively, if they can't afford to stop working their wellbeing will be badly affected by working 'double shifts' – going to their day job and then doing extra hours to ensure others are cared for.
On women with dementia (women are often more likely to get dementia and need residential care).

Table 27

75. Overall, 23 respondents think the proposed changes will reduce the diversity of care options available in the city. The unique comments and suggestions relating to this are presented in the table below.

Reducing diversity of care options
The removal of these care homes would impact negatively on people choices and access to care.
For some people residential care is the best option available.
This will leave private care as the only residential care option.

Closing these homes will reduce the amount of care available in the city and there will no longer be enough capacity to meet demand, people will have to go further afield.
Alternative options mentioned in this proposal are not always appropriate care for all.
There is a need for respite and day care.
Unison and Unite believe the closure of Glen Lee and Holcroft House would significantly limit the choice of homes available to people who have no assets, can't pay top-ups and who are solely funded by the local authority.

Table 28

76. A total of 16 respondents mentioned other potential negative impacts from the proposed changes. The unique comments and suggestions relating to this are summarised in the table below.

Other negative impacts
Quality of care service will reduce in the city.
Closing these homes will put more pressure and strain on the NHS who are likely to end up caring for these people as they struggle to discharge older patients to an appropriate home. (bed blocking).
Rehousing all residents from Glen Lee and Holcroft at the same time will impact significantly on the residential vacancies in the city and will mean placements will be harder to find.
Negative impact on those with protected characteristics: Gender; Age and Sexuality.
Other councils who have shut their own homes and used private have had buy back care homes to run themselves due to spiralling costs.
There is a potential that private care homes will look to make more revenue from private residents rather than the reduced amount agreed between them and the council. Potentially meaning residents would be moved on again.

Table 29

77. In total, 3 respondents believe the proposed changes will cause specialist skills, knowledge and expertise in care to be lost. The unique comments and suggestions on this theme are detailed in the table below.

Specialist skills and knowledge and expertise will be lost
Bad to lose specialist skills and knowledge of care workers.

Table 30

Public engagements, meetings and verbal feedback

78. In total there were seven separate public engagement events, one staff meeting and one stakeholder meeting where feedback was received to support the consultation process. The range of engagements are outlined below:

Date	Topic	Number of attendees
8 th October	Pre-consultation awareness	20 (approximately)
30 th October	Intro to consultation	14 – 18
30 th October	Staff meeting	28
31 st October	Stakeholder meeting	2
22 nd November	Discussion with Cllrs Hammond & Fielker	16
3 rd December	Advocacy	18
17 th December	Feedback on consultation themes	23

8 th January	Q&A Open agenda	13
11 th January	Q&A Open agenda	1

Table 31

79. In total around 130 people engaged with this programme of events. The main purpose of these events was to explain the proposals, answer questions and signpost people towards the questionnaire as the main route for consultation feedback.

80. During the course of these events some feedback was gathered and the main themes were:

Disagreement with proposed service charges:

- Why consider re-modelling the homes if this proposal is a cost-cutting exercise and therefore money driven?
- The homes are good and provide a good service, so why close them?
- Private care homes do not provide as good a standard of care as the council run homes.
- Private care homes will not provide like for like care.
- Local authority funded residents in private care homes have to share rooms.
- Some private care homes do not like to accept many if any council funded residents.
- Some of the care homes given by the council as alternatives do not actually take residents with dementia.
- Dementia is actually increasing and demand for care homes will increase.
- Many private care homes are just converted homes and therefore the space is not appropriate.
- Private care homes have a high staff turnover.
- For some dementia sufferers, care in their own home or supported living would not be adequate.
- Do not want the homes to close – would like them to remain open.
- Issues when a poorer resident ends up subsidising the cost of care for another resident with the same needs but much more personal savings.
- This proposal is just a quick fix rather than a long term solution.
- Concerns that private care homes do not have the financial stability to be used by council.

Suggestions related to the proposed service charges:

- The council should reconsider its position following central government’s commitment to more money in adult social care in its budget.
- The full cost and savings should be accurately worked out and published.
- Have the council considered running the homes as private homes?
- There should be efficiencies made when it comes to agency staff as currently there is a lot of agency staff covering sickness. This needs to be addressed.
- Actively invest in the wellbeing of permanent staff to improve their wellbeing, reducing sick leave and therefore saving money.
- Arrange staff to work in both homes, being flexible to cover where they are most needed.
- Should upgrade or remodel the homes.
- Build more care homes.
- Should fill vacancies of Glen Lee and Holcroft House with self-funders.
- Look into better models to more efficiently run the care homes.
- Should make the homes day-centres again.
- Consider making savings elsewhere in the budget.

Negative impacts:

- Skills and training that specialise in dementia care will be lost if homes close.
- Residents in the care homes will be severely affected by a move.
- Will private care homes increase their prices as the last two council run homes close?

- Concerned that promises made by labour council to cover extra costs of moving residents may be lost if the council were to become conservative. .

Feedback about the consultation process:

- Concerns over how the views of family members of people in Glen Lee or Holcroft House will be held equal to the council as they are a large body in comparison.
- Consultations should be conducted by an independent body.
- Some relatives of residents were concerned that there is not enough time to discuss and get feedback from residents with dementia on the consultation, especially with the consultation running over the Christmas period.
- It feels like the decision has already been made.
- Concern that this is just the last in a series of closures of care homes, so why would they not close?

81. Many of these topics will have also been raised through other channels as a part of the consultation but in the interest of transparency they have also been summarised here.

Petitions

82. There was one petition on the proposals for the future of the care homes, this petition had over 1,500 signatures so triggered a discussion at full council. This discussion took place on 21 November 2018.

83. The petition had a total of 2,565 signatures to the following:

- 'We the undersigned petition the council to abandon its proposals to close the last two council owned residential care homes: Glen Lee and Holcroft House, and place up to 85 loyal care staff at risk of redundancy.'

Feedback on the consultation process

84. Southampton City Council are committed to make the whole consultation process as transparent and fair as possible. As a part of this commitment, any feedback on the consultation process itself received during the course of the consultation is gathered together here.

85. Overall, out of the 380 people or organisations who took part in the consultation, 26 commented on the consultation process itself.

86. The table below summarises the unique comments and suggestions given about the consultation process.

Comments on the consultation process
It feel likes the council has already made a decision by no longer sending people who need care to these homes, then saying the buildings are not fit for purpose. This consultation is a PR exercise.
Alternative proposals do not seem to have been properly considered.
Make sure talks with all interested parties take place (including talks about alternative options): staff, trade unions, labour members and constituency parties, residents and their families, universities, third sector organisations.
How are residents with dementia being consulted on this and given the chance to meaningfully participate as required in Section 4(4) of the Mental Health Capacity Act 2015? Make sure they are listened to as to how this could affect them.

There has been little or no liaison with the community on this.
This survey presents options in a very biased way and should be presenting them as a balanced assessment.
There is not enough information about each home to decide which home should remain open.
There is nothing the public or residents can do about the closure.
Ensure all next of kin receive a copy of the consultation.

Table 32

Conclusion

87. Southampton City Council sought views on proposals for the future of Glen Lee and Holcroft House care homes. The consultation ran for 12 weeks from 17 October 2018 to 16 January 2019.
88. As this report has demonstrated the consultation was extensively promoted throughout the period leading to good levels of engagement.
89. In total, there were 380 responses to consultation. Of this, 320 responded to the consultation questionnaire and all other submissions were made via emails, letters or in a public meeting. This consultation ran parallel with the overall budget consultation and two other consultations on specific proposals.
90. All questionnaire results have been analysed and presented in graphs within the report. In addition all written responses to the consultation were read and comments assigned to a category based upon similar sentiment or theme and descriptions have been provided of each category within the report.
91. In conclusion, this consultation allows Cabinet to understand the views of residents and stakeholders on the proposals that have been consulted on. It represents the best possible summary and categorisation of all the feedback received through the consultation period. Therefore it provides a sound base alongside the other information to inform a final decision.

Part 2 – Consideration of the Consultation Feedback

Summary

92. This report considers the outcome of a period of public consultation that took place from 24 October 2018 – 16 January 2019, considering the future use of Glen Lee and Holcroft House, Southampton.

Background

93. Southampton City Council currently provides residential care services for older people and older people with dementia at Glen Lee, Wavell Road, Southampton, SO18 4SB and Holcroft House, Holcroft Road, Southampton, SO19 6HA.

94. The consultation ran for 12 weeks from 24 October 2018 and followed the agreed protocol on proposals affecting its future use.

95. Southampton City Council currently provides residential care services for older people and older people with dementia at Glen Lee and Holcroft House. The council has considered a number of options relating to these homes including closing one or both of them, re-modelling one of them so it can support people with more complex needs, or refurbishing the homes and keeping both homes open as they are now.

96. Southampton City Council recognise that demand for adult social care is increasing, however, the demand for residential care is decreasing.

97. The proposal considered five options, and recommended that the preferred option was to close both homes on 31st March 2020.

98. The main drivers for this proposal to close the service are:

- People are living longer with complex health conditions and would like a choice in how their care is provided.
- People wish to continue living at home for as long as possible, or to access alternatives like Housing with Care or Shared Lives schemes, rather than go into a residential care home.
- Both Glen Lee and Holcroft House are dated buildings, and whilst the quality of the care by staff is good, the facilities no longer meet modern standards.
- There is an over-provision of residential care placements in the local area.
- These services are higher, and therefore savings can be generated.

99. The proposal of closing both homes has anticipated savings of £1.3m, and if the council supported the option to close one home it would save the council an anticipated £913,000 a year if Glen Lee was closed, and £413,000 a year if Holcroft House was closed.

100. The unit cost (gross) based on 33 beds at Glen Lee and 34 Holcroft House at actual occupancy for one bed was £1,116 per week in 2017/18. The annual gross expenditure for 2017/2018 was £3,390,000.

101. The unit cost (gross) based on 100% occupancy (33 beds at Glen Lee and 34 Holcroft House) for one bed in 2018/19 is expected to be £1,057 per week. The annual gross expenditure for 2017/2018 was £3,390,000.

102. Holcroft House has maintained its occupancy. In 2017/2018 the average occupancy was 94.6% which has increased to 96.8% in June 2018.
103. Glen Lee had an average occupancy of 78% which following a substantial quality and safeguarding large scale enquiry it was reduced to 43.5% in June 2018.
104. At Holcroft House there 24 permanent residents, 5 respite and 5 vacancies. At Glen Lee there are 11 permanent residents, 2 residents awaiting Nursing placements, 7 respite and 13 vacancies. This information is true as of 14 January 2019.
105. The full cost of placement at Glen Lee and Holcroft is £558.04 per week (based on the maximum cost to the individual) the current contract rate in private residential homes is £474.18 per week.
106. Despite an increasing older person's population – increased by 12% between 2014 and 2018, and due to increase further, the council's use of residential care settings has reduced during that same period from 416 in March 2014 to 330 in September 2018 (21% reduction). The trend is even more marked over an eight-year period from 2011 to 2018 – 27% reduction. At the same time however, demand for nursing care has been increasing, reflecting a change in how need is met, as residential settings provide care for only the most complex of clients.
107. The current residents in both homes, if both homes close will need to be placed at alternative residential units, and will not be supported at home.
108. If the option is agreed to close one home, residents of the home to be closed will have the choice of moving to the one home that remains open, or to a suitable alternative.
109. The move to an alternative home would be subject to all assessments being completed, and agreement from the individual or their representative. If the resident chooses to move to an alternative home, Southampton City Council will ensure that they will not have pay more for their placement than they currently do.

Consultation

110. The 12 week consultation ceased on 16 January 2019, to consider the future use of Glen Lee and Holcroft House. The consultation on the future use of the residential homes received a total of 379 responses. A number of letters were also sent to local MP's and Councillors from concerned relatives, residents and staff.
111. Unison and Unite completed a joint campaign against the home closures.
112. Due to the number of queries raised through the consultation, the proposal was discussed on 15 November 2018 at the Overview and Scrutiny Committee.
113. The families were engaged every two weeks during the consultation to keep them up to date with the consultation to discuss advocacy, process, and to meet with the Leader of the Council, Councillor Hammond and Cabinet member for Adult Social Care Councillor Fielker.
114. The family meetings were attend by an average of 13 families. All communication and presentations were followed up with emails and letters.
115. Staff have been engaged every two weeks, and night staff have been supported to represent their views as part of the public consultation

116. The quality of alternative provision in the independent sector has been raised as a concern during the consultation. It is essential that the current level of care is not diminished and that their social care needs are fully met. Residents continue to enjoy the same quality of life, dignity and remain happy. Individuals will receive the same level of care in the independent sector to maintain their quality of life, dignity and to engage in activities that suit them.

117. Quality of Existing Provision was raised during the consultation period, compared to other homes, Holcroft House and Glen Lee provides a good level of care and activities and this is due to the dedication of the staff. The proposal to close the service is in no way a reflection on the quality of the care provided at Glen Lee and Holcroft House or on our staff.

Alternative Options Considered and Rejected

118. The council has considered a number of options for these homes, including:

- A. Closing both homes
- B. Closing one home
- C. Remodelling one home to support people with more complex needs
- D. Refurbishing the homes to improve facilities
- E. Keeping both homes open as now.

A: Close both homes (the preferred option at the start of consultation). Other providers would continue to provide residential care where this is needed, whilst the council focused on supporting people at home or in schemes like Housing with Care. For people who currently live in the two homes, this would mean that alternative care and support would have to be put in place. Thorough assessments would be undertaken of each individual resident of the homes to determine their needs and how they could best be met in future. These would take into account the views and preferences of the person, as well as their families, carers and where appropriate their independent advocates. This option would save the council £1.3 million per year.

B: Close one home. This would mean that either Glen Lee or Holcroft House remained open, whilst the other closed. For people who currently live in the home that was closed, this would mean that alternative care and support would have to be put in place (as above). This option would save the council £913,000 a year if Glen Lee was closed, and £413,000 a year if Holcroft House was closed.

C: Re-model one home to support people with more complex needs, as whilst demand for residential care is decreasing, demand for more intensive or nursing care is increasing. This would mean that fewer residents could be supported, as space would need used to put in place facilities like larger rooms, more toilet and bathing facilities and access for specialist beds. It would mean that alternative care and support would have to be put in place for some people who currently live in the homes. It would also require significant investment. The preliminary estimate of costs to remodel Holcroft House was £1.75 million.

D: Refurbishing the homes to improve facilities, for example en-suite personal bathrooms and toilet facilities and/or facilities that would allow couples to continue living together. This would mean that fewer residents could be supported, as space would need used to put in place such facilities. It would mean that alternative care and support would have to be put in place for some people who currently live in the homes. It would also require significant investment.

E: Keep both homes open. This option would mean that both homes stayed open, as they are now, and the council would try to ensure the homes had as few vacancies as possible by marketing them to people who pay for their own care.

119. As part of option C further work has been completed to look at the option of developing Glen Lee in to a Nursing Home. This has been rejected due to the substantial investment required and that the investment would not be sustainable in the future.
120. The preferred option to close both homes was the most unpopular option during the consultation. 80% of respondents disagreed with our proposal. Consultation found that the alternative private homes were not found to be acceptable to the relatives of the current residents of both homes.
121. It has been highlighted that both homes need to look at their business model, and to establish different business models going forward to ensure sustainability.
122. Option B is now currently the preferred choice post consultation, and it is felt that Glen Lee should be the home that is closed to allow for optimum savings to be generated.

Detail

123. Overall there appears to be an agreement with the overall principles of Adult Social Care set out in the consultation, however, the respondents did not seem to answer this in relation to the needs of the current residents.
124. To close both homes (the preferred option at the start of consultation) was the most unpopular option during the consultation. The majority of respondents did not agree with this option, as they felt that both homes had good quality care, which was more important than having the accommodation that the council aspired to.
125. Other providers would continue to provide residential care where this is needed. During the consultation it was found that the alternative private homes were not found to be acceptable to the relatives of the current residents of both homes.
126. With regard to the option to close one home, Glen Lee occupancy is significantly lower than Holcroft House, less people would be affected, and the amount of savings will be greater if Glen Lee is closed. It is anticipated that the current residents in Glen Lee could be supported within Holcroft House with the agreement of their representative and it is in their best interest. The initial care management review completed indicates that the risk to those at Glen Lee is lower than at Holcroft House. Further regular assessments and reviews will be required of all residents.
127. During the consultation remodelling of the homes was considered, looking at Glen Lee becoming a nursing home and Holcroft House to be a dementia hub. Although this would be beneficial to the communities of Southampton, it was not financially sustainable. The remodelling would require a substantial investment from the council. It was proposed that Glen Lee could be demolished and a 32 bedded nursing home could be built on this site. Although, there was a commissioning requirement for the provision, there was not a financial model, and would require a £5.9m investment. The remodelling of Holcroft house, considered the option of reducing the number of beds to accommodate more complex needs, and to widen the service choice to offer day services, meal provision and low level health needs. There was neither a financial model nor commissioning requirement. This has therefore been rejected as an option.
128. It has been highlighted that both homes need to look at their business model, and to establish different business models going forward to ensure sustainability. Holcroft House needs minimal investment to maintain the unit at the current service provision. Although further investment is required by Southampton City Council to ensure that it is adequately budgeted to provide the required level of support.

129. It is not financially viable or a requirement to continue with both homes, as there is an over provision of residential homes with dementia in the city or on its boundary. Therefore, the option to keep both homes at the current level of investment has been rejected.
130. Option B to keep one home, if one home is to close then Holcroft should be the preferred home to remain open due to impact on residents, and savings generated.
131. Themes from consultation:
- Disagreements or suggestions over the financing of the care homes
 - Should go for option E: Keep both homes open
 - Disagree with privately run care homes
 - Disagreement with care given in one's own home/in the community
 - These proposals are mostly money driven

Financial

132. Financial modelling has been undertaken to ascertain the financial implications of the future care arrangements set out in this report. It is difficult to predict future costs as these will depend upon the numbers of customers supported, the types of care arrangement and the costs of these arrangements.
133. The retention of Holcroft House without further adaptation would mean that the overall savings achieved would reduce from £1.3m for both homes to £913,000 a year if only Glen Lee was closed. Further investment is expected to be required to ensure sustainability of Holcroft House. A staffing restructure will be undertaken to ensure the right number of staff, with appropriate qualifications to meet the level of need and support the residents. A further review of the budgets, including the levels of sickness, and overall management of the homes will need to be considered.
134. The longer term implications for the future use and further development of the building and facilities in line with expectations of clients and wider stakeholders will also need to be considered should Holcroft House be retained. This work will continue to explore the options raised during the consultation around providing additional services. These costs have not been quantified at this stage.

Legal

135. Southampton City Council has a statutory responsibility to accommodate people assessed as requiring residential care services. There is a duty to make sure all care home provision that the Council places residents in is safeguarding individuals and that effective contract management is in place.
136. There was a common law expectation duty to consult on the proposals put forward. The Council carried out a 12 week detailed consultation in line with the compact agreement. Cabinet must take into account the responses given during the consultation process before making any decision.
137. The Equality Act 2010 imposes various duties on Local Authorities and in particular the duty to have due regard to its public sector equality duty when carrying out any function. In particular the duty to eliminate discrimination, harassment and victimisation and advance equality of opportunity and fostering good relations. Local Authorities also have a duty under the Human Rights Act 1998, when carrying out any function, not to act incompatibly with rights under the European Convention for the Protection of Fundamental Rights and Freedoms. In particular Article 2 The right to life shall be protected in law, Article 8, the right to respect for private and family life and Article 25 the rights of elderly to lead a life of dignity and independence and to participate in social and cultural life.

138. Local Authorities when carrying out any function must adhere to the United Nations Convention of the Rights of Person With Disabilities and in particular respect for dignity, autonomy, freedom to make own choices, equality and elimination of discrimination. The ESIA sets out how the Council has had due regard to equality, human rights and safety implications.
139. The Care Act 2014 imposes various statutory duties on Local Authorities when exercising Adult Social Care functions. This includes the duty to promote the individual's well-being and protect them from abuse and neglect, including self-neglect. There is also the duty to prevent or delay the developments of needs for care and support and the general duty to provide advice and information on care and support available.
140. Local authorities must meet all unmet eligible needs of care and support unless an exemption applies e.g. most self-funded. The Act also places various duties and responsibilities on Local Authorities to commission appropriate, efficient and effective services and encourage a wide range of service provision to ensure that people have a choice of appropriate services and an emphasis on enabling people to stay independent for as long as possible.
141. Guidance on closing care home and European and domestic case law confirmed that Local Authorities should minimise the effect of closure by carrying out risk assessments of the potential deterioration of resident's physical and mental health and also risk of fatality and put in place clear and transparent transition plans to mitigate these risks.
142. Local Authorities are not legally obliged at the date of decision to have identified an actual alternative care home for each resident but it must be satisfied that there is sufficient evidence there is availability within the area that could meet the residents needs in the event of closure and that the needs of all residents will be taken into account at any future potential closure date and all residents will only be required to move when appropriate alternative provision has been found for them which is suitable to meet there various needs and that any move minimises the risk to deterioration on any resident health and well-being.



Equality and Safety Impact Assessment

The **Public Sector Equality Duty** (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people’s needs. The Council’s Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with Section 17 of the Crime and Disorder Act and will enable the Council to better understand the potential impact of proposals and consider mitigating action.

Name or Brief Description of Proposal	Void and nomination agreements for supported living settings within Southampton
Brief Service Profile (including number of customers)	
<p>In order to support the development of more supported living settings, the Council is often asked to enter into void and nominations agreements with Registered Providers (in most cases housing associations). These agreements give the Council guaranteed rights to ‘nominate’ tenants to live in the properties. In return for these rights the Council accepts liability for void costs, guaranteeing payment of rent to Registered Providers during periods where one or more tenancies are vacant.</p> <p>The paper seeks approval from Cabinet to delegate authority to the Director for Quality & Integration, following consultation with the Service Director: Finance and Commercialisation to enter into void and nomination agreements for supported living settings.</p> <p>A learning disability housing needs assessment is in development and will provide a detailed description of the additional supported living requirements over the next ten years in terms of capacity and complexity. However as an indicator of the need, there are 60 individuals currently identified requiring alternative accommodation in the next 2- 3 years. Around 10-15 new properties will be needed to meet this level of need.</p>	
Summary of Impact and Issues	
No negative impacts have been identified as a result of developing more supported living in the city.	

Potential Positive Impacts	
<p>Some clients will be supported in their own homes rather than in a residential care setting. This will give greater independence as they will have their own tenancy agreements with the rights that that entails. On average individuals living in supported living are better off financially than those living in residential care and have more control over how their money is spent.</p> <p>Having a larger number and range of local supported living properties will provide more choice to individuals and their carers about where to live, the type of property and who to live with.</p>	
Responsible Service Manager	Kate Dench
Date	June 2019
Approved by Senior Manager	Stephanie Ramsey
Date	June 2019

Potential Impact

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Age	All affected individuals are 18+. There will be no change.	Not required
Disability	All individuals will have a disability.	Individuals will continue to receive the care and support they need but with the benefit of the supported living provider providing a more person-centred care plan. Before moving into supported living each individual will have a transition period during which an up to date social care review will be completed, addressing specific support needs and skills development.
Gender Reassignment	No identified negative impacts.	Not required
Marriage and Civil Partnership	No identified negative impacts.	Not required
Pregnancy and Maternity	No identified negative impacts.	Not required
Race	No identified negative impacts.	Having a wider range of supported living properties in different parts of the city will support delivery of

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
		services which are appropriate to culture / race.
Religion or Belief	No identified negative impacts.	Not required
Sex	No identified negative impacts.	Not required
Sexual Orientation	No identified negative impacts.	Not required
Community Safety	Community safety can be a concern and issue for some individuals. There remains stigma of people with learning disabilities in the community.	The Registered Provider and commissioned home care provider will be able to provide a more personalised care and support to address any potential issues related to community safety.
Poverty	Individuals living in residential settings are generally financially worse off than those within supported living placements or who continue living in family settings.	All individuals will receive an up to date review and individual support plans in order to identify their support needs. The offer of a referral to the Life Skills Team will be given. The FAB (Finance, Assessment and Benefits) Team will undertake individual assessments to maximise individual's benefits.
Health & Wellbeing	People with learning disabilities experience a number of health conditions at an earlier stage than the general population.	Living within the city will support individuals to access local health services including the specialist Learning Disability health services commissioned by the CCG.
Other Significant Impacts	None	

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