

# Special Meeting of Cabinet

Tuesday, 9th December, 2014  
at 4.30 pm

## PLEASE NOTE TIME OF MEETING

Council Chamber - Civic Centre

This meeting is open to the public

### Members

Councillor Simon Letts, Leader of the Council  
Councillor Stephen Barnes-Andrews, Cabinet Member for Resources and Leisure  
Councillor Daniel Jeffery, Cabinet Member for Education and Change  
Councillor Mark Chaloner, Cabinet Member for Children's Safeguarding  
Councillor Satvir Kaur, Cabinet Member for Communities  
Councillor Jacqui Rayment, Cabinet Member for Environment and Transport  
Councillor Dave Shields, Cabinet Member for Health and Adult Social Care  
Councillor Warwick Payne, Cabinet Member for Housing and Sustainability

(QUORUM – 4)

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## **BACKGROUND AND RELEVANT INFORMATION**

### **The Role of the Executive**

The Cabinet and individual Cabinet Members make executive decisions relating to services provided by the Council, except for those matters which are reserved for decision by the full Council and planning and licensing matters which are dealt with by specialist regulatory panels.

### **The Forward Plan**

The Forward Plan is published on a monthly basis and provides details of all the key executive decisions to be made in the four month period following its publication. The Forward Plan is available on request or on the Southampton City Council website, [www.southampton.gov.uk](http://www.southampton.gov.uk)

### **Implementation of Decisions**

Any Executive Decision may be “called-in” as part of the Council’s Overview and Scrutiny function for review and scrutiny. The relevant Overview and Scrutiny Panel may ask the Executive to reconsider a decision, but does not have the power to change the decision themselves.

**Mobile Telephones** – Please switch your mobile telephones to silent whilst in the meeting.

### **Use of Social Media**

If, in the Chair’s opinion, a person filming or recording a meeting or taking photographs is interrupting proceedings or causing a disturbance, under the Council’s Standing Orders the person can be ordered to stop their activity, or to leave the meeting

### **Southampton City Council’s Priorities:**

- Jobs for local people
- Prevention and early intervention
- Protecting vulnerable people
- Affordable housing
- Services for all
- City pride
- A sustainable Council

### **Executive Functions**

The specific functions for which the Cabinet and individual Cabinet Members are responsible are contained in Part 3 of the Council’s Constitution. Copies of the Constitution are available on request or from the City Council website, [www.southampton.gov.uk](http://www.southampton.gov.uk)

### **Key Decisions**

A Key Decision is an Executive Decision that is likely to have a significant

- financial impact (£500,000 or more)
- impact on two or more wards
- impact on an identifiable community

Decisions to be discussed or taken that are key

### **Procedure / Public Representations**

Reports for decision by the Cabinet (Part A of the agenda) or by individual Cabinet Members (Part B of the agenda). Interested members of the public may, with the consent of the Cabinet Chair or the individual Cabinet Member as appropriate, make representations thereon.

**Fire Procedure** – In the event of a fire or other emergency, a continuous alarm will sound and you will be advised, by officers of the Council, of what action to take.

**Smoking policy** – The Council operates a no-smoking policy in all civic buildings.

**Access** – Access is available for disabled people. Please contact the Cabinet Administrator who will help to make any necessary arrangements.

### **Municipal Year Dates (Tuesdays)**

<b>2014</b>	<b>2015</b>
17 June	20 January
15 July	10 February*
19 August	17 February
16 September	17 March
21 October	21 April
18 November	
16 December	(* Budget)

## **CONDUCT OF MEETING**

### **TERMS OF REFERENCE**

The terms of reference of the Cabinet, and its Executive Members, are set out in Part 3 of the Council's Constitution.

### **RULES OF PROCEDURE**

The meeting is governed by the Executive Procedure Rules as set out in Part 4 of the Council's Constitution.

### **DISCLOSURE OF INTERESTS**

Members are required to disclose, in accordance with the Members' Code of Conduct, **both** the existence **and** nature of any "Disclosable Pecuniary Interest" or "Other Interest" they may have in relation to matters for consideration on this Agenda.

### **DISCLOSABLE PECUNIARY INTERESTS**

A Member must regard himself or herself as having a Disclosable Pecuniary Interest in any matter that they or their spouse, partner, a person they are living with as husband or wife, or a person with whom they are living as if they were a civil partner in relation to:

(i) Any employment, office, trade, profession or vocation carried on for profit or gain.

(ii) Sponsorship:

Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

(iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.

(iv) Any beneficial interest in land which is within the area of Southampton.

(v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.

(vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.

(vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:

a) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or

b) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class.

### **Other Interests**

A Member must regard himself or herself as having an, 'Other Interest' in any membership of, or occupation of a position of general control or management in:

Any body to which they have been appointed or nominated by Southampton City Council

Any public authority or body exercising functions of a public nature

Any body directed to charitable purposes

Any body whose principal purpose includes the influence of public opinion or policy

### **Principles of Decision Making**

All decisions of the Council will be made in accordance with the following principles:-

### **BUSINESS TO BE DISCUSSED**

Only those items listed on the attached agenda may be considered at this meeting.

### **QUORUM**

The minimum number of appointed Members required to be in attendance to hold the meeting is 3.

- proportionality (i.e. the action must be proportionate to the desired outcome);
- due consultation and the taking of professional advice from officers;
- respect for human rights;
- a presumption in favour of openness, accountability and transparency;
- setting out what options have been considered;
- setting out reasons for the decision; and
- clarity of aims and desired outcomes.

In exercising discretion, the decision maker must:

- understand the law that regulates the decision making power and gives effect to it. The decision-maker must direct itself properly in law;
- take into account all relevant matters (those matters which the law requires the authority as a matter of legal obligation to take into account);
- leave out of account irrelevant considerations;
- act for a proper purpose, exercising its powers for the public good;
- not reach a decision which no authority acting reasonably could reach, (also known as the “rationality” or “taking leave of your senses” principle);
- comply with the rule that local government finance is to be conducted on an annual basis. Save to the extent authorised by Parliament, ‘live now, pay later’ and forward funding are unlawful; and
- act with procedural propriety in accordance with the rules of fairness.

## AGENDA

### 1 **APOLOGIES**

To receive any apologies.

### 2 **DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS**

In accordance with the Localism Act 2011, and the Council's Code of Conduct, Members to disclose any personal or pecuniary interests in any matter included on the agenda for this meeting.

NOTE: Members are reminded that, where applicable, they must complete the appropriate form recording details of any such interests and hand it to the Democratic Support Officer.

### 3 **STATEMENT FROM THE LEADER**

### 4 **FUTURE OF DAY SERVICES IN SOUTHAMPTON** (Pages 1 - 24)

Report of the Cabinet Member for Health and Adult Social Care detailing recommendations for the future of Day Services in Southampton, attached.

### 5 **FUTURE OF THE RESPITE SERVICE FOR ADULTS WITH LEARNING DISABILITIES** (Pages 25 - 48)

Report of the Cabinet Member for Health and Adult Social Care detailing recommendations for the future of the respite service for adults with learning disabilities, attached.

### 6 **FUTURE OF WOODSIDE LODGE RESIDENTIAL CARE HOME** (Pages 49 - 70)

Report of the Cabinet Member for Health and Adult Social Care detailing recommendations for the future of Woodside Lodge residential care home, attached.

Monday, 1 December 2014

Head of Legal and Democratic Services

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# Agenda Item 4

**DECISION-MAKER:** CABINET  
**SUBJECT:** FUTURE OF DAY SERVICES IN SOUTHAMPTON  
**DATE OF DECISION:** 9 DECEMBER 2014  
**REPORT OF:** CABINET MEMBER FOR HEALTH AND ADULT SOCIAL CARE

## CONTACT DETAILS

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## STATEMENT OF CONFIDENTIALITY

NOT APPLICABLE

## SUMMARY

Cabinet is recommended to approve the restructure of Southampton Day Services (SDS) including a reduction in the number of bases used for delivery from four centres and four satellite services to two centres, after taking into account the consultation findings and all relevant factors. The current bases are; Sembal House, Freemantle Community Centre, Woolston Community Centre and St Denys Community Centre, with satellite services being; Nutfield (operating 5 days a week), Wooden reflections (operating 3 days a week), Tools for self-reliance(TFSR- operating 2 days a week) and Stella Maris (operating 2 days a week).

## RECOMMENDATIONS:

- (i) To consider the responses received during a public consultation into the future of SDS conducted between 24 July and 23 October 2014, outlined in Appendix 1.
- (ii) To authorise the restructured Southampton Day Services service to cease service delivery out of two centres, (St Denys and Freemantle) and all satellite bases when all of their current service users have been supported to move to suitable alternative care settings and to restructure the remaining service to provide an alternative model of delivery that is fit for the future needs of Southampton residents and users.
- (iii) To note that the needs of current service users will be thoroughly reviewed prior to and following their moves to ensure that these needs continue to be met and to reduce any impact on their wellbeing.
- (iv) To note that if the proposal is agreed to undertake a 45 day consultation with affected staff with a view to minimising or avoiding compulsory redundancies.
- (v) To note that a further review may be required into alternative delivery models following a restructure.
- (vi) To delegate authority to the Director, People following consultation with the Cabinet Member for Health and Adult Social Care to do anything necessary to give effect to the proposals in this report.

## REASONS FOR REPORT RECOMMENDATIONS

1. The council would like to develop a wider range of options for individuals who require support to access day opportunities, such as further developing a wider range of commissioned services and supporting service users to access existing community facilities through greater use of direct payments and personal budgets, instead of directly providing care and support.
2. Traditional day services have been matched to individuals instead of individual packages of care tailored to meet personal preferences and lifestyle. Services are currently delivered in 4 community centres (Sembal House, Woolston Community Centre, Freemantle Community Centre and St Deny's Community Centre) and 4 satellite bases (Nutfield, TFSR, Stella Maris and Wooden reflections), with users being exclusively people with assessed and eligible social care needs. While some progress has been made in moving away from traditional building based services, the service currently offered does not make best use of existing available community assets and services, and does not encourage inclusion into the wider community.
3. The need to move towards more personalised forms of care, where individuals can exercise more choice and control over the support and services they access is a priority both locally and nationally. In concert with this, the requirement to offer direct payments to individuals is national policy. The council currently performs in the bottom three of all councils nationally around this performance indicator, with our take up rate of direct payments currently standing at only 6% compared to a national average of 21.03% (data taken from Ascot outcome (1c(2) 2013/2014). The policy direction and imperative to offer more personalised forms of care and in particular to offer direct payments continues to be a national driver as set out in the Care Act 2014 becoming a legislative requirement from April 2015.
4. There is significant evidence nationally that direct payments support people to have increased choice, control, flexibility and an improved quality of life. They can provide bespoke solutions for unique needs which then improve outcomes for individuals. Improved outcomes can have a cost benefit by reducing the need for other services. Direct Payments cannot be used to purchase council run services.
5. Whilst there is some alternative provision of day services of the required type and quality in Southampton, it is unlikely that this is able to meet all current and forecast demands. Service users currently accessing SDS have a range of differing levels of complexity of need and span a wide age range and it is not possible to tailor the existing service to meet everyone's individual needs and interests.
6. The longer term viability of SDS may be at threat if no changes are made. This is due to an expected increase in the uptake of direct payments and evidence of people using their direct payment to purchase less traditional, more creative care solutions such as employing personal assistants, paying for community based activities or supported holidays.

In the 14-18 years age group of those with a learning disability – who in the past may have been expected to access SDS when they become an adult – the uptake of direct payments has increased from 12% in 2009/10 to 32% in 2014/15 and this trend is expected to continue over the next few years, particularly in light of the right to request a personal budget and focus on more personalised services brought in by the Children & Families Act 2014 and the Care Act 2014.



7. The statutory requirement to consult with service users, their families and other stakeholders has been fulfilled and although the overwhelming response was to keep SDS open, their comments have helped to ensure that all relevant factors have been taken into consideration.
8. Evidence from discussion with service users, their families and carers and with experienced social care practitioners shows that the development of services for individuals with the highest needs and most challenging behaviour will take time. It will also be important that users and their carers are confident in and comfortable with these alternatives. A phased approach supports this period of transition. A full Equality and Safety Impact Assessment has been carried out to identify the potential impact and mitigation of these proposals on service users and their carers and is attached at appendix 2 for consideration.
9. Consultation undertaken with staff during the formal consultation period suggested a desire to restructure the service. The proposals within this report have been developed in conjunction with SDS staff and reflect their views that the service needs to be restructured to provide a sustainable and desirable delivery model for the future.
10. If the proposals are agreed there will be full consultation with affected staff on the future structure and staffing model. Officers will also ensure that the implementation of agreed proposals will be done in conjunction with the current work on the Community Asset Strategy, as the pilot phase focuses on Council owned community centres.

#### **ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

11. The alternative option of keeping all services currently provided by SDS was considered and rejected for the reasons set out above.
12. The option of ceasing activity at all sites used by SDS was considered and rejected because there is recognition that further market development will be necessary to ensure that all service users can access appropriate services. In particular, it was recognised that those service users with the most complex and challenging needs, along with those service users who have been attending SDS services for a significant number of years, will require time and support to transition to alternative services, and that services for those service users with the highest needs are not currently widely available or with sufficient capacity to meet the likely needs of all of our existing service users.
13. The option of developing a social enterprise or other alternative delivery vehicle to provide the full range of services currently provided by SDS was considered and rejected because of the likely time it would take to develop an enterprise of the size and scale necessary. However, it was felt that this is an option that should be revisited in the future.

#### **DETAIL (Including consultation carried out)**

14. SDS is a collection of centre-based day services operating from four distinct community centres and four satellite buildings, catering to service users with different types and levels of need and based in four separate locations across the city:
  - Sembal House: a day service for adults with physical disabilities and mental health issues providing 134 sessions per week to 41 service users.
  - St Denys: a day service for adults with learning disabilities providing 257 sessions per week (building and community-based) to 55 service users.
  - Woolston Community Centre: a day service for adults with learning disabilities

and complex needs providing 281 sessions per week (building and community-based) to 55 service users.

- Freemantle: a day service for adults with learning disabilities providing 312 sessions per week (building and community-based) to 69 service users.
  - Nutfield operating 5 days a week with 44 clients receiving 140 sessions per week.
  - Wooden reflections operating 3 days a week with 13 people accessing 31 sessions per week.
  - TFSR (Tools for self-reliance) operating 2 days a week with 15 people accessing 31 sessions per week.
  - Stella Maris, operating 2 days a week with 27 people accessing 56 sessions.
15. The majority of SDS services are building based offering a range of activities such as arts and crafts, life skills and educational programmes and in some cases offering specialist therapy and services. All services provide transport and support for trips and activities in the community. The service is used predominantly by individuals with learning disabilities and internally provided day services have a high volume of individuals with more profound and multiple learning disabilities than individuals using external services.
16. In addition to SDS, the council commission a range of external services comprising over 39 different providers, of which 29 are locally based and offer the traditional building based options. Services include horticultural, farm, sport and skills based activities. Some services provide specialist support but few have buildings with the necessary adaptations and facilities to support individuals with higher support needs. This market will require further development to respond to an increasingly personalised purchasing approach.
17. An analysis of current SDS service users was conducted in May 2014, using three broad support bands:
- Band 1 – individuals requiring support on an average 12 clients to 1 staff member basis. Currently there are 143 clients in this banding.
  - Band 2 – individuals requiring occasional one to one support on a 6 to 1 basis for particular activities. Currently there are 48 clients in this banding.
  - Band 3 – individuals requiring regular 1 to 1 staffing to keep them safe and support them appropriately. Currently there are 23 clients in this banding.
18. The decision to consult on the future of SDS was based on the current cost of the service, the predicted future needs of service users and the national policy imperative to offer more personalised forms of care. Consideration was also given to the inflexibility of the current service model and responses to requests from service users and their families for increased options for day services.
19. Cabinet approved a public consultation on the future of SDS on 15 July 2014 and this ran from 24 July 2014 to 23 October 2014. During this time, the families and carers of SDS service users were invited to attend six meetings held at each SDS base across a 90 day period. This is a total of twenty four meetings across all of the SDS sites Meetings were held at Sembal house on 11 August 2014, 15 September and 13 October September 2014, at Freemantle Community Centre on 14 August, 11 September and 9 October 2014, at St Deny's on August, 22 September and 20 October 2014 and at Woolston Community Centre on 12 and 27 August, 24 September and 14 October 2014. These meetings were generally well attended and independent advocates were available to provide support. In addition, there were two public meetings held at the Civic Centre on 8 August 2014 and 22

October 2014. Information about the consultation was published on the council's website and was covered by the Daily Echo and BBC Radio Solent.

20. Copies of the notes taken at these meetings and all of the responses received are available in Members' rooms and these are summarised in Appendix 1.
21. A number of options for the future of SDS were presented during the consultation, reflecting the desire to move towards a wide range of more personalised services:
  - (a) for services at all centres to remain and service delivery to remain unchanged;
  - (b) for services at all centres to be discontinued with current service users being supported to access alternative commissioned provision;
  - (c) for users and their families to be offered a direct payment to be able to purchase their own form of day activity, for example, utilising a direct payment to purchase a season ticket for the football, or accessing existing leisure facilities; and
  - (d) for the service to be restructured so that those services users with lower needs could access existing provision (commissioned from external providers or through a direct payment) and those service users with the most complex needs would continue to be supported by SDS at a reduced number of sites.
22. Independent advocates worked separately with the service users of SDS and were able to record the views of 102 service users, where appropriate. These were generally very positive about their experiences of SDS provision. Many made reference to the value of the wide range of activities that SDS offer and the personal value they gain from spending time with friends who also receive support from SDS. Of the responses gained with the help of advocates 15 individuals (15%) agreed that the council should look at different ways of meeting the needs of people who use SDS. 8 individuals (8%) gave no reply or said that they did not mind. The remaining individuals (79 or 77%) felt that the council should not make any changes to the provision of day services in Southampton.
23. Assessments of need will be carried out with all service users of SDS and the options for future care and support will be considered. This will include considering the suitability of utilising direct payments to purchase individually tailored forms of day opportunities, accessing one of the council other commissioned day services providers or continuing to use the restructured SDS service. The assessment will set the expected care needs and it is likely that for users with higher level (band 3) needs, some form of building based service will still be required. The councils current externally commissioned provision would not be able to accommodate those service users with the highest level of need (band 3) and it is likely that due to the severity and complexity of their needs that accessing existing community provision would also not be appropriate.
24. Day service provision is not subject to regulation or inspection by the Care Quality Commission (CQC). Where services are externally commissioned, quality and evidence of how quality will be delivered and measured is a key part of the tendering process. The council's Integrated Commissioning Unit has a dedicated provider quality unit, which carries out separate checks and responds to complaints about poor quality provision in Southampton. The internal team can set expectations for improvements to services and can act to withdraw funding for providers that consistently fail to achieve acceptable standards. A challenge for all councils when increasing the take up of direct payments is that the statutory duty to ensure quality and to safeguard vulnerable adults is retained but control over what services are accessed and particularly what quality safeguards are in place for those services is up to the service user and/or their carer. A facet of a more personalised system is the appointment of adults with the mental capacity to do so

are allowed to make choices with which the council or their families may not always agree.

25. In order to reduce reliance on more traditional building based forms of care, the development of a clear, easily accessible and attractive direct payment process is a key dependency. As previously noted, the council has not been performing well in the take up of direct payments, and as part of the consultation specific meetings were arranged to give families and carers a clearer understanding of direct payments and the potential benefits of alternative forms of day care. Alongside this work, a project is being undertaken with users, carers and partners to redesign our direct payment system.
26. As a result of central government's policies on deficit reduction, the public sector as a whole is experiencing a continued period of expenditure restraint. Within this environment, as a sector, local government is experiencing a greater proportion of the reduction in funding when compared with Health, Education and Police. This national picture is reflected locally, as the council continues to experience a significant decrease in government grant funding. It is against this background and the need for a further reduction in expenditure that this decision is being made. At the time of writing, the council has a budget gap of £4.3m for 2015/16, which is forecast to increase to £54.2m for the three years from 2015/16 to 2017/18. The Health and Adult Social Care Portfolio currently represents 33% of the council's Net Portfolio General Fund budget.
27. Spending in this area is subject to demand-led pressures associated with the provision of social care, which stem largely from demographic trends, including an ageing population and people having increasingly complex care needs.
28. Overall expenditure on internal day provision is £1.8M per annum, this equates to a weekly expenditure of £35,500, based on a 52 week schedule, although some services close over key holiday periods (summer and Christmas). Over 70% of expenditure is directed towards clients with learning disability, who form over 50% of the client population.
29. The remaining budget for SDS services will be used to fund the structure and costs required to maintain two building based services at Sembal House and Woolston. The changes required to the establishment will be subject to full consultation with staff and unions. A budget will also remain to fund the cost of re-provision for eligible clients that no longer attend SDS. It is envisaged that the cost of re-provision will be in the range of £140,000 to £450,000 per annum. This range is subject to full reviews of client needs being undertaken. In the short term this figure would reduce if applied predominantly to clients with learning disabilities, where the re-provision cost are currently higher. It is anticipated that the cost of re-provisioning for these clients will decrease as market development work begins to impact on developing wider alternatives and improving quality and price.
30. There are 57 staff (49.09 fte) across all SDS sites with a further 27 staff (15.3 fte) working on zero hour contracts. Staff on zero hour contracts may have employment rights due to length of service. The staffing structure in SDS is currently top heavy, with 4 layers of management across the service. The funded establishment includes a budget for staff working on zero hour contracts. Whilst there has been additional use of additional support workers within the centres this has previously been managed within the existing budgets. SDS regularly spend an average of £25K per month on zero hours contract workers.
31. Analysis of the market place shows that in addition to SDS there are currently 112

people (adults) accessing day services commissioned from external providers.

32. A wider review of day services, including those commissioned from external providers had commenced at the time the decision to consult on the future of internal day services was made and this has continued. The review sought to address:
  - approaches that enable individuals to be active participants in their local communities, seek employment and education opportunities;
  - services that are cost effective and efficient; and
  - support to carers.
33. Further work is required to inform the design and development of services for the emerging populations over the next 5-10 years who are choosing different options.
34. Retaining 2 SDS bases and restructuring the service does not impact on individuals' eligibility for support to meet their social care needs. The current criteria under the Fair Access to Care Services (FACS) scheme or, from 1 April 2015, under the Care and Support (Eligibility Criteria) Regulations 2014 will be applied and individuals with eligible needs that are best met through accessing a day service will be supported in the council's remaining restructured service or through a private or independent provider.

## **RESOURCE IMPLICATIONS**

### **Capital/Revenue**

35. The budget report presented to Cabinet on 16th July 2014 identified that a review of the Council's provider services would be undertaken. This review and associated consultation has now been completed. It is now anticipated that the proposed restructure of Southampton Day Services will achieve a minimum and maximum saving of £540,000 and £850,000 respectively for 2015/16 and minimum and maximum savings of £700,000 and £1,010,000 for 2016/17.
36. The budget for Southampton Day Services including the four Day Centres, (Sembal, Woolston, Freemantle and St Denys) and the four satellites, (Wooden Reflections, Tools for Self-Reliance, Stella Maris and Nutfield Nursery) is £1,840,000. The proposed reduction in bases by 1<sup>st</sup> April 2015 will save £990,000 on a recurring basis. In addition, as per the proposal in this report, an element of the saving from the reduction in bases will be required to fund the cost of reprovision for those eligible clients no longer attending SDS.
37. The cost of reprovision for the clients no longer attending SDS is difficult to quantify with certainty as detailed assessments of clients' needs has not yet taken place. However, the cost of reprovision can be expected to be within the range of £140,000 and £450,000 dependant on the outcome of the reviews. The level of likely saving in 2014/15 therefore could span across the range; £850,000 to £540,000.
38. For 2016/17 it is anticipated that further work in respect of market development and client reviews will be required. It is expected that this work, undertaken during 2015/16 will achieve a minimum of £160,000 additional saving in 2016/17. The current level of saving proposed in both 2015/16 and 2016/17 are realistic estimates. However should, after the client reviews are completed, it be identified that a further saving has been made this will be subject to another saving proposal.
39. Consultation with staff employed at SDS will commence in January 2015 with a view to minimising or avoiding compulsory redundancies and restructuring the

existing service. There are currently 49.09fte posts within the funded establishment of which 5.64fte are vacant. This proposal could affect 57 people that could be subject to compulsory redundancy should alternative suitable employment not be found within the Council. In addition there are 27 staff currently working on zero hours contracts. It is anticipated that vacancies within People Directorate will help in the reduction of the number of compulsory redundancies arising from this proposal. The cost of any redundancies will be picked up within a central provision.

### **Property/Other**

40.

Adult day services are provided from 4 main sites, with 4 additional locations used to offer specific elements of the service. Of the 4 main sites, 3 are cost neutral and available through a lease agreement with the relevant Community Association. The fourth site is owned by SCC and provides accommodation to the City Care First team and one voluntary sector agency.

### **LEGAL IMPLICATIONS**

#### **Statutory power to undertake proposals in the report:**

41. When considering the recommendations and in particular the decision to cease delivery of SDS services at two existing centres and to restructure the remaining service the Council must take into account a number of factors, including:

The representations made during the consultation and any analysis of the consultation

The equality impact assessment bearing in mind its public sector equality duties as well as all other relevant information.

The effect on individual health, lives and well-being of service users and their carer's in having to use alternative day services or other models of delivery , particularly individuals who regularly use the day services

Consideration of any duty under the Human Rights Act 1998 so as not to act incompatibly with the rights under the European Convention for the Protection of Fundamental Rights and freedoms ("the Convention"). The Council will need to consider whether the proposed closure is likely to breach any of the service users rights e.g. Article 2 the right to life, Article 3 the right not to be subjected to torture or inhuman or degrading treatment and Article 8 the right to respect for a person's family life and their home. If this decision is likely to breach the convention the Council will need to examine any particular facts and determine if such a breach is justified and proportionate. The Council can though take into account general economic and policy factors which have led the Council to conclude that the home should be closed. This though must be balanced against the impact on the service users.

The Care Act 2014 requires local authorities to prepare for implementation of the Act in April 2015 and April 2016. The recommended option of moving to a more personalised service approach would support greater compliance with the Care Act.

The Act though places various duties and responsibilities on Local Authorities about commissioning appropriate services. In particular all Local Authority should encourage a wide range of service provision to ensure that people have a choice of appropriate services, local authorities must ensure their commissioning practices and the services delivered on their behalf comply with the requirements of the Equality Act 2010 and should encourage services that respond to the fluctuations and Changes in people's care and support needs.

The Care Act also places duties on Local Authority to carry out an assessment of any carers needs. This can include participation in education, training and recreation.

The Council has a number of statutory duties and powers to individuals under various pieces of legislation to assess individual needs and then to provide appropriate care, support and accommodation for the eligible needs.

The Care Act 2014 provides an updated legal framework for care and support and introduces a number of new rights, responsibilities and processes. All Local Authorities are now in the transition phase with parts of the Act coming into force in April 2015. When carrying out new assessment or when re-assessing individuals, the needs assessment must be carried out in line with the Care Act 2014. It would also be best practice when assessing the impact on carer's to ensure this is done in compliance with the 2014 Act.

#### **Other Legal Implications:**

42. If service users are moved from SDS services against their will, this is likely to constitute a prima facie breach of their rights under Article 8(1) the Council need to consider whether this breach can be justified as above.

In addition if any service user is subject to restraints that amount to a deprivation of liberty and no less restrictive options are available to meet that persons needs any planned move from the unit must be lawfully authorised either by the Deprivation of Liberty safeguards or by an order of the Court of Protection, whichever would be most appropriate.

There is a legal requirement to consult with staff where redundancies are contemplated. The 45 day consultation referred to earlier in this report will meet this requirement.

#### **POLICY FRAMEWORK IMPLICATIONS**

43. These proposals are aligned to the Community Asset Strategy and following priorities set out in the Council Strategy 2014 -2017:
- Prevention and early intervention.
  - Protecting vulnerable people.
  - A sustainable Council.
  - Officers will also ensure that the implementation of agreed proposals will be done in conjunction with the current work on the Community Asset Strategy, as the pilot phase focuses on Council owned community centres

**KEY DECISION?** Yes  
**WARDS/COMMUNITIES AFFECTED:** ALL

**SUPPORTING DOCUMENTATION**

**Appendices**

1. Summary of Consultation Responses
2. Equality and Safety Impact Assessment

**Documents In Members' Rooms**

1. Record of all the Consultation Responses Received

**Equality Impact Assessment**

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out? Yes

**Other Background Documents**

**Equality Impact Assessment and Other Background documents available for inspection at:**

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1. ADULT SOCIAL CARE PROVIDER SERVICE: CABINET REPORT DATED 15 <sup>TH</sup> JULY 2014 (SEEKING APPROVAL FOR A PUBLIC CONSULTATION ON THE FUTURE OF WOODSIDE LODGE)	



# Agenda Item 4

Appendix 1

APPENDIX 1

## **Consultation on the future of Day Services**

### **Summary of responses received**

## Contents

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## **1 Consultation approach**

- 1.1 Relatives and carers of day service users were invited to a meeting that took place at day centres on Monday 7 July 2014. At the meeting, they were advised that Cabinet would be considering a proposal to hold a public consultation on the future of day services. A staff briefing was held on the same day. A copy of the presentation was posted to relatives after the meeting.
- 1.2 Cabinet considered this proposal and approved a public consultation on the future of Day Services on 15 July 2014 and this ran from 24 July 2014 to 23 October 2014. The consultation was covered by local media, including the local newspaper (Daily Echo) and local radio (BBC Radio Solent).
- 1.3 The schedule of meetings was published on the council's website and relatives and carers of Day Service users were sent this by post with an invitation to attend. Staff were briefed so that they could give information about the proposals and the ways in which to respond. The schedule of meetings is attached at Appendix A.
- 1.4 A consultation document including a questionnaire was published on the council's website, where it could be downloaded, and was made available at all of the consultation meetings and from Day Service Staff. The consultation document is attached at Appendix B.
- 1.5 A total of 13 meetings were arranged as part of the Day Services Consultation. 3 meetings were arranged for service users, families and carers and were held at Sembal House. 10 meetings were arranged for relatives and carers and these were all held at a variety of Day Centre buildings. Representatives from Choices Advocacy and, or, Carers in Southampton attended meetings and were able to support relatives, as required. The Cabinet Member for Health and Adult Social Care attended some of the meetings.
- 1.6 The format of the group meetings consisted of a presentation given by the Interim Head of Adult Services followed by a question and answer session. Notes of these meetings were taken and these are attached to Appendix A.
- 1.7 In addition to the 13 meetings held at Day Centres, two public meetings were held at the Civic Centre at 6pm on 8 August 2014 and 22 October 2014. These meetings covered the proposals regarding Day Services along with separate proposals for the future of respite services and the future of a residential home, Woodside Lodge. A verbatim record of these meetings, chaired by the Director of People, was made and this is attached to Appendix A. The Cabinet Member for Health and Adult Social Care also attended these meetings, along with representatives from Choices Advocacy (both meetings) and Carers in Southampton (the second meeting).

- 1.8 In addition to the above, a meeting for carers was hosted by Southampton Mencap (carers' lunch); two meetings were held with the council's partners and care providers; and meetings in public were held at Consult and Challenge (Spectrum Centre for Independent Living) and Southampton Healthwatch. These meetings included the proposals for day services along with those for respite services and Woodside Lodge. Notes from these meetings have been placed in Members' rooms and are available on request.
- 1.9 Several briefings were also held for Members of the council and the consultation and proposals were considered at a meeting of the council's Overview and Scrutiny Management Committee (OSMC) on 11 September 2014. The minutes of this meeting are available online at <http://www.southampton.gov.uk/modernGov/ieListDocuments.aspx?CId=123&MId=2852&Ver=4>
- 1.10 A dedicated email address was publicised on the council's website and at all of the meetings outlined above. Everyone who attended the meetings was invited to respond to the consultation in the way that best suited them, including a direct invitation to phone or write to the Interim Head of Adult Services or a member of the project team, whose contact details were included in the presentations.
- 1.11 Independent advocates from Choices Advocacy worked separately with the service users of day services and were able to record the views of 102 of its current service users, where appropriate.

## **2 Questionnaire responses**

- 2.1 163 questionnaire responses were received related directly to day services. The majority were received by users of day services, however other respondents included members of day services staff (7), other staff member (4), carer of person using day services (2) and those interested in the ways adult services are provided in Southampton (3). 102 of the responses were received from services users with the help and support of independent advocates.
- 2.2 27 responses (16.5%), from all completed questionnaires agreed that the way the council provide day services should be reconsidered. 15 respondents did not mind or felt unable to answer the questions. The remaining 121 (74%) respondents felt that the council should not change the way day services are provided.
- 2.3 A number of questionnaire responses contained questions. These requests have been summarised and the councils response is, as follows:

<b>Comment</b>	<b>Council's response</b>
One response suggested that reasons for consultation had not been clear.	At all meetings time was taken to explain why the decision to consult has been made. These reasons include: a need to ensure that services fit with current lifestyles, promotion of independent living where individuals are empowered to make their own decisions, services need to be more flexible to ensure all needs of people are fully met, with life expectancy ever increasing a growing demand is highly likely and current provision may not be providing the best value so we want to ensure individuals, who are eligible, are supported to achieve the best outcomes for the money available.
Concerns were raised that it was not suitable to consult with service users.	Different approaches were taken on how to consult with individuals based on their needs and understanding. Individuals were supported by their families, carers, social workers and care managers and independent advocates were also used to gain the views of service users where appropriate.
It is not always suitable for serviced users to manage their own budgets.	Direct payments do required a managed approach but this is not required to be the service user themselves. They are able to receive support from relatives and carers in this matter and are also able to, if they wish, use some of their finance to buy help to manage their direct payment.

2.4 From the responses received a number of themes emerged of areas respondents felt were of particular importance. These are summarised as follows:

- The potential loss of friendship is of major concern to service users. Many service users explained that the day centres have led them to create their friendship circles and fear how they will recover this if the day centres are lost.
- Service users, relatives and carers alike explained that the activities provided by day services have both social and educational benefits to

them. They fear that alternatives will not combine both important aspects.

- The wide range of activities provided by all day centres was also discussed. Many praised the wide range and the benefits these brought. On the other hand other responses also suggested that day services need to be more flexible in the activities they provide. Further suggestions made also noted that other services in addition to day services should be provided however no detail about what these services should be was given.
- Staff are clearly seen as a valuable resource within day services. Concern was raised that staff who know service users and their needs will be lost. Furthermore some individuals expressed that these links can take a long time to be built up making them very important.
- Concerns were raised as to how service users often struggle with change and that settling into new services can sometimes be a slow transition.
- A couple of responses suggested that the way services are already provided are innovative and “forward thinking” and suggested that the council do not provide services in a “traditional” way.
- One respondent stated “the fees are not fair and do not represent the service that clients receive”. The council’s response is that if services are changed then service users would be able to choose the services of most value to them.
- A number of respondents explained how safe the environment the day service provides makes them feel very safe – this is something they really value.
- A few respondents explained that they already use services provided by both private and public sector organisations. They explained that both had real value to them and that they enjoyed both aspects.
- A fairly large number of responses made reference to the Café provision at day centres. Many explained that the skills running the café bring are incredibly important.
- A few respondents explained that having teams based in some of the building in which day services are provided is valuable as it mean that “there is always someone around”.

### **3 Written responses**

- 3.1 In addition to the questionnaire responses, 25 letters from a number of sources were received. The respondents included relatives of service users, carers of services users, social workers and managers contacting on behalf of service users as well as local voluntary sector groups.
- 3.2 The majority of responses were strongly in favour of ensuring day services are retained in their current state as they are viewed as a valuable service. A number of people expressed concerns about where alternatives may be sourced from should day services not be provided in their current state.

- 3.3 One respondent raised concerns with the manner in which the consultation had been conducted. The concern continued to explain finding materials on the council's website had been difficult. The respondent queried whether the consultation has been publicised well enough. The Council's response to this is that the consultation was listed on a dedicated page on the council's website. The consultation was also covered in the Daily Echo and by BBC Radio Solent.
- 3.4 Concerns were also raised that following the consultation the council should ensure they interact with those effected by the changes to ensure that their needs are being met. The council's response to this is that any service user who is eligible to receive services is entitled to a statutory review of their needs. As a minimum these reviews must be carried out annually, although the frequency of review will depend on the level of need and risk, and will be agreed with the individual and/or their carer.
- 3.5 A number of responses stated that current provisions are not flexible enough. One response stated the "flexibility is the key". Another response stated that "the current service does little to empower service users". The council acknowledges that the current service has areas for improvement and flexibility is one of those areas for development. This is one of the reasons that this consultation is being undertaken, to explore how personalised care can be better implemented within the service.
- 3.6 One response raised that the consultation process appeared to have failed to have consulted with future service users.
- 3.7 In addition to the above points raised a number of consultation responses received contained questions. These questions have been summarised and the council's response is as follows:

<b>Comment</b>	<b>Council's response</b>
Is it suitable for service users to be consulted with? Are they in a position to make informed decisions?	Different approaches were taken on how to consult with individuals based on their needs and understanding. Individuals were supported by their families, carers, social workers and care managers and independent advocates were also used to gain the views of service users where appropriate.
How will the implementation of the Care Act impact on service user and carers assessments? Do they have to be provided jointly?	The Care Act will bring changes in the way that the assessments for carers are conducted. The act does not make it a requirement for the assessment of carers and those they care for to be carried out jointly. However should both parties consent,

		in certain situation, the council may decide to combine the assessments.
<b>4</b>	<b>M</b> <b>e</b> <b>e</b> <b>t</b> <b>i</b> <b>n</b> <b>g</b> <b>s held at Day Services</b>	One response stated that “one size fits all questionnaire” was not suitable for everyone.
		The council made clear that throughout the consultation a number of methods for providing feedback were provided. The questionnaire provided was just one of these methods. Other have been detailed through part one of this report.

5.1 Notes from the meetings are attached to Appendix A.

## **5 Public meetings held at Civic Centre**

5.1 Notes from the meetings are attached to Appendix A.

## **6 Overview and Scrutiny Management Committee**

6.1 The minutes of this meeting are available online at <http://www.southampton.gov.uk/modernGov/ieListDocuments.aspx?CId=123&MId=2852&Ver=4>





## Equality and Safety Impact Assessment Appendix 2

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 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 the budget proposals and consider mitigating action.

<p><b>Name or Brief Description of Proposal</b></p>	<p>Future of day services</p> <p>The recommendation is for Cabinet to approve the phased closure of two of the four Southampton Day Services (SDS) centres provided directly by Southampton City Council, and the restructure of the remaining two after taking into account the consultation findings and all relevant factors.</p>
<p><b>Brief Service Profile (including number of customers)</b></p>	<p>SDS is a collection of four distinct day services, catering to service users with different types and levels of need and based in four separate locations across the city:</p> <ul style="list-style-type: none"> <li>•Sembal House: a day service for adults with physical disabilities and mental health issues providing 134 sessions per week to 41 service users.</li> <li>•St Denys: a day service for adults with learning disabilities providing 257 sessions per week (building and community-based) to 55 service users.</li> <li>•Woolston Community Centre: a day service for adults with learning disabilities and complex needs providing 281 sessions per week (building and community-based) to 55 service users.</li> <li>•Freemantle: a day service for adults with learning disabilities providing 312 sessions per week (building and community-based) to 69 service users.</li> </ul> <p>The majority of SDS services are building based offering a range of activities such as arts and crafts, life skills and educational programmes and in some cases offering specialist therapy and services. All services provide transport and support for trips and activities in the community. The service is used predominantly by individuals with learning disabilities and internally provided day services have a high volume of individuals with more profound and multiple learning disabilities than individuals using externally commissioned services.</p>

<p><b>Summary of Impact and Issues</b></p>	<p>The recommended option to undertake a phased closure of Council run services forms the basis of this impact assessment. The recommendation has been informed by a series of consultations and coproduction groups. Co-production groups were made up of service users, carers and provider staff.</p> <p>Any proposed changes to the day services have the potential to affect services provided to adults with care and support needs including:</p> <ul style="list-style-type: none"> <li>• Adults with learning disabilities,</li> <li>• Adults with physical disabilities</li> <li>• Adults with sensory support needs</li> <li>• Adults with mental health related needs</li> </ul> <p>There is also the potential to affect:</p> <ul style="list-style-type: none"> <li>• Carers of people in all the above groups.</li> </ul> <p>Issues identified via the co-production work includes:</p> <ul style="list-style-type: none"> <li>• Concerns expressed by service users and carers regarding potential loss of services resulting in more pressure on them.</li> <li>• The need to improve information on available services provided to adults with care and support needs and their carers</li> <li>• Ensuring transport is available to access services</li> <li>• Ensuring services meet the needs of people with a wide range of needs and disabilities</li> </ul> <p>All current service users will be entitled to an assessment and review of their care needs. The Care Act 2014 also promotes carers assessments.</p>
<p><b>Potential Positive Impacts</b></p>	<p>Potential positive impacts of the review would be that day service provision becomes more flexible in meeting the needs of adults with care and support needs who meet the local authority eligibility criteria. The Care Act 2014, which becomes a legislative requirement from April 2015, emphasises the use of personal budgets to provide care and support to adults assessed as eligible for local authority or health funding. Personal Budgets have the potential to provide increased choice and control to more service users and their carers' in how they utilise the budget to meet their identified needs and outcomes. This supports people to have more bespoke solutions for their unique needs and this can improve outcomes for individuals. Improved outcomes can have a cost benefit by reducing the need for other services.</p>
<p><b>Responsible Service Manager</b></p>	<p>Ricky Rossiter (Operational Service manager ) Sandra Jerrim (Senior Commissioner)</p>
<p><b>Date</b></p>	<p>November 2014</p>

<b>Approved by Senior Manager</b>	<u>Stephanie Ramsey</u>
<b>Signature</b>	
<b>Date</b>	<u>20/11/14</u>

**Please note: this ESIA is a work in progress. Any revisions will be tabled at the Cabinet Meeting on 9 December 2014.**

### Potential Impact

<b>Impact Assessment</b>	<b>Details of Impact</b>	<b>Possible Solutions &amp; Mitigating Actions</b>
<b>Age</b>	<p>The recommendation may have either a positive or negative impact depending on the individual. SDS provides services for a wide group, mainly adults but including older adults with multiple needs.</p> <p>People with learning disabilities experience a range of health problems earlier than the general population which needs to be factored into the design of alternative services.</p> <p>Some service users have older carers who have their own support needs or who may develop needs in the future.</p>	<p>All service users will have an assessment prior to any consideration of service changes. This will address individual needs including age, complexity and access issues.</p> <p>In addition to individual assessments the phased closure of SDS will consider which buildings should be retained in the initial phase in order to address any potential impact. This will also provide the time to seek suitable alternatives for people.</p> <p>Carers are entitled to assessments in their own right and would be able to access this where necessary. This will identify specific needs for older people with caring responsibilities. Carers including those with protected characteristics, will be supported through this approach.</p>
<b>Disability</b>	<p>The recommendation will impact on people with learning disabilities, physical disabilities, sensory impairment and mental health needs. The recommendation may have either a positive or negative impact depending on the individual and the extent to which they prefer current models of service and their ability and interest in accessing other options such as direct payments to purchase</p>	<p>All service users will have an assessment prior to any consideration of service changes. This will address individual needs including age, complexity and access issues.</p> <p>In addition to individual assessments the phased closure of SDS will consider</p>

	<p>more solutions.</p> <p>A negative impact for some will be the change in service location</p> <p>This could be particularly impact on people with physical disabilities who need to use services and buildings which are accessible. Some of the buildings currently providing SDS have good access arrangements but other community resources may not be as suitable.</p> <p>A positive impact for some will be the freedom and flexibility to use their personal budget to meet their individual need</p> <p>The current services impact on a disability group who are known to experience prejudice and stigma and so some people using the current services may feel particularly vulnerable in generic community settings as the</p>	<p>which buildings should be retained in the initial phase in order to address any potential impact. This will also provide the time to seek suitable alternatives for people</p> <p>Alongside the changes individuals will be able to have a personal budget/take a Direct Payment, and be supported to do so, which will enable people to make arrangements to meet their individual need.</p> <p>Good transition arrangements and support to access other services safely will help increase confidence to accessing different services.</p>
<b>Gender Reassignment</b>	In House services can provide a safe environment for people who face multiple discrimination. Accessing mainstream activities may be more challenging due to stigma.	This can be mitigated by support to access alternative, appropriate services such as peer support and by working with other agencies to ensure all purchased and community services are accessible to all communities.
<b>Marriage and Civil Partnership</b>	No identified negative impacts.	
<b>Pregnancy and Maternity</b>	No identified negative impacts.	
<b>Race</b>	The recommendation may have either a positive or negative impact depending on the individual, although increased use of personal budgets is usually experienced as a positive impact, allowing individuals with different requirements to be addressed individually.	All service users will have an assessment prior to any service change which will include cultural issues.
<b>Religion or Belief</b>	The recommendation may have either a positive or negative impact	All service users will have an assessment prior to prior to

	depending on the individual, although increased use of personal budgets is usually experienced as a positive impact, allowing individuals with different requirements to be addressed individually.	any of service change which will address matters of religion and belief.
<b>Sex</b>	No identified negative impacts	The flexibility that personal budgets offer means that service users and carers will be able to arrange personalised services and activities/support that is tailored to their needs including single gender services.
<b>Sexual Orientation</b>	In House services can provide a safe environment for people who face multiple discrimination. Accessing mainstream activities may be more challenging due to stigma	This can be mitigated by support to access alternative, appropriate services such as peer support and by working with other agencies to ensure all purchased and community services are accessible to all communities.
<b>Community Safety</b>	<p>National research identifies disabled people are more likely to experience crime and anti-social behaviour, than non-disabled people.</p> <p>There could be a negative impact on Individuals who feel safer accessing city council buildings in areas that they know and feel comfortable in.</p> <p><a href="http://www.equalityhumanrights.com/sites/default/files/documents/disabilityfi/briefing_paper_3_new.pdf">http://www.equalityhumanrights.com/sites/default/files/documents/disabilityfi/briefing_paper_3_new.pdf</a></p> <p>Local mechanisms for reporting Hate Crime and harassment are not affected.</p>	<p>Assessments will consider community safety issues for individuals including service location.</p> <p>The Community Safety team works with a wide range of partners to address and provide a more resilient response to community safety issues.</p> <p>The Community Trigger gives victims and communities the right to require a multi-agency review and ensure that effective action is taken where an ongoing problem of persistent antisocial behavior has not been addressed.</p>
<b>Poverty</b>	<p>There are potential impacts if people have to travel further at extra cost to access their support.</p> <p>Alternatively people can choose to access more local services.</p> <p>Personal budgets provide flexibility for individuals, regardless of their economic situation.</p>	<p>All services users will have an assessment prior to any service change which will address these issues.</p> <p>Costs of transport can be included in a personal budget/direct payment</p>
<b>Other Significant</b>	Although transport is outside the scope of this review, the use of	Assessments will be undertaken with all service

<b>Impacts</b>	personal budgets will have a positive impact as individuals can choose transport arrangements most suited to their individual needs.	users prior to any service changes.  Identifying needs in respect of employment and transport will be part of the assessment process.
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# Agenda Item 5

**DECISION-MAKER:** CABINET  
**SUBJECT:** FUTURE OF THE RESPITE SERVICE FOR ADULTS WITH LEARNING DISABILITIES  
**DATE OF DECISION:** 9 DECEMBER 2014  
**REPORT OF:** CABINET MEMBER FOR HEALTH AND ADULT SOCIAL CARE

## CONTACT DETAILS

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## STATEMENT OF CONFIDENTIALITY

NOT APPLICABLE

## BRIEF SUMMARY

Cabinet is recommended to approve the phased closure of Kentish Road residential respite service, an 8 bed residential respite service for adults with learning disabilities, after taking into account the consultation findings and all relevant factors.

The report includes information on the current provision, the views expressed during the consultation period and the potential for alternative ways of meeting needs, including the range and capacity of alternative options within the local market.

## RECOMMENDATIONS:

- (i) To consider the responses received during a public consultation into the future of respite services for adults with learning disabilities conducted between 24 July and 23 October 2014, outlined in Appendix 1.
- (ii) To note the intention to move the provision of respite care towards individual packages of care that make increased use of direct payments through a range of alternative options including shared lives and short breaks.
- (iii) To note that the needs of current service users will be thoroughly reviewed prior to and following their moves to ensure that these needs continue to be met and to reduce any impact on their wellbeing.
- (iv) To authorise a phased closure of Kentish Road beginning with supporting clients with lower needs, followed by those with higher needs to access alternative respite options with a clear focus on more personalised support being accessed and resulting in the eventual total closure of the Kentish Road service by April 2015.
- (v) If the proposals are agreed to undertake a 45 day consultation with affected staff with a view to minimising or avoiding compulsory redundancies.
- (vi) To delegate authority to the Director, People following consultation with the Cabinet Member for Health and Adult Social Care to do

anything necessary to give effect to the proposals in this report.

## **REASONS FOR REPORT RECOMMENDATIONS**

1. Traditional respite services have been matched to individuals instead of individual packages of care tailored to meet personal preferences and lifestyle. Kentish Road is a bed based service that offers planned and emergency respite for up to 8 people at a time. Users have limited choice about when to receive their respite and who else will be using the service at the same time. Increasing incidences of users with higher level needs requiring increasing amounts of respite limit the capacity available to other users.
2. The need to move towards more personalised forms of care, where individuals can exercise more choice and control over the support and services they access is a priority both locally and nationally. In concert with this, the requirement to offer direct payments to individuals is national policy. The council currently performs in the bottom three of all councils nationally around this performance indicator, with our take up rate of direct payments currently standing at only 6% compared to a national average of 21.03% (data taken from Ascof outcome (1c(2) 2013/2014). The policy direction and imperative is to offer more personalised forms of care and in particular to offer direct payments and this continues to be a national driver as set out in the Care Act 2014 becoming a legislative requirement from April 2015.
3. There is significant evidence nationally that direct payments support people to have increased choice, control, flexibility and an improved quality of life. They can provide bespoke solutions for unique needs which then improve outcomes for individuals. Improved outcomes can have a cost benefit by reducing the need for other services. Direct Payments cannot be used to purchase council run services.
4. The longer term viability of Kentish Road may be at threat even if no changes are made. This is due to an expected increase in the uptake of direct payments and evidence of people using their direct payment to purchase less traditional, more creative care solutions such as employing personal assistants, paying for community based activities or supported holidays.

In the 14-18 years age group of those with a learning disability, who in the past may have been expected to access Kentish Road when they become an adult, the uptake of direct payments has increased from 12% in 2009/10 to 32% in 2014/15 and this trend is expected to continue over the next few years, particularly in light of the right to request a personal budget and focus on more personalised services brought in by the Children & Families Act 2014 and the Care Act 2014.

5. The statutory requirement to consult with service users, their families and other stakeholders has been fulfilled and although the overwhelming response from families was to keep Kentish Road open (77%), their comments have helped to ensure that all relevant factors have been taken into consideration.
6. Evidence from discussion with service users, their families and carers and with experienced social care practitioners shows that the development of services for individuals with the highest needs and most challenging behaviour will take time. It will also be important that users and their carers



are confident in and comfortable with these alternatives. A phased approach supports this period of transition. A full Equality and Safety Impact Assessment has been carried out to identify the potential impact and mitigation of these proposals on service users and their carers and is attached as Appendix 2 for consideration.

7. The current provision of respite at Kentish Road is not the most cost effective way of providing respite. The 2014/15 unit cost, based on current occupancy, of an overnight stay at Kentish Road is £219 compared to an average cost of £53 for an overnight stay provided through the Shared Lives scheme.

#### **ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

8. The alternative option of keeping Kentish Road open to continue to provide services in the same way was considered and rejected for the reasons set out above. The current service does not meet the requirement to increase choice and control and promote individual approaches, nor does it provide best value which is a significant consideration within the current financial climate.
9. Consideration was given to a redesign of the current service. This option was rejected because it is not likely to support the full development of personalised care and the increased use of direct payments.

#### **DETAIL (Including consultation carried out)**

10. Kentish Road is a CQC registered service providing short term respite for up to 8 people. This is to maintain the health and wellbeing of approximately 76 adults with learning disabilities and provide their carers with a break from their caring responsibilities.
11. The service is delivered from a large building at 32 Kentish Road in Shirley and a separate general needs house on the same site called 32b Kentish Road. This has three bedrooms and is used to support individuals with behaviour that severely challenges the service. Only one service user can be accommodated within 32b Kentish Road at any given time due to the building layout. In addition, there is a separate 3 bedroom house at 32a Kentish Road which is currently leased to the Police for £7,500 per annum. The site and properties are owned by the council.
12. A CQC inspection in October 2013 found the service to be compliant in all six standards that were inspected.
13. Access to the service is through a Care Management assessment and is for individuals with a learning disability aged between 18 and 65 years who live in their own home, with family or as part of the council's Shared Lives scheme.
14. Kentish Road is currently operating at around 73% capacity, this equates to around 2,126 nights out of a potential maximum capacity of 2,912 nights per year. The cost of an overnight stay at Kentish Road is £219 per night.
15. An analysis of the current Kentish Road service users was conducted in May 2014, using three broad support bands:
  - Band 1 – individuals requiring support on an average 4 clients to 1 staff member basis. 33 clients (43%) were identified as requiring this level of support. This equates to 36% (853 night) of the total number of nights.
  - Band 2 – individuals requiring occasional support on a 1 to 1 basis for particular activities. 21 clients (28%) were identified as requiring this

level of support. This equates to 23% (555 nights) of the total number of nights.

- Band 3 – individuals requiring regular 1 to 1 staffing to keep them safe and support them appropriately. 22 clients (29%) were identified as requiring this level of support. Resulting in 41% (983 nights) of the total number of night coming from this banding.

The allocation of overnight stays for individual service users ranges from 12 per year up to 80 per year, with an average of 31 nights each.

16. The decision to consult on the future of Kentish Road was based on the current cost of the service, the predicted future needs of service users and the national policy imperative to offer more personalised forms of care. Consideration was also given to the inflexibility of the current service and requests from service users and their families for increased options for respite services.
17. Cabinet approved a public consultation on the future of Kentish Road on 15 July 2014 and this ran from 24 July 2014 to 23 October 2014. During this time, the families and carers of users of Kentish Road were invited to attend six meetings held at Kentish Road on 7 August, 10 September and the 6 October 2014. These meetings were generally well attended and independent advocates were available to provide support. In addition, there were two public meetings held at the Civic Centre on 8 August 2014 and 22 October 2014. Information about the consultation was published on the council's website and was covered by the Daily Echo and BBC Radio Solent.
18. Copies of the notes taken at these meetings and all of the responses received are available in Members' rooms and these are summarised in Appendix 1.
19. A number of options for Kentish Road were presented during the consultation:
  - (a) for it to remain open.
  - (b) for it to be closed with current service users being supported to move to suitable alternative care settings such as Shared Lives.
  - (c) for users and their families to be offered a direct payment to be able to purchase their own form of respite care, for example, utilising a direct payment for short break provision or for a more suitable and tailored form of respite such as a supported family holiday.
  - (d) for care to be purchased for individuals requiring respite care in private or voluntary sector homes.
20. Independent advocates worked separately with the users of Kentish Road and were able to record the views of 28 service users. Of the responses gained with the help of advocates 9 individuals (32%) agreed that the council should look at different ways of meeting the needs of people who use respite services at Kentish Road. 3 individuals (10%) gave no reply or said they did not mind. The remaining individuals (16 or 58%) felt that the council should not make any changes the provision of respite services at Kentish Road. The majority of those who worked with advocates were positive about their experiences of Respite Services. A number made reference to the current value they gain from spending time with friends who also receive support from Respite Services.
21. In order to reduce reliance on more traditional building based forms of care, the development of a clear, easily accessible and attractive direct payment process is a key dependency. As previously noted, the council has not been

performing well in the take up of direct payments, and as part of the consultation two specific meetings were arranged to give families and carers a clearer understanding of direct payments, our Shared Lives scheme and the potential benefits of alternative forms of respite care. Alongside this work, a project is being undertaken with users, carers and partners to redesign our direct payment system.

22. Assessments of need will be carried out with all service users of Kentish Road and the options for future care and support will be considered. Analysis of capacity within the Shared Lives Scheme shows that there are currently 42 registered and approved carers with a further 3 carers going through the recruitment process and expected to be approved in December 2014. A recruitment campaign is currently being run, both helping to maximise knowledge and understanding of the Shared Lives scheme and to attract new carers. In addition, the council has agreed that carers living on the borders of Southampton but not technically within the city boundaries may also become registered Shared Lives carers and we have current expressions of interest from 4 carers who wish to be considered. Shared Lives carers undergo a rigorous application and selection process and receive the same training as staff based at Kentish Road.
23. Shared Lives is affiliated with National Shared Lives plus which offers support and guidance to all shared lives services across the UK. Shared lives is CQC regulated and subject to the same level of inspection and quality regulation as Kentish Road. A CQC inspection of Shared Lives in 2013 found the service to be compliant in all six standards that were inspected.
24. Eight existing Shared Lives carers have expressed interest in offering respite care for service users with learning disabilities. Shared Lives carers would be able to offer respite for up to 3 people at any given time, including offering respite to friendship groups. Shared Lives carers are not legally able to take more than three people at any one time. 3 Shared Lives carers offering respite provision would mean that all services users currently using Kentish Road with band 1 and 2 level needs would be able to be accommodated within the Shared Lives scheme at the same level of respite they currently receive. Initial assessments undertaken in May 2014 shows that there are currently 33 service users with band 1 needs and 21 with band 2 needs.
25. Analysis of market capacity for bed based respite provision shows that there is currently limited availability for those service users with the most complex needs (band 3). Some alternative bed based provision is available locally through Rose Road, although this service is usually used for respite provision for children. Initial discussions with Rose Road have shown that the provider is open to providing respite for adults and does currently accommodate some adults with learning disabilities.
26. Through moving all band 1 and 2 level service users to alternative provision, it is anticipated that the remaining 22 band 3 level users would be able to be accommodated within Kentish Road. This would allow time for further market options to be developed and for users to be transitioned in a managed and supported way by April 2015.
27. Within the current HASC Capital Programme the sum of £148,000 has been set aside to cover the costs of capital work and modernisation to Kentish Road. If the recommended option is agreed the funding for this scheme could be returned to Corporate Resources.

28. Closing Kentish Road does not impact on individuals' eligibility for support to meet their social care needs. The current criteria under the Fair Access to Care Services (FACS) scheme or, from 1 April 2015, under the Care and Support (Eligibility Criteria) Regulations 2014 will be applied and individuals with eligible needs that are best met through traditional forms of bed based respite will continue to be supported in Kentish Road whilst alternative market provision is developed.

## **RESOURCE IMPLICATIONS**

### **Capital/Revenue**

29. The budget report presented to Cabinet on 16th July 2014 identified that a review of the Council's provider services would be undertaken. This review and associated consultation has now been completed. It is now anticipated that the proposed closure of Kentish Road will achieve recurring savings of £200,000 from 2015/16.
30. The budget for Kentish Road is £365,000. The closure of the unit by 1<sup>st</sup> April 2015 will save this sum on a recurring basis excluding any residual costs such as rates and security, (£40,000) which will be incurred until the property is disposed of. In addition, as per the proposal in this report, an element of the saving from closure will be required to fund the cost of re-provision.
31. The cost of re-provision for the Band one and two clients within shared lives settings is anticipated to be £50,000 per year on a recurring basis at current volumes. The cost of re-provision for the band three clients is difficult to quantify with certainty as detailed assessments of clients' needs has not yet taken place. However it is expected that this cost can be met within a funding envelope of £75,000. This will enable the full achievement of the net saving of £200,000 proposed for 2015/16.
32. For 2016/17 it is anticipated that further market development and client reviews, this may further increase the overall saving. The level of this saving will not be known until these reviews are complete. Should it be identified that a further saving has been made this will be subject to another saving proposal.
33. If the proposal is agreed consultation with staff employed at Kentish Road will commence in January 2015 with a view to minimising or avoiding compulsory redundancies. There are currently 11.2fte posts within the funded establishment of which 4fte are vacant. This proposal will affect 8 people who could be subject to compulsory redundancy should alternative suitable employment not be found within the Council. It is anticipated that vacancies within People Directorate will help in the reduction of the number of compulsory redundancies arising from this proposal. The cost of any redundancies will be picked up within a central provision.
34. Funding of £148,000 for the Modernisation of Kentish Road scheme within the Capital Programme will not be required should this proposal be accepted. This sum can be returned to Council Resources to fund the alternative schemes within the Capital Programme.

### **Property/Other**

35. Property Services will be commissioned to carry out a full appraisal of the building and site to inform options for their future use or disposal.

36. Through a phased approach to closure, it may be possible to dispose of 32a and 32b Kentish Road separately to the main Kentish Road site, although this decision will need to be informed by an up to date property appraisal and therefore no potential savings have been included in this report in relation to the disposal of property.

## **LEGAL IMPLICATIONS**

### **Statutory power to undertake proposals in the report:**

37. When considering the recommendations and in particular the decision to close Kentish Road residential respite service the Council must take into account a number of factors, including:

The representations made during the consultation and any analysis of the consultation

The equality impact assessment bearing in mind its public sector equality duties as well as all other relevant information.

The effect on individual health, lives and well- being of service users and their carer's in having to use alternative respite services, particularly individuals who regularly use the unit

Consideration of any duty under the Human Rights Act 1998 so as not to act incompatibly with the rights under the European Convention for the Protection of Fundamental Rights and freedoms ("the Convention"). The Council will need to consider whether the proposed closure is likely to breach any of the service users rights e.g. Article 2 the right to life, Article 3 the right not to be subjected to torture or inhuman or degrading treatment and Article 8 the right to respect for a person's family life and their home. If this decision is likely to breach the convention the Council will need to examine any particular facts and determine if such a breach is justified and proportionate. The Council can though take into account general economic and policy factors which have led the Council to conclude that the home should be closed. This though must be balanced against the impact on the service users

38. The Care Act 2014 requires local authorities to prepare for implementation of the Act in April 2015. The recommended option of moving to a more personalised service approach would support greater compliance with the Care Act.

The Act though places various duties and responsibilities on Local Authorities about commissioning appropriate services. In particular all Local Authority should encourage a wide range of service provision to ensure that people have a choice of appropriate services, local authorities must ensure their commissioning practices and the services delivered on their behalf comply with the requirements of the Equality Act 2010 and should encourage services that respond to the fluctuations and

Changes in people's care and support needs.

The Care Act also places duties on Local Authority to carry out an assessment of any carers needs. This can include participation in education, training and recreation which may require the provision of respite for the adult they are caring for.

The Council has a number of statutory duties and powers to individuals under various pieces of legislation to assess individual needs and then to provide appropriate care, support and accommodation for the eligible needs.

The Care Act 2014 provides an updated legal framework for care and support and introduces a number of new rights, responsibilities and processes. All Local Authorities are now in the transition phase with parts of the Act coming into force in April 2015. When carrying out new assessment or when re-assessing individuals, the needs assessment must be carried out in line with the Care Act 2014. It would also be best practice when assessing the impact on carer's to ensure this is done in compliance with the 2014 Act.

#### **Other Legal Implications:**

39. The Children & Families Act 2014 which became law in September 2014 sets out how the education, health and social care needs of children and young people aged 0-25 years should be assessed and met. There may be some clients who will be affected by the proposed changes to Kentish Road who have Education, Health & Care Plans and for whom both the Care Act and Children & Families Act will apply.
40. If service users are moved from Kentish Road against their will, this is likely to constitute a prima facie breach of their rights under Article 8(1) the Council need to consider whether this breach can be justified as above.

In addition if any service user is subject to restraints that amount to a deprivation of liberty and no less restrictive options are available to meet that persons needs any planned move from the unit must be lawfully authorised either by the Deprivation of Liberty safeguards or by an order of the Court of Protection, whichever is appropriate.

There is a legal requirement to consult with staff where redundancies are contemplated. The 45 day consultation referred to earlier in this report will meet this requirement.

#### **POLICY FRAMEWORK IMPLICATIONS**

41. These proposals are aligned to the following priorities set out in the Council Strategy 2014-2017:
  - Prevention and early intervention
  - Protecting vulnerable people
  - A sustainable council

**KEY DECISION?** Yes

**WARDS/COMMUNITIES AFFECTED:** ALL

**SUPPORTING DOCUMENTATION**

**Appendices**

1. Summary of Consultation Responses
2. Equality and Safety Impact Assessment

**Documents In Members' Rooms**

1. Record of all the Consultation Responses Received

**Equality Impact Assessment**

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out? Yes

**Other Background Documents**

**Equality Impact Assessment and Other Background documents available for inspection at:**

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1. Adult Social Care Provider Services – Cabinet Report dated 15 July 2014 (Seeking Approval For A Public Consultation on the Future of Respite Services For Adults with Learning Disabilities	

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# Agenda Item 5

Appendix 1

APPENDIX 1

## **Consultation on the future of Respite Services**

### **Summary of responses received**

## Contents

	Page
1 Consultation approach	3
2 Questionnaire responses	4
3 Written responses	6
4 Meetings held at Respite Services	7
5 Public meetings held at Civic Centre	7
6 Overview and Scrutiny Management Committee	8

## **1 Consultation approach**

- 1.1 Relatives and carers of Kentish Road service users were invited to a meeting that took place at Kentish Road on Monday 7 July 2014. At the meeting, they were advised that Cabinet would be considering a proposal to hold a public consultation on the future of respite services, including Kentish Road respite service. A staff briefing was held on the same day at Kentish Road. A copy of the presentation was posted to relatives after the meeting.
- 1.2 Cabinet considered this proposal and approved a public consultation on the future of Respite Services on 15 July 2014 and this ran from 24 July 2014 to 23 October 2014. The consultation was covered by local media, including the local newspaper (Daily Echo) and local radio (BBC Radio Solent).
- 1.3 The schedule of meetings was published on the council's website and relatives and carers of Respite Service users were sent this by post with an invitation to attend. Staff were briefed so that they could give information about the proposals and the ways in which to respond. The schedule of meetings is attached at Appendix A.
- 1.4 A consultation document including a questionnaire was published on the council's website, where it could be downloaded, and was made available at all of the consultation meetings and from staff at Kentish Road. The consultation document is attached at Appendix B.
- 1.5 Six meetings for relatives and carers were held at Kentish Road on 7 August 2014, 10 September 2014 and 6 October 2014. Meetings were held on these days at 2pm and 6pm, to enable as many people as possible to attend. Representatives from Choices Advocacy and, or, Carers in Southampton attended these meetings and were able to support relatives, as required.
- 1.6 The format of the group meetings consisted of a presentation given by the Interim Head of Adult Services followed by a question and answer session. Notes of these meetings were taken and these are attached to Appendix A.
- 1.7 In addition to the six meetings held at Kentish Road, two public meetings were held at the Civic Centre at 6pm on 8 August 2014 and 22 October 2014. These meetings covered the proposals regarding Kentish Road along with separate proposals for the future of day services and the future of a residential home, Woodside Lodge. A verbatim record of these meetings, chaired by the Director of People, was made and this is attached to Appendix A. The Cabinet Member for Health and Adult Social Care also attended these meetings, along with representatives from Choices Advocacy (both meetings) and Carers in Southampton (the second meeting).
- 1.8 In addition to the above, a meeting for carers was hosted by Southampton Mencap (carers' lunch); two meetings were held with the council's partners and care providers; and meetings in public were held at Consult and Challenge (Spectrum Centre for Independent Living) and Southampton

Healthwatch. These meetings included the proposals for respite services along with those for day services and Woodside Lodge. Notes from these meetings have been placed in Members' rooms and are available on request.

- 1.9 Several briefings were also held for Members of the council and the consultation and proposals were considered at a meeting of the council's Overview and Scrutiny Management Committee (OSMC) on 11 September 2014. The minutes of this meeting are available online at <http://www.southampton.gov.uk/modernGov/ieListDocuments.aspx?CId=123&MId=2852&Ver=4>
- 1.10 A dedicated email address was publicised on the council's website and at all of the meetings outlined above. Everyone who attended the meetings was invited to respond to the consultation in the way that best suited them, including a direct invitation to phone or write to the Interim Head of Adult Services or a member of the project team, whose contact details were included in the presentations.
- 1.11 Independent advocates from Choices Advocacy worked separately with the service users of respite and were able to record the views of 28 of its current service users, where appropriate.

## 2 Questionnaire responses

- 2.1 45 questionnaire responses were received related directly to respite services. The majority were received by users of respite services, two responses were from carer's of individuals who uses respite services. 28 of the responses were received from services users with the help and support of independent advocates. Ten responses (22%), from all completed questionnaires agreed that the way the council provide respite services should be reconsidered.
- 2.2 A small number of questionnaire responses contained questions. These requests have been summarised and the councils response is, as follows:

<b>Comment</b>	<b>Council's response</b>
The council requires more provisions like Kentish Road not fewer of them.	The council agrees that provisions such as Kentish Road are incredibly valuable. However the council believes that the way in which facilities like respite are provided has potential to be improved. This is why we are consulting with you and asking for how we might improve this valuable service, we are not consulting with you about whether or not respite services should be provided.
Individuals want a choice over what respite service is provided.	Changing the way respite is provided will allow all service users and their

	families a choice over how they receive respite. By changing the way we provide respite services we will be increasing the choice service users have not reducing it.
Concern that transport links to services will be lost.	The council believes that choice over services are imperative to ensure everyone is receiving the best care possible. This is why we are promoting choices such as direct payments. This means service users and families can prioritise what's important to them and therefore ensure services of greatest value to them are retained.
A number of responses suggest that people would prefer more time using respite facilities.	Through the take up of different services via direct payments people will be able to receive the service they really want as they will have a higher level of control over their own service.
People who receive services are not always in a position to manage their own finances which direct payments would require.	Direct payments do required a managed approach but this is not required to be the service user themselves. They are able to receive support from relatives and carers in this matter and are also able to, if they wish, use some of their finance to buy help to manage their direct payment.

2.3 From the responses received a number of themes emerged of areas respondents felt were of particular importance. These are summarised as follows:

- Undoubtedly the biggest concern expressed via questionnaire responses was the potential loss of friendship that may come as a result of changes in the way respite care is provided.
- Staff are a valuable resource and their skills cannot be lost. They know individuals and their care requirements very well.
- Transport to and from respite facilities are very important. Without this respite is not a viable service as it becomes inaccessible.
- Locations for respite are required on both sides of the city.
- Service users often struggle with change and this proposed change will have a big impact on them and take them time to settle into a new routine.
- The service is currently overstretched and therefore this provision should have capacity increased.

- A number of individuals also raised concerns that current decoration within the building could be improved.

### **3 Written responses**

- 3.1 In addition to the questionnaire responses, 13 letters and emails from those who had links to respite services were received. The respondents included relatives of service users, carers of services users, social workers and managers contacting on behalf of service users as well as local voluntary sector groups.
- 3.2 The majority of responses were strongly in favour of ensuring respite facilities are retained as they are viewed as a valuable service. A number of people expressed concerns about where alternatives may be sourced from should Kentish Road facilities not be provided in their current state.
- 3.3 One respondent raised concerns with the manner in which the consultation had been conducted. The concern continued to explain finding materials on the council's website had been difficult. The respondent queried whether the consultation has been publicised well enough. The Council's response to this is that the consultation was listed on a dedicated page on the council's website. The consultation was also covered in the Daily Echo and by BBC Radio Solent.
- 3.4 Another respondent raised concerns that the council had not been clear about the alternatives that the council would provide. They felt that more information was required to allow those who would be affected by any change to make informed decisions. During the consultation process the council explained that earlier consultation exercises had highlighted the importance of working with service users and families to develop a range of alternatives which were co-produced. In order to facilitate this, co-production sessions ran alongside the consultation as a valuable source of information and ideas. Sessions which raised awareness and explained alternative options such as shared lives and direct payments were also organised by the council.
- 3.5 Concerns were also raised that following the consultation the council should ensure they interact with those affected by the changes to ensure that their needs are being met. The council's response to this is that any service user who is eligible to receive services is entitled to a statutory review of their needs. As a minimum these reviews must be carried out annually, although the frequency of review will depend on the level of need and risk, and will be agreed with the individual and/or their carer.
- 3.6 A couple of responses made reference to the fact that recent refurbishments had been made to Kentish Road and responses expressed concerns that this money could now be considered to have been 'wasted'.

- 3.7 A few responses made reference to other alternatives which currently exist such as arrangements like Shared Lives. While generally the use of Shared Lives was considered positive, concerns were raised about maintaining friendship groups and a social network.
- 3.8 One response raised concerns that respite provisions equal to Kentish Road does not exist within Southampton. In order to help those effected by any potential change understand alternative options that exist, new initiatives such as Southampton Information Directory were explained. The council also explained that social workers and care managers are good sources of information for what is available locally.
- 3.9 Two responses received suggested that those carers who currently benefit from the provision of respite services at Kentish Road should be required to volunteer. They suggest that this volunteering suggestion would reduce costs of staffing within Kentish Road.
- 3.10 The majority of responses were clear that respite facilities do not just bring benefits to the service users. They feel that the benefits brought to the carers are just as valuable and if such services were to be removed both carers and service users would suffer as a result.
- 3.11 Another theme of concern from respondents was that current transport provision surrounding respite services are very good. They feel that this is an element of respite which cannot be ignored as without it respite services do not exist as they are not accessible.
- 3.12 One respondent raised concerns that should the take up of personalised care options increase, in particular direct payments, that the finance team may not be able to cope with the demand. They suggested that at current levels payments were not always accurate.
- 3.13 One response was clear that they fully supported the council's consideration to look at alternatives in the way care is provided. They stated "we strongly support the council's decision to modernise the way they provide services. All disable people should be enabled to live their lives more independently with personalised services".

#### **4 Meetings held at Respite Services**

- 4.1 Notes from the meetings are attached to Appendix A.

#### **5 Public meetings held at Civic Centre**

- 5.1 Notes from the meetings are attached to Appendix A

## **6 Overview and Scrutiny Management Committee**

- 6.1 The minutes of this meeting are available online at:  
<http://www.southampton.gov.uk/modernGov/ieListDocuments.aspx?CId=123&MId=2852&Ver=4>





## Equality and Safety Impact Assessment Appendix 2

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 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 the budget proposals and consider mitigating action.

<p><b>Name or Brief Description of Proposal</b></p>	<p>Future of respite service for adults with learning disabilities (Kentish Road)</p> <p>A consultation recently closed and recommendations are being put forward to Cabinet on 9<sup>th</sup> December regarding the future of Kentish Road respite service.</p> <p>No decisions have been made at this point.</p>
<p><b>Brief Service Profile (including number of customers)</b></p>	<p>Kentish Road is a CQC registered 8 bedded residential unit providing short term respite to meet the needs and maintain the health and wellbeing of approximately 76 adults with learning disabilities and provide their carers with a break from their caring responsibilities.</p> <p>Access to the service is managed through a Care Management assessment and is for individuals with a learning disability aged 18-65 years who live in their own home, with family or as part of the council’s Shared Lives scheme.</p> <p>Around 2,100 nights are provided per year, with overnight allocations ranging from 12 up to 80 nights per year per person.</p> <p>A profile of the support band level and age range is set out below.</p>

	<table border="1" data-bbox="528 241 1321 667"> <thead> <tr> <th data-bbox="528 241 624 331">Band</th> <th data-bbox="624 241 1145 331">Description</th> <th data-bbox="1145 241 1321 331">No. service users</th> </tr> </thead> <tbody> <tr> <td data-bbox="528 331 624 432">1</td> <td data-bbox="624 331 1145 432">Individuals requiring support on an average 4 clients to 1 staff member basis</td> <td data-bbox="1145 331 1321 432">33 (43% of total)</td> </tr> <tr> <td data-bbox="528 432 624 521">2</td> <td data-bbox="624 432 1145 521">Individuals requiring occasional support on a 1 to 1 basis for particular activities</td> <td data-bbox="1145 432 1321 521">21 (28%)</td> </tr> <tr> <td data-bbox="528 521 624 667">3</td> <td data-bbox="624 521 1145 667">Individuals requiring regular 1 to 1 staffing to keep them safe and support them appropriately</td> <td data-bbox="1145 521 1321 667">22 (29%)</td> </tr> </tbody> </table> <table border="1" data-bbox="528 712 1321 994"> <thead> <tr> <th data-bbox="528 712 831 745">Age range</th> <th data-bbox="831 712 1321 745">No. service users</th> </tr> </thead> <tbody> <tr> <td data-bbox="528 745 831 779">18-24</td> <td data-bbox="831 745 1321 779">14 (18% of total)</td> </tr> <tr> <td data-bbox="528 779 831 813">25-34</td> <td data-bbox="831 779 1321 813">22 (29%)</td> </tr> <tr> <td data-bbox="528 813 831 846">35-44</td> <td data-bbox="831 813 1321 846">14 (18%)</td> </tr> <tr> <td data-bbox="528 846 831 880">45-54</td> <td data-bbox="831 846 1321 880">15 (20%)</td> </tr> <tr> <td data-bbox="528 880 831 913">55-64</td> <td data-bbox="831 880 1321 913">7 (9%)</td> </tr> <tr> <td data-bbox="528 913 831 947">65+</td> <td data-bbox="831 913 1321 947">4 (5%)</td> </tr> <tr> <td data-bbox="528 947 831 994"><b>Total</b></td> <td data-bbox="831 947 1321 994"><b>76</b></td> </tr> </tbody> </table>	Band	Description	No. service users	1	Individuals requiring support on an average 4 clients to 1 staff member basis	33 (43% of total)	2	Individuals requiring occasional support on a 1 to 1 basis for particular activities	21 (28%)	3	Individuals requiring regular 1 to 1 staffing to keep them safe and support them appropriately	22 (29%)	Age range	No. service users	18-24	14 (18% of total)	25-34	22 (29%)	35-44	14 (18%)	45-54	15 (20%)	55-64	7 (9%)	65+	4 (5%)	<b>Total</b>	<b>76</b>
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<p><b>Summary of Impact and Issues</b></p>	<p>No decisions have been made at this time; however potential impacts to changes in the residential overnight respite provision at Kentish Road have been explored through the consultation.</p> <p>The proposed changes to the Kentish Road provision have the potential to affect services provided to adults with care and support needs including.</p> <ul style="list-style-type: none"> <li>• Adults with learning disabilities,</li> <li>• Adults with physical disabilities</li> <li>• Adults with sensory support needs</li> <li>• Carers of people in all the above groups.</li> </ul> <p>Issues identified so far include</p> <ul style="list-style-type: none"> <li>• Concerns expressed by service users and carers regarding loss of services resulting in more pressure on them.</li> <li>• Need to improve access to information on available services provided to adults with care and support needs</li> </ul>																												

	<p>and their carers</p> <p>All current service users will be entitled to an assessment and review of their care needs. The Care Act 2014 also promotes carers assessments. This will identify impact and required actions on an individual basis.</p>
<b>Potential Positive Impacts</b>	<p>Potential positive impacts of the review could be that respite provision becomes more flexible in meeting the needs of adults with care and support needs who meet the local authority eligibility criteria. The Care Act 2014, which becomes a legislative requirement in April 2015, emphasises the use of personal budgets to provide care and support to adults assessed as eligible for local authority funding. Personal Budgets have the potential to provide increased choice and control to more service users and their carers' in how they utilise the budget to meet their identified needs and outcomes. This supports people to have more bespoke solutions for their unique needs and this can improve outcomes for individuals.</p>
<b>Responsible Service Manager</b>	<p><u>Ricky Rossiter (operational Service Manager )</u>  <u>Sandra Jerrim ( Senior Commissioner)</u></p>
<b>Date</b>	<p><u>November 2014</u></p>

<b>Approved by Senior Manager</b>	<u>Stephanie Ramsey</u>
<b>Signature</b>	
<b>Date</b>	<u>20/11/14</u>

**Please note: this ESIA is a work in progress. Any revisions will be tabled at the Cabinet Meeting on 9 December 2014.**

## Potential Impact

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
<b>Age</b>	<p>The greatest impact is likely to be on those older service users who have been using Kentish Road services for many years and for whom any change in provision will be difficult.</p> <p>Some of the younger service users may benefit from the flexibility that a personal budget offers and be able to take part in more personalised support which suits their particular circumstances, likes and dislikes.</p>	<p>Needs assessments and reviews will take place for all service user prior to any changes. Through this process information on alternatives will be made available. Where changes need to be made, a gradual approach will be taken to support those who will be most affected.</p> <p>Advocacy services are in place to help support the individual and ensure that the move is in their best interest.</p>
<b>Disability</b>	<p>All service users have learning disabilities and most also have physical disabilities.</p> <p>The recommendation may have either a positive or negative impact depending on the individual and the extent to which they prefer current models of service and their ability and interest in accessing other options such as direct payments</p> <p>Those with physical disabilities may experience a larger impact due to some of the alternative respite options (such as shared lives) not having the equipment to be able to support appropriately.</p> <p>A positive impact for some will be the freedom and flexibility to use their personal budget to meet their individual need</p>	<p>Needs assessments and reviews will be undertaken with all service users to identify their needs and eligibility for local authority funding.</p> <p>Service users and their carers will be supported to identify the most appropriate respite option which meets their physical needs.</p> <p>Individuals will be able to have a personal budget/take a Direct Payment, and be supported to do so, which will enable people to make arrangements to meet their individual need.</p>
<b>Gender Reassignment</b>	<p>Nil identified negative impacts.</p> <p>In House services can provide a safe environment for people who face multiple discrimination. Accessing mainstream activities may be more challenging due to</p>	<p>This can be mitigated by support to access alternative, appropriate services such as peer support and by working with other agencies to ensure all purchased and community services are accessible to</p>

	stigma.	all communities.
<b>Marriage and Civil Partnership</b>	No identified negative impacts	
<b>Pregnancy and Maternity</b>	No identified negative impacts	
<b>Race</b>	The flexibility that personal budgets offer means that service users and carers will be able to arrange personalised services that are more culturally appropriate.	All service users will have an assessment prior to any service change which will include cultural issues.
<b>Religion or Belief</b>	The flexibility that personal budgets offer means that service users and carers will be able to arrange personalised services that are appropriate to their individual need including religion and belief.	All service users will have an assessment prior to prior to any of service change which will address matters of religion and belief
<b>Sex</b>	The flexibility that personal budgets offer means that service users and carers will be able to arrange personalised services and activities/support that is tailored to their needs including single gender services.	
<b>Sexual Orientation</b>	In House services can provide a safe environment for people who face multiple discrimination. Accessing mainstream activities may be more challenging due to stigma	This can be mitigated by support to access alternative, appropriate services such as peer support and by working with other agencies to ensure all purchased and community services are accessible to all communities.
<b>Community Safety</b>	<p>National research identifies disabled people are more likely to experience crime and anti-social behaviour, than non-disabled people.</p> <p>There could be a negative impact on Individuals who feel safer accessing city council buildings in areas that they know and feel comfortable in.</p> <p><a href="http://www.equalityhumanrights.com/sites/default/files/documents/disability/briefing_paper_3_new.pdf">http://www.equalityhumanrights.com/sites/default/files/documents/disability/briefing_paper_3_new.pdf</a></p> <p>Local mechanisms for reporting Hate Crime and harassment are not</p>	<p>Assessments will consider community safety issues for individuals including service location.</p> <p>The Community Safety team works with a wide range of partners to address and provide a more resilient response to community safety issues.</p> <p>The Community Trigger gives victims and communities the right to require a multi-agency review and ensure that effective action is taken</p>

	affected.	where an ongoing problem of persistent antisocial behavior has not been addressed.
<b>Poverty</b>	<p>There are potential impacts if people have to travel further at extra cost to access their support.</p> <p>Alternatively people can chose to access more local services.</p> <p>Personal budgets provide flexibility for individuals, regardless of their economic situation. Having control of a personal budget via the mechanism of a direct payment may support some service users and carers to access more community based activities and develop community support networks as well as have control over their support and care.</p>	<p>All services users will have an assessment prior to any service change which will address these issues.</p> <p>Individuals will be given information and support to take up community based activities</p> <p>Costs of transport can be included in a personal budget/direct payment</p>
<b>Other Significant Impacts</b>	<p>Employment prospects for service users and carers may increase through having a personal budget and the flexibility to choose when support is needed most.</p>	<p>Needs assessments and reviews will be undertaken with all service users prior to any service changes. Identifying needs in respect of employment will be part of the re-assessment process.</p>

# Agenda Item 6

**DECISION-MAKER:** CABINET  
**SUBJECT:** FUTURE OF WOODSIDE LODGE RESIDENTIAL CARE HOME  
**DATE OF DECISION:** 9 DECEMBER 2014  
**REPORT OF:** CABINET MEMBER FOR HEALTH AND ADULT SOCIAL CARE

## CONTACT DETAILS

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## STATEMENT OF CONFIDENTIALITY

NOT APPLICABLE

## BRIEF SUMMARY

Cabinet is recommended to approve the closure of Woodside Lodge, a 27 bed residential care home for older people living with moderate or severe dementia, after taking into account the consultation findings and all relevant factors.

## RECOMMENDATIONS:

- (i) To consider the responses received during a public consultation into the future of Woodside Lodge conducted between 24 July and 23 October 2014, outlined in Appendix 1.
- (ii) To close Woodside Lodge when all of its current residents have been supported to move to suitable alternative care settings.
- (iii) To note that the needs of current residents will be thoroughly reviewed prior to and following their moves to ensure that these needs continue to be met and to minimise any impact on their wellbeing.
- (iv) If the proposals are agreed to undertake a 45 day consultation with affected staff with a view to minimising or avoiding compulsory redundancies.
- (v) To note that a full appraisal of the buildings and site will be commissioned to inform options for their future use or disposal.
- (vi) To delegate authority to the Director, People following consultation with the Cabinet Member for Health and Adult Social Care to do anything necessary to give effect to the proposals in this report.

## REASONS FOR REPORT RECOMMENDATIONS

- 1. The council would like to develop a wider range of options for supporting individuals with dementia, such as supported living and extra care housing, instead of directly providing residential care itself.
- 2. For individuals with dementia who require residential care to meet their needs, this can be provided more cost effectively for the same quality in care homes provided by private and third sector providers.

3. There is sufficient alternative provision of residential care of the required type and quality in Southampton to meet current and forecast demands.
4. With tailored one to one support, it is considered that Woodside Lodge's 13 permanent residents can be safely moved to suitable alternative care settings without detriment to their long-term health and wellbeing.
5. The statutory requirement to consult with residents, their families and other stakeholders has been fulfilled and, although the overwhelming response from families was to keep Woodside Lodge open, their comments have helped to ensure that all relevant factors have been taken into consideration.
6. It is now necessary and appropriate to consult with staff with a view to minimising or avoiding compulsory redundancies and to carry out an appraisal of the buildings and site to inform a decision about their future use or disposal.

### **ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

7. The alternative option of keeping Woodside Lodge open was considered and rejected for the reasons set out above. The council held two meetings for its partners, including care providers and the voluntary sector, and has received no expressions of interest from these or anyone else to take over the running of Woodside Lodge.

### **DETAIL (Including consultation carried out)**

8. Woodside Lodge is a council-run residential care home in Wimpson Lane, Maybush providing 27 permanent beds for people aged 65 and over living with moderate or severe dementia. Short term respite beds are also available. There are currently 13 permanent residents.
9. The decision to consult on the future of Woodside Lodge, instead of one of the council's other two residential care homes (Glen Lee and Holcroft House), was based on its average occupancy rates, which have been the lowest of the council's three homes for the last three years. The majority of residential care funded by the council is in private or voluntary sector homes.
10. Cabinet approved a public consultation on the future of Woodside Lodge on 15 July 2014 and this ran from 24 July 2014 to 23 October 2014. During this time, the families of Woodside Lodge's permanent residents were invited to attend six meetings held at Woodside Lodge on 5 August 2014, 2 and 30 September 2014. These meetings were generally well attended and independent advocates were available to provide support. In addition, there were two public meetings held at the Civic Centre on 8 August 2014 and 22 October 2014. Information about the consultation was published on the council's website and was covered by the Daily Echo and BBC Radio Solent.
11. Copies of the notes taken at these meetings and all of the responses received are available in Members' rooms and these are summarised in Appendix 1.
12. Two clear options for Woodside Lodge were presented during the consultation: either (a) for it to remain open or (b) for it to be closed with current residents being supported to move to suitable alternative care settings and in the future for care to be purchased for individuals requiring residential care in private or voluntary sector homes.



13. The three questionnaire responses received strongly disagreed with the option to close Woodside Lodge. Eight detailed responses were also received from seven people, all strongly objecting to the option to close Woodside Lodge.
14. Independent advocates worked separately with the residents of Woodside Lodge and were able to record the views of ten residents, where appropriate. These were generally very positive about their home at Woodside Lodge and each considered it to be a good place to live. When asked if they would like to live anywhere else, six residents replied that they would not, one replied that she felt unable to answer the question, one replied that she would like to move if something went wrong, one wanted to move to live with a family member and one wanted to move to live in the New Forest.
15. Woodside Lodge has been closed to new permanent residents since the consultation into its future was approved. A senior social work practitioner has been coordinating a review of residents' needs and since the consultation started has arranged for four residents to be supported to move to suitable alternative residential care homes, at their families' request, and one resident to move to a nursing home, as her needs had changed. This process has not highlighted any additional risks to the health or wellbeing of these former residents, who have all been reviewed and we have determined that their new homes are meeting their identified needs well. The senior practitioner has been at all of the consultation meetings held at Woodside Lodge to give advice and answer relatives' questions. She has been liaising with a consultant psychogeriatrician at Southern Health NHS Foundation Trust and there is no evidence that any resident will be placed at serious risk if they were moved. Social workers will work with the remaining residents and their families, carers and independent advocates to support their moves to suitable alternative care settings, paying particular attention to any additional needs arising because of their cognitive impairments.
16. Woodside Lodge was last inspected by the Care Quality Commission (CQC), the regulator, on 1 November 2013 and was found to meet all six standards in force at the time during a routine, unannounced inspection. The proposal to close Woodside Lodge is not related to the standards of care and support provided there. Many of the comments received during the consultation commend the care and support given by staff and describe concerns about the quality of care provided in private homes. Private and voluntary sector homes are subject to the same regulatory regime as council homes and are also inspected by the CQC, which now rates inspections as 'outstanding', 'good', 'requires improvement' or 'inadequate'. In addition to checks carried out by the CQC, the Integrated Commissioning Unit, a joint unit between the Council and Clinical Commissioning Group, has a dedicated provider quality unit, which carries out separate checks and responds to complaints about homes in Southampton. Both CQC and the internal team can set expectations for improvements to services. CQC can also act to withdraw the registration status of homes that consistently fail to achieve standards.
17. In addition, the council will make available further specialist training resources for homes that offer accommodation to residents moving from Woodside Lodge. This will provide enhanced training on supporting people with dementia and will be available to homes wishing to take advantage of

this.

18. As a result of central government's policies on deficit reduction, the public sector as a whole is experiencing a continued period of expenditure restraint. Within this environment, as a sector, local government is experiencing a greater proportion of the reduction in funding when compared with Health, Education and Police. This national picture is reflected locally, as the council continues to experience a significant decrease in government grant funding. It is against this background and the need for a further reduction in expenditure that this decision is being made. At the time of writing, the council has a budget gap of £4.3m for 2015/16, which is forecast to increase to £54.2m for the three years from 2015/16 to 2017/18. The Health and Adult Social Care Portfolio currently represents 33% of the council's Net Portfolio General Fund budget. Spending in this area is subject to demand-led pressures associated with the provision of social care, which stem largely from demographic trends, including an ageing population.
19. Nationally and locally, the weekly cost per individual of providing residential care directly (£633) is currently 42% higher than the average weekly cost of residential care purchased in the external market (£445). Long term trends show a sharp decline in the use of residential care, with a drop in local use of 38% since 2002. Closing Woodside Lodge is consistent with the council's aim of providing care and support to people in their own homes wherever possible, for example by developing and making greater use of tele care, extra care housing and supported living. Evidence shows that this promotes independence and enhances quality of life, which leads to better outcomes and value for money.
20. In order to reduce reliance on residential care, the development of extra care housing is a key dependency. The privacy, security and highly personalised approach to social care offered makes it a positive and appropriate alternative to residential care, providing an opportunity to remain living in the community with a partner, which is not usually available to those entering residential care. There is a continued commitment to seek alternatives to residential care, where possible. The new domiciliary care framework, currently out to tender, is designed to enable individuals to remain at home for longer with appropriate and good quality care provided to support this aim.
21. Assessments of need will be carried out with all residents and options for future accommodation, care and support will be considered. This will include considering living with carers, tenanted care such as extra care, residential care and nursing care. The assessment will set out the expected care needs and it is likely that due to need levels and the fact that individuals have been living in a residential care setting for some time, alternative residential or nursing care options may be required.
22. Analysis of the market place shows that there are currently 53 vacancies within the residential care sector in the city itself, with further vacancies in care homes neighbouring the city. This includes a total of 33 bed spaces within homes in the city that have defined dementia care as a key element of the service they provide. Again, this number is increased when homes near to the city are included. Since July of this year, new residential spaces have become available with dementia care as a specialist element.

23. Where individuals require nursing care to provide the best support in the longer term, the city will source these places from within the current market. This is likely to apply to two of the 13 residents. This will include the potential to specifically commission these places from providers to ensure that residents from Woodside Lodge have the appropriate good quality care to move to.
24. Closing Woodside Lodge does not impact on individuals' eligibility for support to meet their social care needs. The current criteria under the Fair Access to Care Services (FACS) scheme or, from 1 April 2015, under the Care and Support (Eligibility Criteria) Regulations 2014 will be applied and individuals with eligible needs that are best met through residential care will be supported in one of the council's two other residential care homes or in a private or voluntary sector home.
25. A full Equality and Safety Impact Assessment has been carried out to identify the potential impact and mitigation of these proposals on residents and their carers and is attached as Appendix 2 for consideration.

## **RESOURCE IMPLICATIONS**

### **Capital/Revenue**

26. Should the closure of the home proceed there would be a capital receipt if the home is sold, and in future years the avoidance of requiring ongoing spend to maintain and refurbish the home.
27. The recurring saving, after closure and disposal or an alternative use found for the land will be £350,000, taking into account the cost of providing alternative care. The saving is phased over the next three years, £200,000 in 2015/16 rising to £300,000 in 2016/17 to reflect the full year effect and rising further to £350,000 in 2017/18 assuming security of the land and Rates are no longer an issue.

During the period that the home reduces occupancy prior to full closure there will be a risk of an additional pressure. This will materialise through the time lag between the cost of alternative provision which will be immediate and the reduction in staffing and building costs for Woodside. A proportion of this pressure has already been absorbed within 2014/15 as Woodside has had reduced occupancy, (currently 13 of a 27 bed unit). The 2015/16 proposed saving of £200,000 takes into account this pressure on the basis the home is fully closed by September 2015.

### **Property/Other**

28. Property Services will be commissioned to carry out a full appraisal of the building and site to inform options for their future use or disposal.
29. If the proposal is agreed consultation with staff employed at Woodside Lodge will commence in January 2015 with a view to minimising or avoiding compulsory redundancies. Details of the staff establishment and current vacancies are given in figure 1 below.

**Figure 1:** staff details at Woodside Lodge

Role	Staff establishment (Full Time Equivalent)	Vacant posts (being covered by agency)
Business Support	1.0	-
Care Coordinator	6.8	-
Carer	14.8	3.3
Kitchen staff	3.6	0.2
Housekeeper/laundry	2.8	1.1
Total	29.1	4.6

## LEGAL IMPLICATIONS

### **Statutory power to undertake proposals in the report:**

30. Cabinet may lawfully take a decision which results in the closure of a residential care home and the relocation of residents provided it conscientiously takes into account the outcomes of the consultation and the equality impact assessment bearing in mind its public sector equality duties as well as all other relevant information. The implementation of the decision should not result in the violation of any person's rights under the European Convention on Human Rights. Three Articles of the European Convention are capable of being relevant to any decision to close a residential care home and relocate residents. These are Article 2 which provides that everyone's right to life will be protected by law, Article 3 which provides that no one shall be subjected to torture or inhuman or degrading treatment and Article 8 under which everyone has the right to respect for his family life and his home. Article 8 rights are not absolute and can be justified by public interest considerations including economic factors. Best Practice will be followed during the relocation of residents so that the risks to residents are minimised. Cabinet should review a decision to close Woodside Lodge if at any stage during the implementation process risks to residents arise which cannot be ameliorated and which result in an unjustifiable breach of Articles 2, 3 or 8.

The Council has a number of statutory duties and powers to individuals under various pieces of legislation to assess individual needs and then to provide appropriate care, support and accommodation for the eligible needs.

The Care Act 2014 provides an updated legal framework for care and support and introduces a number of new rights, responsibilities and processes. All Local Authorities are now in the transition phase with parts of the Act coming into force in April 2015. When carrying out new assessment or when re-assessing individuals, the needs assessment must be carried out in line with the Care Act 2014. It would also be best practice when assessing the impact on carer's to ensure this is done in compliance with the 2014 Act.

### **Other Legal Implications:**

31. If residents are moved from Woodside Lodge against their will, this is likely to constitute a prima facie breach of their rights under Article 8(1) of the European Convention on Human Rights. The question is therefore whether such a breach is justified and proportionate under Article 8(2). The general economic situation outlined in paragraphs 18 and 19 and the strategic direction to support alternatives to residential care outlined in paragraph 20 need to be weighed against the impact on individual residents. It is likely that any breach will be justified and proportionate, but this judgement will need to be informed by the individual reviews of residents' needs, outlined in paragraph 21.

There is a legal requirement to consult with staff where redundancies are contemplated. The 45 day consultation referred to earlier in this report will meet this requirement.

### **POLICY FRAMEWORK IMPLICATIONS**

32. These proposals are aligned to the following priorities set out in the Council Strategy 2014-2017:
- Prevention and early intervention
  - Protecting vulnerable people
  - A sustainable council

**KEY DECISION?** Yes/~~No~~

**WARDS/COMMUNITIES AFFECTED:** ALL

### **SUPPORTING DOCUMENTATION**

#### **Appendices**

1. Summary of Consultation Responses
2. Equality and Safety Impact Assessment

#### **Documents In Members' Rooms**

1. Record of all of the Consultation Meetings

#### **Equality Impact Assessment**

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out. Yes/~~No~~

#### **Other Background Documents**

**Equality Impact Assessment and Other Background documents available for inspection at: Herbert Collins House, 5 Northleigh Corner, Wide Lane, Southampton, SO18 2HR**

- | Title of Background Paper(s)   | Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable) |
|--|--|
| 1. Adult Social Care Provider Services – Cabinet Report dated 15 July 2014 (Seeking approval for a public consultation on the future of Woodside Lodge). |  |

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# Agenda Item 6

Appendix 1

APPENDIX 1

**Consultation on the future of Woodside Lodge residential care home**

**Summary of responses received**

## Contents

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## **1 Consultation approach**

- 1.1 Relatives and carers of Woodside Lodge residents were invited to a meeting that took place at Woodside Lodge on Sunday 6 July 2014. At the meeting, they were advised that Cabinet would be considering a proposal to hold a public consultation on the future of Woodside Lodge, in advance of the publication of the paper detailing the consultation proposal on Monday 7 July. A staff briefing was held on the same day at Woodside Lodge and the council's other residential care homes, Glen Lee and Holcroft House. A copy of the presentation was posted to relatives after the meeting.
- 1.2 Cabinet considered this proposal and approved a public consultation on the future of Woodside Lodge on 15 July 2014 and this ran from 24 July 2014 to 23 October 2014. The consultation was covered by local media, including the local newspaper (Daily Echo) and local radio (BBC Radio Solent).
- 1.3 The schedule of meetings was published on the council's website and relatives and carers of Woodside Lodge residents were sent this by post with an invitation to attend. Details of the meetings were also posted up on the relatives' notice board at Woodside Lodge and staff were briefed so that they could give information about the proposals and the ways in which to respond. The schedule of meetings is attached at Appendix A.
- 1.4 A consultation document including a questionnaire was published on the council's website, where it could be downloaded, and was made available at all of the consultation meetings and from staff at Woodside Lodge. The consultation document is attached at Appendix B.
- 1.5 Two clear options for Woodside Lodge were presented during the consultation: either (a) for it to remain open or (b) for it to be closed and for its residents to be supported to move to suitable alternative care settings and, in the future, for care to be purchased for individuals requiring residential care in private or voluntary sector homes.
- 1.6 Six meetings for relatives and carers were held at Woodside Lodge on 5 August 2014, 2 and 30 September 2014. Meetings were held on these days at 4pm and 6.30pm, to enable as many people as possible to attend. Individual appointments were also offered to people between 5pm and 6.30pm on these days, for people who preferred to feedback their views and ask questions on an individual basis. Representatives from Choices Advocacy and, or, Carers in Southampton attended each of these meetings and were able to support relatives, as required. The Cabinet Member for Health and Adult Social Care attended some of the meetings. It was not possible to hold meetings before 4pm, as the room is in use by the day service based at Woodside Lodge.
- 1.7 The format of the group meetings consisted of a presentation given by the Interim Head of Adult Services followed by a question and answer session. Other council staff attended these meetings, including a senior social work practitioner, members of the project team and Woodside Lodge managers. Notes of these meetings were taken and these are attached at Appendix C.

- 1.8 In addition to the six meetings held at Woodside Lodge, two public meetings were held at the Civic Centre at 6pm on 8 August 2014 and 22 October 2014. These meetings covered the proposals regarding Woodside Lodge along with separate proposals for the future of day services and the respite service at Kentish Road. A verbatim record of these meetings, chaired by the Director of People, was made and this is attached at Appendix D. The Cabinet Member for Health and Adult Social Care also attended these meetings, along with representatives from Choices Advocacy (both meetings) and Carers in Southampton (the second meeting).
- 1.9 In addition to the above, a meeting for carers was hosted by Southampton Mencap (carers' lunch); two meetings were held with the council's partners and care providers; and meetings in public were held at Consult and Challenge (Spectrum Centre for Independent Living) and Southampton Healthwatch. These meetings included the proposals for Woodside Lodge along with those for day services and the respite service at Kentish Road. Notes from these meetings have been placed in Members' rooms and are available on request.
- 1.10 Several briefings were also held for Members of the council and the consultation and proposals were considered at a meeting of the council's Overview and Scrutiny Management Committee (OSMC) on 11 September 2014. The minutes of this meeting are available online at <http://www.southampton.gov.uk/modernGov/ieListDocuments.aspx?CId=123&MId=2852&Ver=4>
- 1.11 The Chair of the Overview and Scrutiny Management Committee and the Cabinet Member for Health and Adult Social Care were given a tour of Woodside Lodge by a resident's wife, at her request.
- 1.12 A dedicated email address was publicised on the council's website and at all of the meetings outlined above. Everyone who attended the meetings was invited to respond to the consultation in the way that best suited them, including a direct invitation to phone or write to the Interim Head of Adult Services or a member of the project team, whose contact details were included in the presentations.
- 1.13 Independent advocates from Choices Advocacy worked separately with the residents of Woodside Lodge and were able to record the views of ten of its current residents, where appropriate.

## **2 Questionnaire responses**

- 2.1 Four questionnaire responses were received, all from individuals with a friend or relative living at Woodside Lodge. Three of these strongly disagreed with the proposal to close Woodside Lodge and one strongly agreed with the proposal.

- 2.2 The respondent who strongly agreed with the proposal indicated a general dissatisfaction with the building and facilities and the suggested that the home should be re-built or refurbished.
- 2.3 Two of the questionnaires included detailed responses. One of these was following up comments made in a letter, providing further comments on the consultation document and a presentation given at one of the meetings. These can be summarised, with the council's response, as follows:

Comment	Council's response
Woodside Lodge residents cannot benefit from measures to avoid a need for residential care.	The council agrees that this does not apply to current residents, who are likely to require continuing residential or nursing care. This was intended to apply to people in the future who could be supported to continue to live at home or in extra care housing.
Difficult to find a suitable care home for a comparable cost.	An analysis of the availability of residential care in Southampton suggests that suitable places are available at or below the cost of a place at Woodside Lodge.
Undue emphasis on council resources at the expense of self-funders.	It is no longer considered appropriate for self-funders to live in council-run homes, as there is considered to be sufficient availability of care of the same quality in private or voluntary sector homes.
No certainty that alternative accommodation will be suitable.	Social workers will work with families to identify suitable alternatives based on a thorough review of residents' needs.
Concern that residents' views should not be canvassed and that this may cause distress.	This was handled sensitively by independent advocates taking into account residents' abilities. Residents were not distressed by the exercise and some were able to feedback their views, which will help to inform the final decision.
Satisfaction with care and support provided.	The proposal to close Woodside Lodge is not related to the standard of care and support provided. Alternative care settings will be selected on their ability to provide the required levels of care and support to meet residents' needs.

Comment that this is a difficult time for residents, as their home is at risk.

The council acknowledges that this is a difficult time for residents and their families, but with the appropriate support does not consider that there will be any significant long term impact on residents' wellbeing.

2.4 The other questionnaire with detailed comments sets out a poignant description of the respondent's relative's experience prior to living at Woodside Lodge and the challenges of living independently with vascular dementia, including the significant impact that this can have on the lives of the individual and members of their family. The respondent commends the care and support given to their relative and the time taken to settle in. There is a concern that any move from Woodside Lodge would result in a rapid deterioration and, "I would imagine in some of the more frail residents in Woodside [Lodge] even death". The respondent describes another relative's poor experience of a move to a supported living environment and expresses concern that residents are unable to express their opinions on the proposed closure.

2.5 The respondent goes on to state that there is no suitable alternative to Woodside Lodge and describes several homes that were visited when looking for a suitable placement that fell a long way short of the standards of care and facilities expected. The respondent questions how closing Woodside Lodge will save money, as a suitable alternative will inevitably be more expensive and, in any case, a significant investment has been made in maintaining and improving Woodside Lodge. The respondent provides data supplied by the Alzheimer's Society, which predict a significant increase in the number of people in the UK with dementia and questions the ability of relatives to provide the required care and accommodation. The respondent questions the good availability of residential care for individuals with dementia and states that if this were the case, there would not be such strong demand for the three council-run homes. There is a suggestion that it would be more appropriate to close Holcroft House or Glen Lee because of their location and the types of individuals that they support.

2.6 The respondent raises some specific questions, which are summarised below:

**Question**

Why is the consultation not listed on the Woodside Lodge page of the council website and why has it not been publicised more widely in the media?

**Council's response**

The consultation was listed on a dedicated page on the council's website and was covered in the Daily Echo and by BBC Radio Solent. Social work and care home staff have advised relatives of the proposals and the Woodside Lodge has been closed to new permanent admissions pending a decision its future.

What private residential homes are

At the time of writing, there are 33

there in Southampton that provide specialist care for individuals with dementia that will accept the council's rates?

What steps would be taken to reduce the impact on the health and wellbeing of residents who have to move?

What arrangements are in place for monitoring the quality of private residential care homes?

How can 'care in the community' be a solution for people with advancing vascular dementia?

bed spaces in residential care homes.

A thorough review of each resident's needs would be carried out in conjunction with a Consultant Psychogeriatrician. Residents would also be reviewed in their new home to ensure that it continues to meet their needs. There is no evidence that any resident will be placed at serious risk if they were to move and the five residents whose relatives have chosen to move them in advance of the decision have been reviewed and appear happy in their new homes. Social workers will work with the remaining residents and their families, carers and independent advocates to support their moves to suitable alternative care settings, paying particular attention to any additional needs arising because of their cognitive impairments.

Private homes are subject to the same regulatory regime as council-run homes and are also inspected by the Care Quality Commission (CQC), which rates inspections as 'outstanding', 'good', 'requires improvement' or 'inadequate'. In addition to checks carried out by the CQC, the council's Integrated Commissioning Unit has a dedicated provider quality unit, which carried out separate checks and responds to complaints about homes in Southampton. Both CQC and the internal team can set expectations for improvements to services. CQC can act to withdraw the registration status of homes that consistently fail to achieve standards.

A range of options are available to enable individuals with a dementia to live in the community, for example, through use of tele care, living with carers and extra care housing. It is unlikely that these will be appropriate

How much money has been spent to refurbish Woodside Lodge over the past three years?  
What is the value of the land and buildings and what plans are there if the land is sold?

What is the date of the next local authority elections?

for any of the current residents at Woodside Lodge, who will most likely move to suitable alternative residential care or nursing homes. £278,000 has been spent to maintain and improve Woodside Lodge over the past three years.  
If the decision is made to close Woodside Lodge, a full appraisal of the buildings and site will be commissioned to inform options for their future use or disposal.  
The next local election in Southampton will take place on 7 May 2015.

- 2.7 Finally, the respondent complained that she did not know about the consultation until another relative was advised by a member of staff when visiting and she felt that the consultation document was flawed.
- 2.8 Another questionnaire, completed by an independent advocate on behalf of the respondent, expressed the view that the council was prioritising investment in other buildings at the expense of those for vulnerable and older people and was concerned that the site would “fall into the hands of developers to build new homes”. The respondent considers there to be a “desperate need for homes like Woodside [Lodge] and it is common knowledge that there is an increase in people suffering with dementia.”
- 2.9 However, the respondent urges the council to provide alternative homes or care for the current residents to move to and should consider introducing and implementing new types of care.

### **3 Written responses**

- 3.1 In addition to the questionnaire responses, four letters from three relatives were received, all objecting to the proposal to close Woodside Lodge.
- 3.2 One respondent wrote:
- Relative had experienced a traumatic move from previous home where the resident was unhappy
  - Caring staff at Woodside Lodge willing to engage with residents
  - Relative is very happy at Woodside Lodge
- 3.3 Another respondent:
- Criticised the timing of the meeting on 6 July, one day in advance of proposals being published prior to the Cabinet meeting on 14 July 2014
  - Questioned why Woodside Lodge was chosen for closure over Glen Lee and Holcroft House

- Speculates that this is because of the development potential of the site
  - Considers it inappropriate to seek the views of Woodside Lodge residents
  - Commends standards of care and considers Woodside Lodge to be a place of safety
  - Described in detail how difficult a move would be based on previous experiences
- 3.4 This respondent included a letter sent to the Editor of the Daily Echo, enclosing copies of two other letters that had been published on their letters page.
- 3.5 Another respondent:
- Objects to the proposal to close Woodside Lodge on the basis of their being too few residential care homes provided by the council to meet the need both for long term care and short term respite care
  - Suggests making better use of Woodside Lodge to support carers by providing residential respite care
  - Considers the council to have more control over standards in its own homes than in private homes
  - Asserts that there will always be a need for residential care for individuals with dementia and expresses concern that relying on private sector resources will result in inappropriate care being given in hospital

#### **4 Responses from residents at Woodside Lodge**

- 4.1 Independent advocates from Choices Advocacy worked separately with the residents of Woodside Lodge and were able to record the views of ten residents, where appropriate and where they agreed to meet. It was not considered appropriate to meet with six residents, because they were unwell, sleeping, too confused or were unable to communicate.
- 4.2 The views expressed were generally very positive about Woodside Lodge and each considered it to be a good place to live. One person responded that they thought it was nice to be there, but not to live in as a home. One stated, "It's not my home but it's a good place to live" and another, "It is my home now. It's quite good." Another said, "It's very good. It's my home."
- 4.3 When asked what they like to do in their home, residents' responses included:
- I take things a day at a time
  - I like to talk to other people and to find out about them
  - I like to help people to do something they haven't done before
  - I like to walk in the garden and to be in the sun
  - Dusting and all that, I do the hovering every day
  - I like my own company and sometimes prefer to sit in my own room, rather than to be with others
  - I do a lot of singing
  - I like the company of the ladies and like to see a smile on their faces

- (Thinking about the past) I used to enjoy the outdoors and do the gardening and maintenance
- I like being with others
- I like the whole place, referring to the garden space, wildlife and nests

4.4 When asked why residents decided to live at Woodside Lodge, their responses included:

- I think I was more or less sent here ... but I don't mind being here
- Can't remember, but I suppose it's OK
- [It was] a family decision made on my behalf due to the state I was in. They made the right decision.
- Don't really recall
- I didn't decide. I didn't know the place existed. Someone else made the decision.
- Other people decided for me. I was sent here.
- I'd heard about its [good] reputation
- Other people made me come here because I was getting naughty – messing about and making my place dirty
- I liked the place

4.5 When asked if they would like to live somewhere else, six residents replied that they would not, one replied that she felt unable to answer the question, one replied that she would like to move if something went wrong, one wanted to live with a family member and one wanted to move to live in the New Forest.

## **5 Meetings held at Woodside Lodge**

5.1 Notes from the meetings are appended to this document.

## **6 Public meetings held at Civic Centre**

6.1 Notes from the meetings are appended to this document.

## **7 Overview and Scrutiny Management Committee**

7.1 The minutes of this meeting are available online at <http://www.southampton.gov.uk/modernGov/ieListDocuments.aspx?CId=123&MId=2852&Ver=4>



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 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 the budget proposals and consider mitigating action.

<b>Name or Brief Description of Proposal</b>	The proposed closure of Woodside Lodge residential care home; supporting its 13 current permanent residents to move to suitable alternative care settings; using the council’s remaining two residential care homes or purchasing residential care provided by the private or voluntary sector to meet the eligible social care needs of people in the future.
<b>Brief Service Profile (including number of customers)</b>	Woodside Lodge is a 27-bed residential care home for older people (aged over 60) living with moderate or severe dementia. There are currently 13 permanent residents. The home has been closed to new permanent residents since the consultation on its future started on 24 July 2014. Woodside Lodge has recorded the following occupancy levels in the past five years (rounded to the nearest percentage point): 2009/10 85%, 2010/11 92%, 2011/12 82%, 2012/13 71%, 2013/14 88%
<b>Summary of Impact and Issues</b>	<p>The recommended option is to close Woodside Lodge. Any impact on residents’ long term health wellbeing will be mitigated by thoroughly assessing their needs, identifying a suitable alternative care setting that will meet those needs and supporting and carefully managing their move to the new setting. The needs of the families and carers of residents will also be taken into account, to ensure that it remains possible for them to visit. Moves will be not take place until a suitable alternative has been agreed with families and carers.</p> <p>There are also potentially wider impacts on the closure of this council-provided residential care home for Southampton residents with eligible social care needs who might otherwise have sought to have their needs met there. However, there is sufficient availability of good quality residential care provided by the private or voluntary sector at rates negotiated with the council to meet current and forecast demand.</p>
<b>Potential Positive Impacts</b>	<p>Potential positive impacts include greater investment in developing a wider range of options for supporting individuals with dementia, such as supported living and extra care housing. This can increase opportunities for people to remain living in the community, including with a partner.</p> <p>Purchasing care for people in residential care provided by private or voluntary sector providers offers better value for money with no loss in quality, which helps the council to be more financially sustainable.</p>

<b>Responsible Service Manager</b>	Paul Juan, Interim Service Manager
<b>Date</b>	24 November 2014

<b>Approved by Senior Manager</b>	Helen Woodland
<b>Signature</b>	HL
<b>Date</b>	24 November 2014

**Please note: this ESIA is a work in progress. Any revisions will be tabled at the Cabinet Meeting on 9 December 2014.**

### Potential Impact

<b>Impact Assessment</b>	<b>Details of Impact</b>	<b>Possible Solutions &amp; Mitigating Actions</b>
<b>Age</b>	<p>The current Woodside Lodge residents number 13 in total, with ages ranging from 62 to 97. One resident is aged in her 60s, two residents are aged in their 70s, seven residents are aged in their 80s and three residents are aged in their 90s.</p> <p>The home provides services exclusively for older people, which means that the impact of the closure of the home on its current residents disproportionately affects older people.</p> <p>However, the potential benefits are also likely to benefit older people, as the council will be able to support the development of a greater range of options to support older people in the community living with dementia.</p>	<p>Assessments of need will be carried out with all residents and the options for future accommodation, care and support will be considered. The assessment will identify the expected care needs and it is likely that due to need levels and the fact that individuals have been living in a residential care setting for some time, alternative residential or nursing care settings will be required. Dedicated social workers will work with residents and their families to identify a suitable alternative and will provide tailored support to help them to move there. Four residents have already been supported to move to suitable alternative care settings (at their families' request) using this process and this has not had any apparent adverse impact on their health and wellbeing. All alternative settings will provide specialist care for people living with dementia of at least the same quality as Woodside Lodge. The needs of former residents will continue to be</p>

		reviewed at least annually to ensure that they continue to be met. The location of residents' new homes will be chosen having regard to the needs of families. Social workers will continue to liaise with residents' medical consultants and General Practitioners to monitor any adverse impacts on health and wellbeing and intervene swiftly to mitigate these.
<b>Disability</b>	<p>Some of the residents of Woodside Lodge are living with a physical disability, largely associated with impaired mobility due to older age.</p> <p>All of the current residents are living with moderate or severe dementia.</p>	All residents will have a thorough assessment of their needs and will receive tailored support to help them to move to a suitable alternative care setting, as described above.
<b>Gender Reassignment</b>	No identified negative impacts.	
<b>Marriage and Civil Partnership</b>	<p>No identified negative impacts.</p> <p>The proposal may result in the more options to enable people with dementia to continue to live in the community with their spouses or partners.</p>	
<b>Pregnancy and Maternity</b>	No identified negative impacts.	
<b>Race</b>	<p>No identified negative impacts.</p> <p>12 of Woodside Lodge's 13 residents describe their ethnicity as "white British" and one describes her ethnicity as "white other European".</p>	
<b>Religion or Belief</b>	<p>No identified negative impacts.</p> <p>Seven of Woodside Lodge's residents describe their religion or belief as Christian, one as Catholic and the other five have not recorded a religion or belief.</p>	
<b>Sex</b>	<p>No identified negative impacts.</p> <p>Seven of Woodside Lodge's residents are female and six are male.</p>	
<b>Sexual Orientation</b>	No identified negative impacts.	
<b>Community Safety</b>	No identified negative impacts.	

<b>Poverty</b>	There are potential impacts if families of Woodside Lodge residents have to travel further at extra cost to visit their relatives.	<p>The location of potential alternative care settings and the needs of families will be taken into account when deciding on the best one.</p> <p>The proposal does not impact on an individuals' eligibility for support to meet their social care needs. The current criteria under the Fair Access to Care Services (FACS) scheme or, from 1 April 2015, under the Care and Support (Eligibility Criteria) Regulations 2014 will be applied and individuals with eligible needs that are best met through residential care will be supported in one of the council's other two residential care homes or in a private or voluntary sector home.</p>
<b>Other Significant Impacts</b>	None identified.	