

**MINUTES OF THE MEETING OF THE CABINET  
HELD ON 10 MARCH 2015 AT 2.00 PM  
AT ASHCOMBE SUITE, COUNTY HALL, KINGSTON UPON THAMES,  
SURREY KT1 2DN.**

These minutes are subject to confirmation by the Cabinet at its next meeting.

Members:

*Mr David Hodge (Chairman)	*Mr John Furey
*Mr Peter Martin (Vice-Chairman)	Mr Mike Goodman
Mrs Mary Angell	*Mr Michael Gosling
*Mrs Helyn Clack	*Mrs Linda Kemeny
*Mr Mel Few	*Ms Denise Le Gal

Cabinet Associates:

*Mr Steve Cosser	Mrs Kay Hammond
*Mrs Clare Curran	*Mr Tony Samuels

\* = Present

**PART ONE**  
**IN PUBLIC**

**45/15 APOLOGIES FOR ABSENCE [Item 1]**

Apologies were received from Mrs Angell, Mr Goodman and Mrs Hammond.

**46/15 DECLARATIONS OF INTEREST [Item 2]**

There were none.

**47/15 PROCEDURAL MATTERS [Item 3]**

**a MEMBERS' QUESTIONS [Item 3a]**

Questions from Mrs White and Mr Essex were received. The questions and responses are attached as **Appendix 1**.

Mrs White asked a supplementary question relating to the possible sale or retention of the properties and questioned why the Council could not make the necessary investment to bring the homes up to the standard required, as had been done by the private providers when homes of a similar nature were transferred some years ago.

The Cabinet Member for Adult Social Care responded saying that visits to the care home show that these homes needed considerable work undertaken and that there was no intention to sell the properties in the future.

Mr Essex asked a supplementary question about the cost benefit analysis within the original report on the care homes and queried whether there were plans to update this following the responses to the consultation as it could show that the financial case was not as strong.

The Cabinet Member for Adult Social Care responded by stating that this was not a financial case, it was about people and the care that they received.

#### **48/15 PUBLIC QUESTIONS [Item 3b]**

No questions were received from members of the public.

#### **49/15 PETITIONS [Item 3c]**

That the response to the petitions, as set out in **Appendix 2** be noted.

Mr Minal presented his petition on the closure of the care homes and asked the Cabinet to consider refurbishing the current care homes. He stated that he felt the homes were viable and valuable assets and that provided good value for money to the tax payer. He referred to the Care Act and asked the Cabinet to support his petition and expressed concern that the Council would face growing pressure on costs levied by private providers in the future.

Mr Couchman presented his petition and said that he was speaking on behalf of almost 4500 people. He asked the Cabinet to reflect on how long it had taken to collect the petition names and that there had been another 150 signatures added since the petition was submitted. He referred to the 'mums test' and stated that he felt that the care homes would pass this. He said that he agreed that the homes needed work but that there were other options available and that he did not accept the rationale for closure.

The Leader thanked both petitioners for the comments and referred them to the response, as set out in **Appendix 2**.

#### **50/15 SURREY COUNTY COUNCIL RESIDENTIAL CARE HOMES FOR OLDER PEOPLE [Item 4]**

On 21 October 2014 the Cabinet took a decision to consult on the future of six Surrey County Council residential care homes for older people. This followed a comprehensive review of the services provided, future commissioning requirements, and consideration whether Surrey County Council should continue to operate older people's residential care homes.

The homes under consultation were:

- Brockhurst in Ottershaw
- Cobgates in Farnham
- Domers in Caterham
- Longfield in Cranleigh
- Park Hall in Reigate
- Pinehurst in Camberley

The Leader of the Council opened the debate on this item by inviting non-Cabinet County Councillors that wished to speak on the issue to present their views to the Cabinet.

Mrs Sally Marks, County Councillor for Caterham Valley, began by recognising the good care that existed in the six care homes but she pointed out that the environment needed work. She raised concerns around moving

people and whether the re-provided care will be at least as good, if not better, than that should the homes be closed and wanted assurance that friendship groups and locations will be considered when placing people in alternative facilities. She particularly highlighted Dormers in Caterham and a specific concern around the position of the local hospice, St Catherine's and services they delivered to the community. She urged the Cabinet Member for Adult Social Care to ensure that Surrey's people, friends, neighbours and parents were at the centre of this decision.

Mr John Orrick, County Councillor for Caterham Hill, then spoke on this issue and expressed his sadness to see the recommendations set out in the submitted report. He talked about the Surrey brand and the value and trust within this and asked the Cabinet Member for Adult Social Care to ensure that the reablement provision and the hospice lease are fully considered in the plans for the future of Dormers in Caterham. He said that he would like to see the upmost care taken in re-providing care to residents and that staff are offered redeployment support.

Mr David Munro, County Councillor for Farnham South, spoke on the Cobgates care home and stated that he supported the recommendations reluctantly. He said that the care was excellent and it was a much loved facility that had served well but the building at Cobgates was not fit for the long term. He expressed concern that the site could be sold and care repositioned in the future. He acknowledged the extensive consultation that had taken place and said that there was good will in the town to ensure that Cobgates facilities would be available going forward.

The Leader of the Council thanked Members for their comments and asked the Cabinet Member for Adult Social Care to introduce the report and address the concerns raised by Members.

Mr Few stated that this was the most complex issue he had brought to a Cabinet meeting for decision since becoming a Cabinet Member. He said that the Cabinet needed to consider how best the Council could provide a quality and dignified care service to meet both the current and future needs of the elderly. He highlighted that Adult Social Care was responsible for the wellbeing and safeguarding of 23,648 of the County's vulnerable adults and that 37% of these residents fell between the ages of 18-64. He said that 813 young adults were currently in transition who will most likely be users of the service for the remainder of their lives. This had led to the service re-examining its role in providing modern facilities which would cater for future demand. He explained that this had been taken into account with the comments received from the consultation and the original proposal had been modified and now included a specific recommendation to consider the future use of the existing six sites for the use by Adult Social Care.

He declared his appreciation for the hard work often under difficult circumstances that the team led by the Interim Assistant Director, Service Delivery, had put in to this exercise since the announcement of the consultation in November 2014.

He also thanked all respondents who had taken the trouble to reply to the consultation documents and for the many helpful suggestions that were made.

He asked Members to consider the separate paper entitled "Surrey County Council Older People's homes: consultation Report dated 2 March 2015 which contained the full responses and replies made to the consultation.

He then made the following points:

- The majority of responses received related to current users of the homes not agreeing with the proposed option 4 which was to exit the provision of residential care homes for the elderly in the six remaining old people's residential homes.
- Current best practice was to assist the elderly to remain in their own homes among friends, family and community for as long as practicable. Once their condition deteriorated to such an extent that living at home was no longer possible, the next move would generally be to a nursing home.
- When the homes were first opened in the late 1960s and early 1970s the admission criteria required the presenting resident to be fully ambulant and continent, where the bedrooms were designed for residents who would only spend their nights in their bedrooms compared to residents today that spend the majority of their time in their bedrooms, which placed additional strain on the staff.
- Many of the residents had complex needs and some had multiple complex needs which placed exceptional strain on the facilities and this was one of the main reasons that a decision was made some time ago to restrict the admissions to the homes.
- When the decision to reduce capacity was made 8 years ago there was not a comparable reduction in the staff levels and this level had continued to be necessary to ensure the homes remain CQC compliant despite the obvious deficiencies in the accommodation.
- Going forward it was widely recognised that future provision of adult services will be more specialised including dementia care, reablement services and extra care facilities.
- It was well known that Adults services faced a continuing shortage in qualified staff. The service was currently running with a greater than 10 % vacancy factor and as a consequent it was expected that many of the staff would be transferred to other parts of the service where vacancies were still high.
- Many comments were received on the quality of care provided by the staff, which were fully acknowledged and Mr Few expressed the Council's thanks for their professionalism over this trying period.

The Deputy Leader stated that the decision was not easy and questioned whether the homes were not meeting needs and whether they were compliant with CQC standards and fit for the future particularly to those with mobility issues.

The Cabinet Member for Community Services challenged Mr Few and asked him to consider the significant impact on the residents and the impact moving them would have.

Mr Few replied that the level of renovations required would mean that residents would have to be moved twice and therefore it was not an option. In response to Mr Martin's question he stated that the staff provided a great

service in difficult circumstances but that the homes were well behind the average standard.

The Cabinet Member for Public Health and Health and Wellbeing said that he had visited all the homes in question and that they were built for a different time and place.

The Cabinet Member for Schools and Learning queried why option 3, to sell or lease the homes to another provider, was not viable. She also stressed the importance of respite and reablement care.

Mr Few responded by stating that the Council had been approached by other providers but that they had been interested in the care home sites not the current buildings.

The Cabinet Associate for Children, Schools and Families questioned whether there was sufficient capacity in the market in Surrey to accommodate people if the homes were closed, particularly in relation to Park Hall care home.

Mr Few said that Park Hall is in the fourth tranche of closing that that he was confident that alternative provision was available.

The Cabinet Member for Highways, Transport and Flooding commented on the combined experience that the Cabinet had with the Adult Social Care portfolio and that a number of the Cabinet had visited the homes and found the care to be extremely good and the residents happy. He raised concerns about the cost of refurbishment and the level of care if the service is provided elsewhere.

The Cabinet Member for Business Services raised concerns about the quality of care for respite, dementia and step down beds and urged further conversations with Clinical Commissioning Groups on this issue.

Mr Martin reflected that the service level was very good and that he had listened and read the report and annexes and it was clear that the condition of the homes meant they were not fit for purpose. He stated that he was reluctant to reject option 2 but if residents would have to be moved twice then this was not a good option and the same for option 3. He requested that should option 4 be approved then the next steps would have to be dealt with in a dignified and proper way.

Mr Few said that the Adult Social Care service would handle this with professionalism and that it would be phased over 3 years with each individual having had their wishes considered.

Mrs Clack stated that the buildings were letting the Council down and that much better could be provided. She recognised that the staff were highly valued and did a fantastic job and queried what would happen to them as a result of the homes closing.

He stated that there were huge opportunities for staff and that the Council would do everything possible to ensure that staff remained with Surrey County Council.

The Cabinet Member for Public Health and Health and Wellbeing referred to the Equalities Impact Assessments and that the impact on staff and residents had been fully assessed.

The Cabinet Associate for Adult Social Care said that he had worked closely with the Cabinet Member for Adult Social Care and looked at how the Council could best meet the care needs of the residents of Surrey and that he felt this was the best thing that could be done going forward.

The Cabinet Member for Schools and Learning also referred to the Equality Impact Assessments and in particular to Alzheimer's respite requirements being specifically looked at. Mr Few replied that there was no option but to look at this.

The Cabinet Associate for Assets and Regeneration asked the Cabinet Member for Adult Social Care to confirm he was satisfied with the Equality Impact Assessments and to confirm that there were not any obvious gaps. Mr Few confirmed that he was.

The Leader highlighted the concerns that had been raised around St Catherine's Hospice in Caterham and the ongoing work with the Clinical Commissioning Groups and voluntary sector and stated that the Council must not lose sight of these points. He said that this was about looking after people and not buildings and looking after the staff who were ambassadors for Surrey.

He went on to state that it was a complex and emotional issue where the care was good but the infrastructure was not.

**RESOLVED:**

1. That the decision to close residential care provision by Surrey County Council at Brockhurst be approved.
2. That the decision to close residential care provision by Surrey County Council at Cobgates be approved.
3. That the decision to close residential care provision by Surrey County Council at Dormers be approved.
4. That the decision to close residential care provision by Surrey County Council at Longfield be approved.
5. That the decision to close residential care provision by Surrey County Council at Park Hall be approved.
6. That the decision to close residential care provision by Surrey County Council at Pinehurst be approved.
7. That a phased implementation programme to move people to alternative services be undertaken, which must take account of best practice and be guided by individual assessments of those affected, including carers.

8. That suitable alternative services for each affected person in those homes closing be identified.
9. That further work be undertaken for each property to fully evaluate potential alternative use to meet future needs for adult social care.
10. That a full staff consultation begins, with the objective, where possible, of retaining existing staff skills and knowledge.

### **Reasons for Decisions:**

After analysing all the consultation responses received and comments made in the individual meetings during the consultation period, and the council's review of services, the reasons for closure of the provision of in house residential care homes for older people are:

- The physical environment of the homes is not fit for purpose and cannot easily or quickly be made so. The poor quality of the environment impacts on the quality of care that can be offered.
- The demand for residential care for older people is changing as is their preference, with support, to continue living at home. Optimum occupancy cannot be achieved in any of Surrey County Council's six older peoples residential care homes due to the building limitations, which in part leads to low occupancy and higher staffing levels. This makes the continued delivery of services unsustainable.
- It will remain difficult to accept the range of referrals and complexity of need being presented unless the current facilities are significantly upgraded to the modern standards identified for dignified care delivery. To complete the required level of works, residents would need to temporarily relocate, potentially meaning two moves, at least if they were to return to the refurbished home.
- Residential placements made by the council in the independent sector make up 91% of the total funded placements by the council. Surrey is fortunate in having a diverse independent care sector offering quality services. The council has an ongoing relationship with the sector to ensure responsiveness to commissioning intentions. In the last year the council has placed 263 people in residential care and 857 in nursing care in independent sector provision. It has had high utilisation of its 905 block placement residential care beds. Investment in the council homes refurbishment does not compare favourably with commissioning existing alternative provision in the independent sector.
- A phased approach, based on individual assessment and plans, enables time to ensure appropriate alternatives are identified for each individual and carers, and to work with the independent sector market in a managed way.
- Employees within the homes are recognised as delivering a good quality of care in challenging environments. There has been investment in their training, and there is a wealth of skill and

experience. The council will support staff to explore opportunities, seeking to retain skills and experience.

Should a decision be taken to close a home, any future use of that asset for Adult Social Care or the local community will need to be carefully assessed.

Meeting closed at 3:30pm

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**Chairman**



**Members' Questions**

Question (1) from Mrs Fiona White (Guildford West) to ask:

As you are all aware, there have recently been two high-profile closures of care homes, one of which - Merok Park - is in Surrey and the other in Sutton has been used by Surrey County Council to place people in need of residential care packages. A search of CQC's website shows that 5 care homes within a 13 mile radius of Guildford have been reported as being Inadequate in one or more category. In view of this information, do the Cabinet Member for Adult Social Care and his cabinet colleagues believe that this is the right time to close council-owned residential homes, especially in view of the responsibility on Surrey to provide alternative care at very short notice in the case of a home being required to close?

**Reply:**

We are satisfied that the council would still be able to meet its responsibilities in relation to securing alternative care in the event of a home closure, if a decision is taken to close any of the older peoples in-house care homes.

When any home closes the welfare of residents is the primary consideration. The council has experience of moving people out of homes, including in emergency situations. Moves are managed in line with national best practice guidance. The council would support the residents and their families in accordance with the council's 'Community and Care Home Provider Closure Protocol 2014'.

Whilst the council acknowledges that this scenario is a possibility, it is not a frequent occurrence, and homes that close, or have been deemed inadequate, represent only a fraction of the number of independent care homes in Surrey.

91% of the council placements into residential care homes are made with the independent sector, with the remaining 9% in the councils residential care homes for older people. The council has been successful in working with the independent sector care market to source residential care

There are 6,490 residential care beds currently registered across the county (as at 29/01/15). In the past year 263 residential care placements and 857 nursing placements have been arranged in the independent sector. There has also been a high level of use of the council's 905 block placement residential care beds. In addition to these placements, there will have been many more people who fund their own care entering residential care homes in the independent sector during these times. This means that in most places, at most times, there is the capacity needed to meet the demand

**Mr Mel Few  
Cabinet Member for Adult Social Care  
10 March 2015**

Question (2) from Mr Jonathan Essex (Redhill East) to ask:

**(1) Response to Surrey Residents**

4,503 individuals have had their signatures presented to this meeting, advocating for a continued future of all of the six care homes in Camberley, Reigate, Caterham, Cranleigh, Farnham and Ottershaw. Why is the Cabinet considering implementation of the closure of the care homes, when this option received by far the broadest level of disagreement of all four options through the recent public consultation, with 87% of respondents stating that they did not support closure?

**(2) Impact of Transfer of Existing Patients to New Homes**

What specific safeguards would the Council put in place during any proposed movement of residents to eliminate all risk of mortality caused by the trauma of moving for elderly and vulnerable patients?

**(3) Validity of Cost Benefit Analysis**

The comparison of what is required to sustain these six care homes does not equate to the case for closure. Why has the refurbishment cost been based on en-suite while this may not be what would be provided should care for patients with the same needs be sought by Surrey County Council in the private sector?

Do the placement of residents with the same care needs in privately run care homes by Surrey County Council have the same specification as reflected in the full refurbished specification for these six care homes. In particular, does Surrey require all residents placed in private care homes to have en-suite bathrooms - as this requirement in particular underpins the cost estimates used for refurbishment, which is used to argue for these care homes to be closed?

Why was the value of respite, re-enablement and day care being not fully reflected in assessment of the level of utilisation of these six care homes, or the added-value of these services being combined with residential care being reflected in the assessment of the quality of care provided in these six care homes?

**(4) Impact of Choice and Benchmarking Quality across Surrey Residential Care Contracts**

How can the Cabinet ensure the people of Surrey that the closure of these facilities would not have the adverse impact on choice for elderly residents and their families?

How can the Council ensure that the same investment in stable management is provided in privately run care home alternatives when, Merok Park for example, one such privately run care home which could have been used as alternative provisioning, has just been closed down.

How can the Council ensure value-for-money for the private sector with the same degree of assurance without the hands-on experience and grasp of costs that comes from running the same services in-house?

Given that 91% of funded residential placements made by the Council are already within the independent sector, why does the Cabinet not consider the maintenance and expansion of alternative care options to be a priority for elderly residents and families in Surrey?

### **(5) Timing**

Why has the Council chosen to consider this report at this particular time rather than wait until the full impact of the new Care Act is known?

**Reply:**

**As the question is in several parts the responses are set out below under each part.**

### **(1) Response to Surrey Residents**

4,503 individuals have had their signatures presented to this meeting, advocating for a continued future of all of the six care homes in Camberley, Reigate, Caterham, Cranleigh, Farnham and Ottershaw. Why is Cabinet considering implementation of the closure of the care homes, when this option received by far the broadest level of disagreement of all four options through the recent public consultation, with 87% of respondents stating that they did not support closure?

### **Response**

The decision to make the recommendations in today's Cabinet report has not been taken lightly. Two separate petitions have been received. In addition, there has been extensive consultation including conversations with people who live in and use the services provided at the homes, their families and carers. All of the feedback received from the consultation has been considered.

The reasons for the recommendations are contained within the Cabinet report.

### **(2) Impact of Transfer of Existing Patients to New Homes**

What specific safeguards would the Council put in place during any proposed movement of residents to eliminate all risk of mortality caused by the trauma of moving for elderly and vulnerable patients?

### **Response**

It is acknowledged that there are risks with moving any person, including planned moves. The Council has extensive experience of moving people such as when their care needs change, when a resident is moved to a home that is more local to family and in emergency situations, should they arise.

The welfare of residents is the primary consideration in the event of any home closure. It would be approached in a planned and carefully managed way over a period of time, and in line with national best practice guidance. This would include the involvement of residents, families, friends and staff from the closing home.

Each resident and their family would be supported by a Social Care Practitioner who will assess individual needs and discuss preferences, and help to choose an appropriate alternative service. The approach is by nature specific to each individual.

### **(3) Validity of Cost Benefit Analysis**

The comparison of what is required to sustain these 6 care homes does not equate to the case for closure. Why has the refurbishment cost been based on en-suite while this may not be what would be provided should care for patients with the same needs be sought by Surrey County Council in the private sector?

Do the placement of residents with the same care needs in privately run care homes by Surrey County Council have the same specification as reflected in the full refurbished specification for these six care homes. In particular, does Surrey require all residents placed in private care homes to have en-suite bathrooms - as this requirement in particular underpins the cost estimates used for refurbishment, which is used to argue for these care homes to be closed?

Why was the value of respite, re-enablement and day care being not fully reflected in assessment of the level of utilisation of these six care homes, or the added-value of these services being combined with residential care being reflected in the assessment of the quality of care provided in these six care homes?

### **Response**

The information provided during the consultation sets out the requirements that contributed to the estimated refurbishment costs. These encompass a wide range of factors and are not limited to or underpinned by en-suite facilities.

The focus of this process has been ensuring that services provide dignified care, appropriate to the changing level of need, for Surrey residents now and in the future. It has also been recognised that level of disruption for residents during a refurbishment or rebuild would be high due to temporary moves. In line with the Council's long term strategic vision, it is more appropriate to consider other models of service delivery.

The average level of use of service in the homes can be found at Annex 2 of the Cabinet report and includes average use of Day Care, Reablement and short stay services. These services and potential alternative provision have been considered throughout the process.

#### **(4) Impact of Choice and Benchmarking Quality across Surrey Residential Care Contracts**

How can Cabinet ensure the people of Surrey that the closure of these facilities would not have the adverse impact on choice for elderly residents and their families?

How can the Council ensure that the same investment in stable management is provided in privately run care home alternatives when, Merrick Park for example, one such privately run care home which could have been used as alternative provisioning, has just been closed down.

How can Council ensure value-for-money for the private sector with the same degree of assurance without the hands-on experience and grasp of costs that comes from running the same services in-house?

Given that 91% of funded residential placements made by Council are already within the independent sector, why does Cabinet not consider the maintenance and expansion of alternative care options to be a priority for elderly residents and families in Surrey?

#### **Response**

The Adult Social Care Commissioning Strategy for Older People 2011 – 2020, and supporting Market Position Statement for Older People's services, outlines Surrey County Council's vision as to what services it needs to commission to ensure services provided deliver dignified and flexible solutions and meet future needs in appropriate settings including the community.

Whilst the Council acknowledges that what happened at Merok Park is a possibility in the future, it is not a frequent occurrence, and homes that close, or have been deemed inadequate, represent only a fraction of the number of independent care homes in Surrey. All residential and nursing care provision, regardless of who provides it, is subject to the same Care Quality Commission (CQC) standards and inspection. One of CQC's key lines of enquiry is that a service is 'Well led'; covering management and leadership. The Council is committed to quality services which deliver dignified care across all sectors.

In the past year, 263 residential care placements and 857 nursing placements have been arranged in the independent sector, highlighting the ability to commission services at rates agreeable to the council.

#### **(5) Timing**

Why has the Council chosen to consider this report at this particular time rather than wait until the full impact of the new Care Act is known?

#### **Response**

The potential impact of the Care Act 2014 across adult social care is recognised, but will not affect the key reasons for the recommendations: changing demand for residential care, the increasing complexity of people's needs when referred and the current challenges to delivering dignified care.

In the further work to explore alternative models of delivery of adult social care services for each site, the impact of the Care Act will continue to be taken into account.

**Mr Mel Few**  
**Cabinet Member for Adult Social Care**  
**10 March 2015**

**RESPONSES TO PETITIONS**

**The Petition concerning 'Save the Surrey 6 Care Homes'**

It states: 'We the undersigned agree with the following statement.

Save the Surrey 6 care homes and re-develop them to provide the best care for the elderly community in Surrey'

Submitted by Mr Frank Minal on behalf of GMB

Signatures: 130

**The Petition concerning 'Save Our Elderly Care Homes'**

It states: 'We call on Surrey County Council to invest in the redevelopment and refurbishment (or rebuilding) of its six remaining in-house elderly care homes. Brockhurst in Ottershaw, Cobgates in Farnham, Longfield in Cranleigh, Dormers in Caterham, Park Hall in Reigate and Pinehurst in Camberley. We do not accept the rationale for closure of any of these homes. The quality and level of care in these homes is outstanding. What is needed is the political will to invest in their modernisation - not to close them.'

Submitted by Mr Paul Couchman on behalf of Save Our Services

Signatures: 4373

**The Cabinet's response**

Thank you for the petitions in support of the statements outlined above.

The decision to make the recommendations in today's Cabinet report has not been taken lightly. The recommendations include the closure of the six remaining in-house older people's residential care homes and find suitable alternative services for all current users in each of these homes.

1. The change in demand for residential adult social care services place the future viability of the six homes in doubt. This change in demand has been the main focus of the service along with the need to deliver quality, dignified care to older people, often with multiple complex needs.

In finalising the recommendations the validity of the four options proposed during consultation has been reviewed.

The reasons for the recommendations are:

- The demand for residential care for older people is changing as is their preference, with support, to continue living at home.

- Optimum occupancy cannot be achieved in any of these homes due to the building limitations, which in part leads to low occupancy and higher staffing levels. This makes the delivery of the services unsustainable.
- It will remain difficult to accept the range of referrals and complexity of need currently being received unless the current facilities are restructured to the modern standards identified for dignified care delivery. To convert these homes would require multiple moves for the residents which is not best practice and would not necessarily result in a satisfactory conclusion.
- 91% residential placements made by the council are made in the independent sector. There is a diverse independent care sector in Surrey offering quality services. The council has an ongoing relationship working with the sector to ensure responsiveness to commissioning intentions. In the last year the council placed 263 people in residential care and 857 in nursing care in independent sector provision. It has also had high utilisation of its 905 block placement residential care beds. Investment in the council homes, either by refurbishment or reconfiguration, does not compare favourably, nor provide best value, with commissioning existing alternative provision in the independent sector.

Should a decision be taken to close a home, any future use of that asset for Adult Social Care or the local community will need to be carefully assessed.

**Mr Mel Few**  
**Cabinet Member for Adult Social Care**  
**10 March 2015**