

Cabinet



Date & time	Place	Contact	Chief Executive
Tuesday, 10 March 2015 at 2.00 pm	Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN	Vicky Hibbert or Anne Gowing Room 122, County Hall Tel 020 8541 9229 or 020 8541 9938	David McNulty

vicky.hibbert@surreycc.gov.uk or
anne.gowing@surreycc.gov.uk

Cabinet Members: Mr David Hodge, Mr Peter Martin, Mrs Mary Angell, Mrs Helyn Clack, Mr Mel Few, Mr John Furey, Mr Mike Goodman, Mr Michael Gosling, Mrs Linda Kemeny and Ms Denise Le Gal

Cabinet Associates: Mr Steve Cosser, Mrs Clare Curran, Mrs Kay Hammond and Mr Tony Samuels

If you would like a copy of this agenda or the attached papers in another format, eg large print or braille, or another language please either call 020 8541 9122, write to Democratic Services, Room 122, County Hall, Penrhyn Road, Kingston upon Thames, Surrey KT1 2DN, Minicom 020 8541 9698, fax 020 8541 9009, or email vicky.hibbert@surreycc.gov.uk or anne.gowing@surreycc.gov.uk.

This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Vicky Hibbert or Anne Gowing on 020 8541 9229 or 020 8541 9938.

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If you have any queries regarding this, please contact the representative of Legal and Democratic Services at the meeting

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

To receive any declarations of disclosable pecuniary interests from Members in respect of any item to be considered at the meeting.

Notes:

- In line with the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012, declarations may relate to the interest of the member, or the member's spouse or civil partner, or a person with whom the member is living as husband or wife, or a person with whom the member is living as if they were civil partners and the member is aware they have the interest.
- Members need only disclose interests not currently listed on the Register of Disclosable Pecuniary Interests.
- Members must notify the Monitoring Officer of any interests disclosed at the meeting so they may be added to the Register.
- Members are reminded that they must not participate in any item where they have a disclosable pecuniary interest.

3 PROCEDURAL MATTERS

3a Members' Questions

- (i) The deadline for Member's questions is 12pm four working days before the meeting 4 March 2015.

3b Public Questions

The deadline for public questions is seven days before the meeting on 3 March 2015.

3c Petitions

Petition 1:

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

Petition 2:

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

Responses will be tabled at the meeting.

4 SURREY COUNTY COUNCIL RESIDENTIAL CARE HOMES FOR OLDER PEOPLE

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 operating older people's residential care homes.

The homes under consultation are:

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

Between them the homes currently provide a range of services including residential care, respite, day care and reablement services (see glossary of terms, Annex 1).

When the homes were constructed people referred were required to be fully mobile and continent. The infrastructure of these homes was not designed to meet the current and future needs of the elderly who continue to present with complex needs requiring more specialist modern facilities. As a responsible provider, the council needs to consider how it can deliver a quality dignified care service, meeting current and future needs.

The numbers of people across the six homes using these services include: 133 permanent residents, 28 current day care users (varying frequency use), an average of 36 temporary/respite beds occupied, and an average of 13 people commencing a period of bed based reablement per month (Annex 2, as at January 2015).

The public consultation took place from 30 October 2014 and was extended to 31 January 2015. Views were sought from current users of the services provided by the homes, relatives, staff, stakeholders and any other affected people.

Many residents and their families took advantage of face to face meetings where their concerns were aired and discussed. In addition visits were undertaken to relatives living out of the county.

Recognising that the recommendations are likely to lead to disruption of persons using the services and their family members, the needs and wellbeing of those affected are paramount. Careful planning taking account of best practice will mitigate the impact on the users through individual assessment and planning of alternative services, which are available in the independent sector.

It is recognised that refurbishment and upgrading of these homes as laid out in option 2 would cause significant upheaval to the residents through multiple moves which would not be best practice.

The council is determined to ensure future adult social care needs are met appropriately, and working with other partners, will start further work on the potential alternative use of the properties for future services, which could include facilities for extra care, dementia care, and support for carers (such as short breaks).

The Cabinet is asked to consider the summary consultation report, and decide on the recommendations for each of the homes under consideration.

[Decisions on this item can be called in by the Adult Social Care Select Committee]

David McNulty
Chief Executive
Monday, 2 March 2015

QUESTIONS, PETITIONS AND PROCEDURAL MATTERS

The Cabinet will consider questions submitted by Members of the Council, members of the public who are electors of the Surrey County Council area and petitions containing 100 or more signatures relating to a matter within its terms of reference, in line with the procedures set out in Surrey County Council's Constitution.

Please note:

1. Members of the public can submit one written question to the meeting. Questions should relate to general policy and not to detail. Questions are asked and answered in public and so cannot relate to "confidential" or "exempt" matters (for example, personal or financial details of an individual – for further advice please contact the committee manager listed on the front page of this agenda).
2. The number of public questions which can be asked at a meeting may not exceed six. Questions which are received after the first six will be held over to the following meeting or dealt with in writing at the Chairman's discretion.
3. Questions will be taken in the order in which they are received.
4. Questions will be asked and answered without discussion. The Chairman or Cabinet Members may decline to answer a question, provide a written reply or nominate another Member to answer the question.
5. Following the initial reply, one supplementary question may be asked by the questioner. The Chairman or Cabinet Members may decline to answer a supplementary question.

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Thank you for your co-operation

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SURREY COUNTY COUNCIL**CABINET****DATE: 10 MARCH 2015****REPORT OF: MR MEL FEW, CABINET MEMBER FOR ADULT SOCIAL CARE****LEAD OFFICER: DAVID SARGEANT, STRATEGIC DIRECTOR FOR ADULT SOCIAL CARE****SUBJECT: SURREY COUNTY COUNCIL RESIDENTIAL CARE HOMES FOR OLDER PEOPLE****SUMMARY OF ISSUE:**

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 operating older people's residential care homes.

The homes under consultation are:

- Brockhurst in Ottershaw
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Between them the homes currently provide a range of services including residential care, respite, day care and reablement services (see glossary of terms, Annex 1).

When the homes were constructed people referred were required to be fully mobile and continent. The infrastructure of these homes was not designed to meet the current and future needs of the elderly who continue to present with complex needs requiring more specialist modern facilities. As a responsible provider, the council needs to consider how it can deliver a quality dignified care service, meeting current and future needs.

The numbers of people across the six homes using these services include: 133 permanent residents, 28 current day care users (varying frequency use), an average of 36 temporary/respite beds occupied, and an average of 13 people commencing a period of bed based reablement per month (Annex 2, as at January 2015).

The public consultation took place from 30 October 2014 and was extended to 31 January 2015. Views were sought from current users of the services provided by the homes, relatives, staff, stakeholders and any other affected people.

Many residents and their families took advantage of face to face meetings where their concerns were aired and discussed. In addition visits were undertaken to relatives living out of the county.

Recognising that the recommendations are likely to lead to disruption of persons using the services and their family members, the needs and wellbeing of those

affected are paramount. Careful planning taking account of best practice will mitigate the impact on the users through individual assessment and planning of alternative services, which are available in the independent sector.

It is recognised that refurbishment and upgrading of these homes as laid out in option 2 would cause significant upheaval to the residents through multiple moves which would not be best practice.

The council is determined to ensure future adult social care needs are met appropriately, and working with other partners, will start further work on the potential alternative use of the properties for future services, which could include facilities for extra care, dementia care, and support for carers (such as short breaks).

The Cabinet is asked to consider the summary consultation report, and decide on the recommendations for each of the homes under consideration.

RECOMMENDATIONS:

It is recommended that the Cabinet agree:

1. To close residential care provision by Surrey County Council at Brockhurst.
2. To close residential care provision by Surrey County Council at Cobgates.
3. To close residential care provision by Surrey County Council at Dormers.
4. To close residential care provision by Surrey County Council at Longfield.
5. To close residential care provision by Surrey County Council at Park Hall.
6. To close residential care provision by Surrey County Council at Pinehurst.
7. That a phased implementation programme to move people to alternative services is undertaken, which must take account of best practice and be guided by individual assessments of those affected, including carers.
8. To identify suitable alternative services for each affected person in those homes closing.
9. That further work is 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.

REASON FOR RECOMMENDATIONS:

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 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 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.
- 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.

DETAILS:

Background:

1. Four options were considered for each home in terms of their potential to meet future needs of those affected:
 1. Stay 'as is'
 2. Extend and refurbish or redevelop the home
 3. Sell or lease the home to another provider
 4. Support residents to move to another appropriate service and close the service.
2. Surrey County Council's preferred option, contained in the Cabinet paper of the 21 October 2014 (report available on Surrey County Council website), was to close each of the six homes and support residents to move to another appropriate service, taking into account individual needs.
3. The consultation outlined the strategic review of the services including the challenges associated with the environment for each home. Annex 3 includes a summary of this used during the consultation. This document was updated

during the consultation to reflect the fact that all of the homes have continued to provide good quality care despite the environmental challenges and to reflect current occupancy and staffing numbers. It is acknowledged that during the consultation many residents, family members, staff and some stakeholders felt that there were more positives about the homes than were outlined in Annex 3 and this is reflected in the consultation feedback. During the consultation further information on the challenges was requested and provided, which is available on the consultation area of the Surrey County Council website.

4. More detail on the extent of the consultation can be seen in the Consultation section of this report.
5. A summary report of the consultation feedback and Surrey County Council's response to issues raised during the consultation is presented in Annex 4. A decision is required on each individual home. A fuller report on the consultation is available on the Surrey County Council website.

Summary of key themes heard during the consultation and the council's response:

6. The high level summary of key themes and Surrey County Council's response is seen in the table below. Annex 4 contains a fuller summary.

1	<p><u>Impact on Residents Who May Be Moved</u> If closure goes ahead, there would be a detrimental effect on current residents, as well as their families, when being moved to alternative services.</p>
	<p>Surrey County Council Response The welfare of residents will be the primary consideration in the event of any home closure: it would be planned and carefully managed over a period of time, in line with national best practice guidance. This would include the involvement of residents, families, friends and staff from the closing home.</p>
2	<p><u>Care and Quality</u> Surrey County Council delivers excellent care and a good quality service. There is concern that a similar quality of care cannot be delivered by providers within the independent care sector.</p>
	<p>Surrey County Council Response All residential and nursing care provision is subject to the same Care Quality Commission (CQC) standards and inspection. The council is committed to quality services which deliver dignified care across all sectors. A "task and finish" group is currently working to ensure high standards of care are maintained across Surrey through information sharing with the public and professionals. The council works to assist any provider that may be experiencing difficulty in achieving and maintaining adequate standards of care, and to ensure that residents are safe and treated with dignity by providers.</p>
3	<p><u>Alternative Provision , Care Market Capacity and Demographic Issues</u> Surrey has an increasing and ageing demographic. There will be more people living with dementia and associated health and social care needs in future. Closing the care homes would have a negative impact on the care market's capacity to meet current and future demand. Other services, such as planned and unplanned respite care and day care, which caters for people with dementia and people with personal care needs, are needed. Providers who respond swiftly to receive people leaving hospital are needed. The homes are community resources that meet social care needs locally.</p>

	<p>Surrey County Council Response</p> <p>The council's commissioning strategies take account of projected demographic growth. 91% of the council's placements into residential care are made with the independent sector. In Surrey there has been a net gain of 455 registered residential and nursing beds over the last three years, with over 200 additional nursing and residential beds due to be available by the summer of 2015. There has been a growth in extra care schemes, and plans to develop further schemes are in progress. There are numerous existing day opportunities and a new tender process will commence in early summer 2015, which is likely to result in new flexible alternatives being available to Surrey residents.</p>
4	<p><u>Reputation and responsibilities of Surrey County Council</u></p> <p>There are views that the council has a duty to continue to directly provide residential care for older people, and as the provider "of last resort", being able to respond flexibly to emergencies. The Surrey "brand" is trusted and respected by Surrey people.</p>
	<p>Surrey County Council Response</p> <p>The council (like other councils) is looking at more effective ways of providing services, including reviewing its role as a direct provider of services. The council's statutory requirements are to assess needs and secure provision for those eligible for services. Social Care Practitioners will continue to support people who use services regardless of who their service provider is.</p>
5	<p><u>Refurbishment, Property and Land Issues.</u></p> <p>Many residents and their families consider the current buildings to be adequate, and disagree with the council's position that considerable works are needed. Smaller scale works were suggested, such as knocking through walls to create bigger spaces. Some think the council's review of options, and the scale of investment needed was flawed. Many responses commented that the council should consolidate its provision, and invest in developing some sites.</p>
	<p>Surrey County Council Response</p> <p>At the time of construction the buildings reflected current standards and guidance. The configuration, layout and spatial provision, as well as the model of delivery, are inappropriate now as it compromises the council's ability to deliver, in the longer term, dignified care in modern environments. It would be necessary to undertake a significant enhancement or extension of the buildings rather than continued minor refurbishments.</p>
6	<p><u>Impact on the Whole Health and Social Care System</u></p> <p>Effective patient flow is essential to support the delivery of best care for all in the health and social care system. It may not be maintained if the council's homes are closed.</p>
	<p>Surrey County Council Response</p> <p>The council continues ongoing work with Clinical Commissioning Groups (CCGs) and local providers to understand and secure the availability of commissioned services which meet current and future needs, and which are flexible to help prevent hospital admissions and facilitate timely hospital discharges.</p>
7	<p><u>Surrey County Council Staff</u></p> <p>The quality of care delivered by council staff was frequently highlighted. Closure of the homes would have an impact on staff</p>
	<p>Surrey County Council Response</p> <p>The council is proud of its staff and their commitment to providing high quality care. Should a decision be taken to close any home, the council will support staff to explore opportunities, seeking to retain skills and experience where possible</p>

8	<u>Community Issues and Impact</u> The care homes are part of their local community, and seen as assets
	<u>Surrey County Council Response</u> The council acknowledges the importance of the properties to local people in providing adult social care services.
9	<u>Surrey County Council Finance and Costs</u> There is concern that independent sector provision is more costly. In addition the Surrey County Council guidance fee level is too low, which affects the ability to secure choice of provision.
	<u>Surrey County Council Response</u> The council already actively negotiates with providers and is able to purchase care at acceptable rates. It is not envisaged that there would be any financially adverse impact on affected individuals as a result of any decisions made in relation to this Cabinet report.
10	<u>The Consultation Process</u> Many respondents said that a decision had already been made by the council, and therefore the consultation process was not truly open and meaningful
	<u>Surrey County Council Response</u> The council is satisfied that the consultation process meets common law principles. The consultation material outlines the council's preferred option. No decision has been taken. The views expressed during the extended consultation period will be made known to the Cabinet members who are responsible for making the final decision.
11	<u>Surrey County Council Placement Policy</u> A small number of people suggested a decision had been taken to "run down" the homes before the consultation, to suggest lack of demand.
	<u>Surrey County Council Response</u> The council took the decision to stop making any new permanent admissions to the older people's homes in August 2014 in recognition of the difficulties staff face supporting people with dignity within the constraints of the accommodation. Staffing levels were not reduced to enable a focus upon delivering the best quality service possible for residents.
12	<u>Issues Affecting Carers</u> Carers value the respite and day care provided to enable individuals to live at home, and carers to keep caring (and to have a life outside of caring).
	<u>Surrey County Council Response</u> The council acknowledges the importance of respite and day care services for carers. Commissioning analysis has identified potential alternative services. Any commissioning of alternatives will be informed by conversations with individuals, their families and others important in their care to establish needs and preferences.

Key factors taken into account in support of the recommendations:

7. The long term service quality, future viability of the homes, and value for money, together with the change in demand for adult services, have been considered alongside the views expressed during the consultation and the impact of the recommendations on individuals, family members and communities, as summarised above and in Annex 4.
8. In finalising the recommendations the viability of the 4 options proposed during consultation has been reviewed. A graph showing the number of responses indicating broad agreement and disagreement with each option is

included in Annex 4. This indicates high levels of disagreement with the council's preferred option.

9. **Option 1** (Stay "as is") is not viable for any of the homes. Their suitability to deliver quality residential care for older people, meeting future needs, must be addressed.
10. Surrey County Council needs to look ahead at whether each home is able to efficiently deliver modern requirements for high quality residential care to older people, many with multiple complex needs. The demand for residential care services will continue to change, with individuals accessing registered nursing care settings at a later stage of need.
11. There is a national trend, extending to Surrey, with the Care Quality Commission (CQC) noting that the number of nursing bed registrations has increased, whilst the number for residential care has decreased. A report provided by the CQC (27/01/15) provides an Area Profile for Surrey showing a net gain of 455 registered beds in the last three years, the gain being in nursing beds.
12. Occupancy within Surrey County Council's older people's care homes has been low for some time, influenced by the changing nature of referrals the homes have been receiving (more complex care needs), and the inability to safely and effectively deliver the care required in current environments. The change in occupancy levels from ceasing taking placements to the end of consultation, and average occupancy information for each of the six homes over an 18 month period can be seen in Annex 2, showing little change.
13. **Option 2** (Extend and refurbish or redevelop the home) is not considered viable for any of the homes, as the level of disruption for residents would be high due to temporary moves, and investment necessary to deliver the required quality of environment for residential care for older people would not represent best value for Surrey residents.
14. During the consultation, people stated that the indicated investment required seemed high. A Surrey County Council review of this confirmed officer views that the minimum necessary requirement to address building challenges, where practicable, for the future (long term) provision of residential care services for older people would be complete enhancement, refurbishment and extension, as part refurbishment is a limited solution. Supplementary information provided (available on Surrey County Council website) during the consultation outlines further detail on works required for each building including short term capital maintenance requirements and addressing building services (such as heating, wiring, plumbing), and upgrading and enhancing buildings to the required standard. In 3 cases the site is unsuitable for extension.
15. To complete the level of work required would mean significant disruption, including temporary moves, for current residents.
16. Surrey County Council does not consider that a viable business model for residential care for older people, in its existing homes, could be delivered. Investment in each of the properties to continue delivery of permanent residential care for older people would not compare favourably to

commissioning placements in the independent sector, as the council does now for the majority of older people it funds.

17. The Care Act 2014 places a requirement on local authorities to ensure they take a central role in shaping, and supporting the development of high quality, diverse and affordable care to meet future needs. The council is confident that sufficient alternative provision is available to meet anticipated need. Analysis is ongoing, to inform commissioning plans and ongoing work with the local care market.
18. **Option 3** (Sell or lease the home to another provider) was not the council's preferred option as refurbishment would still need to be addressed, and in their current state, the buildings are likely to have limited appeal for their current use to other providers. It is likely that temporary vacation of the properties would be required to allow for building improvement.
19. During the consultation other providers of care and accommodation services showed interest in some of the properties for alternative services, however no formal proposals were received by the close of the consultation period. None of the interest shown would provide an immediate solution to the challenges of the current environments.
20. **Option 4** (Support residents to move to another appropriate service and close the service) in light of the review above, remains the only viable option for each home.
21. Annex 4 includes a graph indicating the level of comments on each major theme of feedback from the consultation. The council has considered the strength of feeling around continuing current provision, and concern around quality and availability of alternative provision, as well as the impact of moves.
22. Mitigation of the impact is considered in the Equality Impact Assessment (Annex 5), and Annex 4. Individual assessment for each affected person will be carried out, including their family members and appropriate care professionals to inform planning of appropriate alternative services.
23. The council has further reviewed key issues such as demand and supply and quality in the independent sector, and the council's response (Annex 4, and paragraph 6 above) to these issues outlines how these can be addressed. 91% of the council's current residential care placements are in the independent sector. Capacity is fluid due to the nature of care, but the level of placements made indicates an ongoing ability to secure alternative services in the independent sector. During the last year the council has secured placements in the independent sector for 263 individuals in residential care, and 857 in nursing care. There has been high usage of our 905 block contracted residential beds. 295 respite placements have been made in the independent sector, not including block contracts.
24. The consultation confirmed the importance of the provision of adult social care services within the local communities.
25. The value of provision of short breaks (including day care) to family carers was highlighted. Of particular value is provision which is able to meet needs associated with dementia and personal care, and being able to plan breaks

with identified provision. The council has, or will put in place, arrangements which can meet these needs.

26. At Park Hall families and stakeholders have identified the particular value of Brook Unit, a unit specifically for older people with learning disabilities, and in some cases dementia. The needs of people currently being met by the Brook Unit can be met through existing provision in the independent sector, or by working with the local older persons and learning disability care provider market to put in place an alternative arrangement.
27. Some stakeholders identified the potential impact of the loss of the homes to the health and social care systems for provision of step down and reablement facilities. The council is working with partners to deliver service models and options for how capacity can be enhanced to support residents with basic nursing as well as care needs.
28. Considering the many responses, and importance of local facilities, if Cabinet approves the recommendations, work will begin to examine future alternative provision of adult social care services in the area of each property, to meet future adult social care needs. The homes would be retained as an Adult Social Care asset until a further assessment of alternative strategic needs has been undertaken and a decision taken that they were not required to meet needs.

Proposed Implementation:

29. Surrey County Council has experience of moving older people, due to, for example, change of care needs requiring a move into a nursing home, changing family circumstances, and occasionally when care homes close.
30. National best practice guidance on supporting people to move to alternative services would be followed if a home closes and would include the full involvement of residents, families and staff. Each resident and their family will be supported by a named Practitioner to discuss individual needs and preferences, and to help choose an appropriate alternative service. Other care professionals including health staff and GPs will be fully involved to support the resident and family.
31. Individuals without the capacity to understand the decisions relating to the changes, and who do not have the support of family or an attorney, will be fully supported by an Independent Mental Capacity Advocate (IMCA) within the requirements of the Mental Capacity Act legislation. This will support them with decisions required in selecting and moving to a suitable alternative service.
32. The support of a familiar face is known to be especially (but not exclusively) important to residents with dementia. It is expected that staff from any closing home will be fully involved and will support each individuals' transition into an alternative service.
33. A high level overview of alternative provision planning is included with this report (Annex 6).
34. A three phased implementation of moving people to alternative provision is proposed as follows:

Phase One: Longfield and Brockhurst

Phase Two: Dormers and Cobgates

Phase Three: Park Hall and Pinehurst

The rationale for this prioritisation is based on consideration of current building condition, alternative provision and, service delivery considerations (including the individuals using the services and meeting their needs).

It is planned to start the first phase of assessment of individuals, as well as the staff consultation, during April 2015. The council will review timescales on an ongoing basis, and ensure communication of these with all those affected.

CONSULTATION:

35. The aims of the consultation were to:
- Provide information on the council's current thinking/options
 - Understand whether there were any other viable options that the council has not considered
 - Listen and understand people's views and concerns.
36. To enhance access to the consultation, referrals for advocacy were offered to those who were assessed as having capacity to engage in the consultation. Family members/next of kin were engaged in all appropriate cases. Referrals for carer support were offered to family members. Differing ways to feedback were offered including: opportunities to meet as groups and individuals support from known staff to residents, a feedback form, and correspondence.

Consultation responses:

37. 470 responses were received of which 143 responses were received through the "Surrey Says" website. 196 paper questionnaires were received. 131 responses were received through email / letter/ phone from individuals and organisations.
38. A graph indicating broad agreement or disagreement for each of the outlined options can be seen in Annex 4. There is only a small amount of support for the council's preferred option, with most people preferring options 1 (staying as is) or 2 (investment).
39. The summary consultation report (Annex 4), summarises feedback received for each home, and collectively. The council's response to the main themes raised in the consultation is contained in Annex 4. A summary is within this report (paragraph 6).
40. The full consultation report is available on the council's website consultation pages. The council's response to issues raised during the consultation is also included in the full consultation report.
41. Two petitions have been received as part of the consultation. These will be responded to as part of the Cabinet meeting.

RISK MANAGEMENT AND IMPLICATIONS:

42. A range of potential risks have been identified, along with mitigating actions, through the themes drawn out from the responses to the consultation (paragraph 6). More detail on the risks and mitigation is highlighted in the Equality Impact Assessments (Annex 5) and the summary Consultation Report (Annex 4).
43. The key risks are highlighted below:
- In the event the homes are not closed, the continued dignified care of residents could be put at risk and could lead to future CQC compliance issues
 - Disruption, anxiety and impact on wellbeing of residents and family members
 - Impact on workforce during closure programme and through redeployment process – potential for disruption to service delivery
 - Market risk: insufficient capacity of quality alternatives, and fee levels not in line with the council's guide rates
44. Pending the Cabinet's decision a comprehensive implementation plan will be initiated. Risk and mitigating actions will be carefully monitored within the overall project management approach.

Financial and Value for Money Implications

45. The current environment of the six older people's homes is not suitable to deliver the quality of permanent residential in the future. Significant refurbishment and extension works would need, where practicable, to be carried out in order to make the environment of the homes suitable to meet the changing and increasingly more complex needs of individuals requiring older people's residential care.
46. The recommendation to cease residential care is not predicated on any future use of the properties and sites. Should the recommendation to cease providing residential care in the homes be accepted by Cabinet, then further work will be carried out to fully assess the business case for how to make best use of the properties and sites to meet future adult social care needs.

Section 151 Officer Commentary

47. In light of the substantial investment that would be needed and the fact that alternative provision is available in the independent sector at reasonable cost, the Section 151 Officer confirms that the recommendation to cease provision of residential care in all six homes represents best value for the authority.

Legal Implications – Monitoring Officer

48. There is a clear expectation in public law that a council should carry out a consultation process whenever it is considering making any significant changes to service provision especially where it is proposed that a service is withdrawn.

49. The consultation process began on 30 October 2014 and was extended until 31 January 2015. The relevant material was made available to consultees in various ways and care was taken to ensure that it was presented in a format that could be readily understood. Written material was supplemented by group meetings and individual meetings where requested.
50. In order that Cabinet Members can take the outcome of the consultation into consideration when reaching a decision, the summary details of the consultation process and the responses received are set out in Annex 4. In considering this Report, Members must give due regard to the results of the consultation as set out in the report and annexes, together with the response of the Service to the consultation comments, and conscientiously take these matters into account when making its final decision.
51. People have a right to a home and private life which could be disrupted in implementing these proposals. This right may be lawfully limited, having regard to the fair balance that has to be struck between the interests of the individuals affected and the community as a whole. If they accept the proposals, Members must be satisfied that a better use of public resources can be achieved and an improved standard of care can be provided, as suggested in this report. They must also be satisfied that the benefit of this outweighs the disruption to individuals that will be experienced. In making their decision, therefore, Members should take into account the information provided in all the annexes in addition to the consultation responses and the EIA, which is discussed more specifically below.
52. The public sector equality duty (section 149 Equality Act 2010) also applies to the decision that the Cabinet is being asked to make. In agreeing the recommendation, there is a need to have due regard to the need to advance equality of opportunity for people with protected characteristics, foster good relations between such groups and eliminate any unlawful discrimination. These matters are dealt with in the equalities paragraphs of the report and the Equality Impact Assessment (Annex 5) attached. Members will see that negative impacts have been identified and will need to take account of these and the mitigating actions that have been identified. An updated assessment of the needs of each resident will be required in order to identify the support required for them before any move takes place.

Equalities and Diversity

53. An Equality Impact Assessment (Annex 5) has been completed for all of the homes. This makes consideration of particular protected characteristics identified for each of the six homes. A summary of the key impacts and actions follows.

Information and engagement underpinning equalities analysis	<ul style="list-style-type: none"> • Consultation feedback (face to face and written) • Feedback from Equality Impact Assessment workshops reviewing impact on staff and impact on residents • Data from Adult Information System as at February 2015 • Data from SCC workforce database (SAP) as at 31 January 2015 • Best practice guidance in supporting older
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	<p>people and people with learning disabilities during residential care closures</p> <ul style="list-style-type: none"> • Data from Adult Social Care commissioning function
<p>Key impacts (positive and/or negative) on people with protected characteristics</p>	<ul style="list-style-type: none"> • The potential anxiety of a move for people using services, and their families / carers, and the impact on their health and wellbeing • Engagement with people in ways that meet their individual communication needs and levels of capacity • A high proportion of people using services have dementia and 61% are aged 85+ • There is no comparable unit for older people with learning disabilities and dementia. • Availability of alternative provision for residential, respite, day services and reablement and its proximity to and accessibility for families / carers • Continuity of services provided by the wider community currently offered from the homes • Alternative services would provide more suitable environments and are likely to provide an improved experience of care and support • More women, part time workers and a higher percentage of people from Black and Minority Ethnic groups are employed in this service area than in the rest of the council so there is a greater impact on staff with these characteristics.
<p>Changes you have made to the proposal as a result of the EIA</p>	<ul style="list-style-type: none"> • Whilst the plan is to carry out a robust person centred assessment for all people using services and their families / carers, the Equalities Impact Assessment has helped to further consider their needs and concerns. • The preferred option is to redeploy staff wherever possible. The phasing approach to implementation supports this preferred option. A robust programme of the redeployment offer for staff will be set up as part of the workforce consultation process, which could include reskilling, training and re-employment. • The consultation period was extended and the proposal is to take more time for implementation.
<p>Key mitigating actions planned to address any outstanding negative impacts</p>	<ul style="list-style-type: none"> • Follow best practice guidance in supporting older people and people with learning disabilities during residential care closures. • Robust person-centred assessments for all users affected by the changes, involving carers, and the development of transitional plans. • Continue to work with the care market to ensure that there is capacity to meet the additional demand within the independent sector. • Assess the wider community impact for all homes in respect of other services offered at the homes as well as residential care and work with partners and stakeholders to agree local

	<p>solutions.</p> <ul style="list-style-type: none"> • Review commissioning arrangements to see how to extend the council's influence with providers to employ more staff with protected characteristics. • The council is proud to employ a rich and diverse workforce and are confident that they have equipped them well as they are well trained and skilled. This would put them in a good position if they need to seek alternative employment and the council would support them through the programme of redeployment, reskilling and training referred to above.
<p>Potential negative impacts that cannot be mitigated</p>	<ul style="list-style-type: none"> • There is a higher proportion of women, who use the service - although the council will ensure that appropriate alternative provision is identified for all users regardless of their gender. • More women, part time workers and a higher percentage of people from Black and Minority Ethnic groups are employed in this service area than in the rest of the council so there is a greater impact on staff with these characteristics although the council will ensure that redeployment of all staff will be a key aim. • There may be an impact on pensions and benefits for any staff, who are not redeployed. • It is acknowledged that whilst the action plan has identified steps that will be taken aiming to mitigate potential negative impacts some may still remain even after this work is done.

Safeguarding responsibilities for vulnerable children and adults implications

54. During consultation it has been established that many permanent residents in the homes did not have the mental capacity to participate in consultation. Many individuals affected by the recommendations may not have the mental capacity to make a decision on suitable alternative provision. Full assessments will be undertaken. The principles of the Mental Capacity Act or Deprivation of Liberty Safeguards will be adhered to, as appropriate.

WHAT HAPPENS NEXT:

55. Subject to Cabinet approval of the recommendations outlined within this report, the below timetable for implementation will apply.

Action	Date
Cabinet endorsement of recommendations	10 March 2015
Cabinet call in period	12 - 18 March 2015

<p>Recommendation: ceasing residential care services for older people:</p> <ul style="list-style-type: none"> - Communication regarding recommendations - Communication regarding Cabinet decision - Implementation planning and resourcing, staff consultation planning - Staff consultation starts - Phase one: assessments for and planning of alternative services for Longfield and Brockhurst - Phase two: assessments for and planning of alternative services for Dormers and Cobgates - Phase three: assessments for and planning of alternative services for Park Hall and Pinehurst 	<p>27 February 2015 onwards 10 March 2015 onwards 19 March 2015 onwards</p> <p>April 2015 onwards April 2015 onwards</p> <p>To be confirmed</p> <p>To be confirmed</p>
<p>Recommendation: to explore potential alternative use of the assets</p>	<p>April 2015 onwards</p>

Contact Officer:

Philippa Alisiroglu – Interim Assistant Director, Adult Social Care

Consulted:

Internal

Councillor Steve Cosser – Cabinet Associate for Adult Social Care

Local Surrey County Council elected Members

Adult Social Care:

David Sargeant - Strategic Director, Adult Social Care

Jean Boddy – Area Director, Farnham and Surrey Heath

Jo Poynter – Area Director, East Surrey

Shelley Head – Area Director, North West Surrey

Liz Uliasz – Area Director, Guildford and Waverley

Sonya Sellar – Area Director, Surrey Downs

Joanne Parkinson – Senior Commissioning Manager

John Woodroffe – Commissioning Manager

Wendy Hale – Senior Manager, South West

Steven Ward – Senior Manager, North West

Joanna Victor -Smith – Assistant Senior Manager, Service Delivery

Rebecca Pettit – Project Manager, Policy and Strategy Project Team

Dina Bouwmeester – Policy Development Manager

Business Services:

Julie Fisher – Strategic Director, Business Services

Finance

William House – Senior Principal Accountant

Paul Goodwin – Senior Accountant

HR and Organisational Development

Gurbax Kaur – HR Operations Manager

Amanda Crouzen – HR Advisor

Procurement and Commissioning
 Anna Tobiasz – Category Manager, Adult Social Care
 Jenna Crombie – Senior Category Specialist
 Ian Lyall – Senior Category Specialist

Property Services
 Peter Hopkins – Asset Strategy and Planning Manager
 Chris Duke – Asset Strategy Manager
 Nick Layton – Compliance and Term Contracts Manager

Chief Executive's Office

Deborah Chantler – Principal Lawyer, Legal and Democratic Services

Tim Edwards – Corporate Communications Manager

Governance groups

Adults Social Care Leadership Team

External:

Local District and Borough elected members
 Members of Parliament in affected constituencies
 Clinical Commissioning Groups in affected locations

As part of the formal consultation:

Individuals using the services and their family members or next of kin staff in the homes, stakeholders. Refer to Surrey County Council older people's homes: summary of consultation feedback and response (Annex 4)

Annexes:

Annex 1 Glossary of types of care referred to
 Annex 2 Numbers of people using the services and occupancy information
 Annex 3 Consultation supporting information
 Annex 4 Summary of Surrey County Council older people's homes: summary of consultation feedback and response
 Annex 5 Equality Impact Assessment
 Annex 6 Alternative provision planning

Sources/background papers:

- Surrey County Council older people's homes: summary of consultation feedback and response
- Adult Social Care Commissioning Strategy for Older People (2011 – 2020)
- Market Position Statement for Older People's Services (September 2015 to August 2015)
- 'Achieving closure': good practice in supporting older people during residential care closures - Jon Glasby, Suzanne Robinson, Kerry Allan - a joint publication by the Health Services Management Centre (HSMC), University of Birmingham and the Association of Directors of Adult Social Services (ADASS), published in association with the Social Care Institute for Excellence (SCIE) 2011.
- 'An Evaluation of the Modernisation of Older People's Services in Birmingham – final report' Jon Glasby, Suzanne Robinson, Kerry Allan (2011).
- Adult Social Care Community and Care Home Provider Closure Protocol 2014
- Care Quality Commission, Local Authority Surrey, Social Care Org Sector, 27 January 2015



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Glossary of types of care referred to in the report

Residential care home	An establishment where care is provided, rather than that care being provided in a person's own home. A residential care home has to be registered with the Care Quality Commission (CQC)
Care home with nursing/ nursing care	A care establishment which is able to provide care and nursing tasks. Registered nurses will be part of the staff. This type of home has to be registered with the Care Quality Commission (CQC)
Reablement	Assistance with daily living activities and care tasks for a temporary period, usually up to six weeks, to enable a person to regain skills. This may often be someone who has been in hospital and needs some additional input for a short time to regain skills and confidence. This is sometimes referred to as a step down or intermediate care. This may be provided in a residential or nursing home environment, or through visits to people in their own homes
Day Care	A non-residential facility that supports the health, nutritional, social support, and daily living needs of adults in professionally staffed, group settings
Respite Care	Short-term accommodation in a facility outside the home , often to provide carers with a break from caring
Extra Care	Extra Care Housing in an extension of traditional supported housing and allows adults to live as independently as possible, with the reassurance of onsite care support when they need it.

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Numbers of people using the services

The numbers of individuals using the services in each of the Surrey County Council older people's homes are as follows:

	No of CQC registered beds	No of open beds	Permanent residents as at end of Jan 15	Average permanent occupancy between April 13 and August 14	Average no of reablement users per month	Current day care users	Average no of short stay users per month
Brockhurst	46	39	12	15.5	3/ month	N/A	5/month
Cobgates	50	40	29	34.3	N/A	1	6/month
Dormers	39	39	20	23	4/ month	7	7/month
Longfield	50	38	23	26	N/A	N/A	1/month
Park Hall	50	49	26	23.8	4/ month	14	6/month
Pinehurst	50	40	23	28.4	2/ month	6	11/month

Note: data for short stay, reablement and day care is provided from the homes, and was correct as at end of January 2015.

A number of beds are not available due to a decision in 2012 to close them due to decreasing demand for residential care. In some homes accessibility of some units is problematic and in Brockhurst, Longfield, Cobgates and Pinehurst there has not sufficient demand to warrant reopening closed units

Short stays are a combination of respite and temporary placements. The average number of short stays per month is influenced by how long people stay, which at Brockhurst, Dormers and Pinehurst is higher than expected. This has been in response to individual needs and circumstances.

Frequency of use of day care is between once a week to five days a week. Frequency relates to assessed need.

Occupancy Information on Surrey County Council homes

Each home stopped accepting referrals for permanent residents in August 2014. This was due to a decision to enable a focus on delivery of quality care within the challenging environments.

Average occupancy for 18 months preceding consultation shows relatively stable levels of occupancy in comparison to those at the start of consultation.

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Information provided on the homes for the consultation

Future of In House Homes Consultation – this has been updated since the consultation

Summary of review findings and assessment of options for individual homes

The summary of the key issues identified during the review of in-house homes was presented in the consultation material. The homes have continued to provide good quality care despite the environmental challenges. The issues identified are not a reflection on the hard work of the staff at the homes.

A home by home analysis of the issues and options follows.

Brockhurst

Brox Road, Ottershaw, Chertsey KT16 0HQ

Current Situation



Site 0.98 acres
 Built 1971
 Registered beds: 46
 Available beds: 39
 Occupied beds: 12
 Current staff: 43 permanent, 8 bank



Good Things	The Problems
<ul style="list-style-type: none"> A number of the residents are well integrated in the local community and accessing local services 	<ul style="list-style-type: none"> No special provision for bariatric or wheelchair requirements with limited access for moving and handling equipment (e.g. hoists) Concern re. size & suitability of bedrooms No en-suite facilities Ratio of bathrooms/ to people is limited, and unsuitable size for assistance Units and bathrooms and toilets are not gender specific Limited space to meet with visitors in bedrooms and no private area available for visitors to utilise Unsuitable open stairways for the needs of the residents, and extremely narrow corridors in some parts of the home A range of refurbishment issues e.g. kitchens, electrical systems Lift is beyond optimal lifespan Under-occupied due to low demand

Options considered?

1. Keep services as they are	
Positives	Concerns
<ul style="list-style-type: none"> • Current residents will have continuity of care ensuring minimal change • No change for staff 	<ul style="list-style-type: none"> • CQC new fundamental standards for inspection will be difficult to meet if the service remains as is. The challenges the building present mean that providing appropriate care in a dignified manner is challenging for staff, particularly as residents' needs increase. • Increasing number of residents with dementia and a mix of different care and occupational needs presents challenges within existing staff ratio. • Relatively high number of residents requiring complex care. There are challenges using the mobile hoisting system in the bedrooms. • Ongoing recruitment challenges • Lack of demand locally for the service, linked with changing commissioning requirements • Ongoing projected works costs are estimated at £2.8m and projected planned maintenance costs over 20 years, (Holbrow Brooks, 2015 adjusted) are estimated at circa £1.8m
2. Extend and refurbish the home or redevelop the site	
Positives	Concerns
<ul style="list-style-type: none"> • Long term continuity of care in a more suitable environment after disruption. • Some challenges linked with future CQC compliance could be addressed. • Improved physical environment and potential to address spatial shortcomings and bathroom ratio issues, depending upon the extent of refurbishment. 	<ul style="list-style-type: none"> • Change and disruption during extensive building works (moving out whilst work is completed). Staff would need to manage this period of change. • Potential for bed based reablement is limited as needs of residents tend to be closer to nursing care. • Lack of demand locally for the service, linked with changing commissioning requirements. • Specialist property consultant findings conclude due to age and condition of the homes, extension or extensive refurbishment is uneconomical. • To bring the home to the required standard to provide quality care assumes the availability of capital to undertake significant works.

3. Sell or lease the home to another provider	
Positives	Concerns
<ul style="list-style-type: none"> • Current residents will have continuity of care ensuring minimal change • Staff could remain if they transferred to new provider. • Another provider could invest in the property 	<ul style="list-style-type: none"> • Another provider in the same environment could not address issues around dignified and quality care provision. • Investment is required to address the environmental challenges, and continue to meet CQC compliance. • Specialist healthcare property consultant findings conclude there is a limited market for older care home leasing and the homes would require substantive investment prior to transfer to address spatial and environmental shortcomings.
4. Close the home and support residents to move to another service	
Positives	Concerns
<ul style="list-style-type: none"> • Reassessment of residents enables provision suited to current needs • Market analysis indicates suitable provision of alternative care 	<ul style="list-style-type: none"> • Change for residents and their family members which may cause anxiety and disruption • Change for staff

Cobgates

Falkner Road, Farnham GU9 7HG

Current Situation



Site: 1.33 acre
 Built: early 1970s
 Registered beds: 50
 Available beds: 40
 Occupied beds: 29
 Current staff: 45 permanent, 15 bank

Good Things	The Problems
<ul style="list-style-type: none"> • Very popular with local community, who attend in-home functions • High bed demand & waiting lists • Good volunteer links • Memory clinics operate in partnership with Health and Alzheimer's Society 	<ul style="list-style-type: none"> • No special provision for bariatric or wheelchair requirements with limited access for moving and handling equipment (e.g. hoists) • No en-suite facilities • Ratio of bathrooms/ to people is limited, and unsuitable size for assistance • Units and bathrooms and toilets are not gender specific • Limited space to meet with visitors in bedrooms and no private area available for visitors to utilise • Unsuitable open stairways for the needs of the residents • A range of refurbishment issues e.g. kitchens, electrical systems • Lift is beyond optimal lifespan

Options considered?

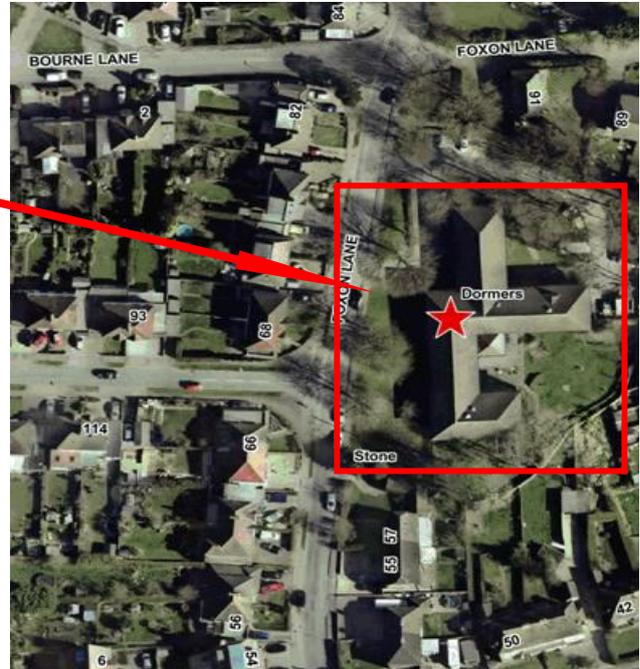
1. Keep services as they are	
Positives	Concerns
<ul style="list-style-type: none"> • Current residents will have continuity of care ensuring minimal change • No change for staff 	<ul style="list-style-type: none"> • CQC new fundamental standards for inspection will be difficult to meet if the service remains as is. The challenges the building present mean that providing appropriate care in a dignified manner is challenging for staff, particularly as residents' needs increase. • Increasing number of residents with dementia and a mix of different care and occupational needs presents challenges within existing staff ratio. • Relatively high number of residents requiring complex care. There are challenges using the mobile hoisting system in the bedrooms. • Ongoing recruitment challenges • Ongoing projected works costs are estimated at £1.9m and projected planned maintenance costs over 20 years, (Holbrow Brooks, 2015 adjusted) are estimated at circa £1.7m
2. Extend and refurbish the home or redevelop the site	
Positives	Concerns
<ul style="list-style-type: none"> • Long term continuity of care in a more suitable environment after disruption. • Some challenges linked with future CQC compliance could be addressed. • Improved physical environment and potential to address spatial shortcomings and bathroom ratio issues, depending upon the extent of refurbishment. 	<ul style="list-style-type: none"> • Change and disruption during extensive building works (moving out whilst work is completed). Staff would need to manage this period of change. • Potential for bed based reablement is limited as needs of residents tend to be closer to nursing care. • Lack of demand locally for the service, linked with changing commissioning requirements. • Specialist property consultant findings conclude due to age and condition of the homes, extension or extensive refurbishment is uneconomical. • To bring the home to the required standard to provide quality care assumes the availability of capital to undertake significant works.

3. Sell or lease the home to another provider	
Positives	Concerns
<ul style="list-style-type: none"> • Current residents will have continuity of care ensuring minimal change • Staff could remain if they transferred to new provider. • Another provider could invest in the property 	<ul style="list-style-type: none"> • Another provider in the same environment could not address issues around dignified and quality care provision. • Investment is required to address the environmental challenges, and continue to meet CQC compliance. • Specialist healthcare property consultant findings conclude there is a limited market for older care home leasing and the homes would require substantive investment prior to transfer to address spatial and environmental shortcomings.
4. Close the home and support residents to move to another service	
Positives	Concerns
<ul style="list-style-type: none"> • Reassessment of residents enables provision suited to current needs • Market analysis indicates suitable provision of alternative care 	<ul style="list-style-type: none"> • Change for residents and their family members which may cause anxiety and disruption • Change for staff

Dormers

Foxon Lane, Caterham CR3 5SG

Current Situation



Site: 1.27 acre
 Built: early 1985
 Registered beds: 39
 Available beds: 39
 Occupied beds: 20
 Current staff: 46 permanent, 12 bank

There are 8 beds on the unit purchased and occupied by St Catherine's hospice. These are only used during the day time as a drop in / Day Centre and for Health appointments and intervention.

Good Things	The Problems
<ul style="list-style-type: none"> • Good local demand with no closed beds • St Catherine's Hospice service operates independently on-site and day services 	<ul style="list-style-type: none"> • No special provision for bariatric or wheelchair requirements with limited access for moving and handling equipment (e.g. hoists) • Concern re. size & suitability of bedrooms • No en-suite facilities • Ratio of bathrooms/ to people is limited, and unsuitable size for assistance • Units and bathrooms and toilets are not gender specific • Limited space to meet with visitors in bedrooms and no private area available for visitors to utilise • Unsuitable stairways for the needs of the residents, and narrow corridors in some parts of the home • A range of refurbishment issues e.g. kitchens, electrical systems • Lift is beyond optimal lifespan

	<ul style="list-style-type: none"> • Shared lounges & dining room are small for number of residents • Day room has subsidence issues
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Options considered?

1. Keep services as they are	
Positives	Concerns
<ul style="list-style-type: none"> • Current residents will have continuity of care ensuring minimal change • No change for staff 	<ul style="list-style-type: none"> • CQC new fundamental standards for inspection will be difficult to meet if the service remains as is. The challenges the building present mean that providing appropriate care in a dignified manner is challenging for staff, particularly as residents' needs increase. • Increasing number of residents with dementia and a mix of different care and occupational needs presents challenges within existing staff ratio. • Relatively high number of residents requiring complex care. There are challenges using the mobile hoisting system in the bedrooms. • Ongoing recruitment challenges • Lack of demand locally for the service, linked with changing commissioning requirements • Ongoing projected works costs are estimated at £1.1m and projected planned maintenance costs over 20 years, (Holbrow Brooks, 2015 adjusted) are estimated at circa £1.6m
2. Extend and refurbish the home or redevelop the site	
Positives	Concerns
<ul style="list-style-type: none"> • Long term continuity of care in a more suitable environment after disruption. • Some challenges linked with future CQC compliance could be addressed. • Improved physical environment and potential to address spatial shortcomings and bathroom ratio issues, depending upon the extent of refurbishment. 	<ul style="list-style-type: none"> • Change and disruption during extensive building works (moving out whilst work is completed). Staff would need to manage this period of change. • Potential for bed based reablement is limited as needs of residents tend to be closer to nursing care. • Specialist property consultant findings conclude due to age and condition of the homes, extension or extensive refurbishment is uneconomical. • To bring the home to the required standard to provide quality care assumes the availability of capital to undertake significant works.

3. Sell or lease the home to another provider	
Positives	Concerns
<ul style="list-style-type: none"> • Current residents will have continuity of care ensuring minimal change • Staff could remain if they transferred to new provider. • Another provider could invest in the property 	<ul style="list-style-type: none"> • Another provider in the same environment could not address issues around dignified and quality care provision. • Investment is required to address the environmental challenges, and continue to meet CQC compliance. • Specialist healthcare property consultant findings conclude there is a limited market for older care home leasing and the homes would require substantive investment prior to transfer to address spatial and environmental shortcomings.
4. Close the home and support residents to move to another service	
Positives	Concerns
<ul style="list-style-type: none"> • Reassessment of residents enables provision suited to current needs • Market analysis indicates suitable provision of alternative care 	<ul style="list-style-type: none"> • Change for residents and their family members which may cause anxiety and disruption • Change for staff

Longfield

Killicks Road, Cranleigh, GU6 7BB

Current Situation



Site: 0.98 acres
 Built: early 1974
 Registered beds: 50
 Available beds: 38
 Occupied beds: 23
 Current staff: 37 permanent, 6 bank

Good Things	The Problems
<ul style="list-style-type: none"> • Links with local faith groups & schools 	<ul style="list-style-type: none"> • No special provision for bariatric or wheelchair requirements with limited access for moving and handling equipment (e.g. hoists) • Concern re. size & suitability of bedrooms • No en-suite facilities • Ratio of bathrooms/ to people is limited, and unsuitable size for assistance • Units and bathrooms and toilets are not gender specific • Limited space to meet with visitors in bedrooms and no private area available for visitors to utilise • Unsuitable open stairways for the needs of the residents, and narrow corridors in some parts of the home • A range of refurbishment issues e.g. kitchens, electrical systems • Lift is beyond optimal lifespan • Shared lounges & dining room are small for number of residents • Closed beds due to lack of demand &

Options considered?

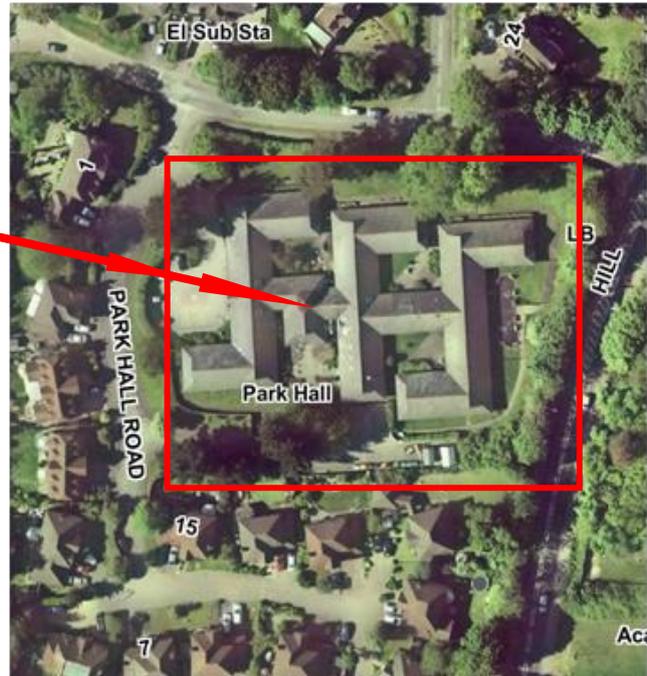
1. Keep services as they are	
Positives	Concerns
<ul style="list-style-type: none"> • Current residents will have continuity of care ensuring minimal change • No change for staff 	<ul style="list-style-type: none"> • CQC new fundamental standards for inspection will be difficult to meet if the service remains as is. The challenges the building present mean that providing appropriate care in a dignified manner is challenging for staff, particularly as residents' needs increase. • Increasing number of residents with dementia and a mix of different care and occupational needs presents challenges within existing staff ratio. • Relatively high number of residents requiring complex care. There are challenges using the mobile hoisting system in the bedrooms. • Ongoing recruitment challenges • Changing commissioning requirements • Ongoing projected works costs are estimated at £1.9m and projected planned maintenance costs over 20 years, (Holbrow Brooks, 2015 adjusted) are estimated at circa £1.6m
2. Extend and refurbish the home or redevelop the site	
Positives	Concerns
<ul style="list-style-type: none"> • Long term continuity of care in a more suitable environment after disruption. • Some challenges linked with future CQC compliance could be addressed. • Improved physical environment and potential to address spatial shortcomings and bathroom ratio issues, depending upon the extent of refurbishment. 	<ul style="list-style-type: none"> • Change and disruption during extensive building works (moving out whilst work is completed). Staff would need to manage this period of change. • Potential for bed based reablement is limited as needs of residents tend to be closer to nursing care. • Specialist property consultant findings conclude due to age and condition of the homes, extension or extensive refurbishment is uneconomical. • To bring the home to the required standard to provide quality care assumes the availability of capital to undertake significant works.

3. Sell or lease the home to another provider	
Positives	Concerns
<ul style="list-style-type: none"> • Current residents will have continuity of care ensuring minimal change • Staff could remain if they transferred to new provider. • Another provider could invest in the property 	<ul style="list-style-type: none"> • Another provider in the same environment could not address issues around dignified and quality care provision. • To address the environmental challenges, and continue to meet CQC compliance, will require investment. • Specialist healthcare property consultant findings conclude there is a limited market for older care home leasing and the homes would require substantive investment prior to transfer to address spatial and environmental shortcomings.
4. Close the home and support residents to move to another service	
Positives	Concerns
<ul style="list-style-type: none"> • Reassessment of residents enables provision suited to current needs • Market analysis indicates suitable provision of alternative care 	<ul style="list-style-type: none"> • Change for residents and their family members which may cause anxiety and disruption • Change for staff

Park Hall

1 Park Hall Road, Reigate, RH2 9LH

Current Situation



Site: 1.53 acres
 Built: early 1988
 Registered beds: 50
 Available beds: 49
 Occupied beds: 26
 Current staff: 53 permanent, 26 bank

Good Things	The Problems
<ul style="list-style-type: none"> • Single storey, better for residents and lower property running costs • Unit supporting older people with learning disabilities on-site • Good size Day centre facility on-site 	<ul style="list-style-type: none"> • No special provision for bariatric or wheelchair requirements with limited access for moving and handling equipment (e.g. hoists) • No en-suite facilities • Ratio of bathrooms/ to people is limited, and unsuitable size for assistance • Units and bathrooms and toilets are not gender specific • Limited space to meet with visitors in bedrooms and no private area available for visitors to utilise • A range of refurbishment issues e.g. kitchens • Some rooms unusable due to subsidence • Lack of demand for service

Options considered?

1. Keep services as they are	
Positives	Concerns
<ul style="list-style-type: none"> • Current residents will have continuity of care ensuring minimal change • No change for staff 	<ul style="list-style-type: none"> • CQC new fundamental standards for inspection will be difficult to meet if the service remains as is. The challenges the building present mean that providing appropriate care in a dignified manner is challenging for staff, particularly as residents' needs increase. • Increasing number of residents with dementia and a mix of different care (including learning disability) and occupational needs presents challenges within existing staff ratio. • Relatively high number of residents requiring complex care. There are challenges using the mobile hoisting system in the bedrooms. • Ongoing recruitment challenges • Ongoing projected works costs are estimated at £0.6m and projected planned maintenance costs over 20 years, (Holbrow Brooks, 2015 adjusted) are estimated at circa £2m.
2. Extend and refurbish the home or redevelop the site	
Positives	Concerns
<ul style="list-style-type: none"> • Long term continuity of care in a more suitable environment after disruption. • Some challenges linked with future CQC compliance could be addressed. • Improved physical environment and potential to address spatial shortcomings and bathroom ratio issues, depending upon the extent of refurbishment. 	<ul style="list-style-type: none"> • Change and disruption during extensive building works (moving out whilst work is completed). Staff would need to manage this period of change. • Potential for bed based reablement is limited as needs of residents tend to be closer to nursing care. • Specialist property consultant findings conclude due to age and condition of the homes, extension or extensive refurbishment is uneconomical. • To bring the home to the required standard to provide quality care assumes the availability of capital to undertake significant works.

3. Sell or lease the home to another provider	
Positives	Concerns
<ul style="list-style-type: none"> • Current residents will have continuity of care ensuring minimal change • Staff could remain if they transferred to new provider. • Another provider could invest in the property 	<ul style="list-style-type: none"> • Another provider in the same environment could not address issues around dignified and quality care provision. • To address the environmental challenges, and continue to meet CQC compliance, will require investment. • Specialist healthcare property consultant findings conclude there is a limited market for older care home leasing and the homes would require substantive investment prior to transfer to address spatial and environmental shortcomings.
4. Close the home and support residents to move to another service	
Positives	Concerns
<ul style="list-style-type: none"> • Reassessment of residents enables provision suited to current needs • Market analysis indicates suitable provision of alternative care 	<ul style="list-style-type: none"> • Change for residents and their family members which may cause anxiety and disruption • Change for staff

Pinehurst

141 Park Road, Camberley, GU15 2LL

Current Situation



Site: 1.97 acres
 Built: early 1990
 Registered beds: 50
 Available beds: 40
 Occupied beds: 23
 Current staff: 46 permanent, 25 bank

Good Things	The Problems
<ul style="list-style-type: none"> • Single storey building, better for residents and lower property running costs • Day services on-site a good size for residents 	<ul style="list-style-type: none"> • No special provision for bariatric or wheelchair requirements with limited access for moving and handling equipment (e.g. hoists) • No en-suite facilities • Ratio of bathrooms/ to people is limited, and unsuitable size for assistance • Units and bathrooms and toilets are not gender specific • Limited space to meet with visitors in bedrooms and no private area available for visitors to utilise • A range of refurbishment issues e.g. kitchens • Lack of demand for service

Options considered?

1. Keep services as they are	
Positives	Concerns
<ul style="list-style-type: none"> • Current residents will have continuity of care ensuring minimal change • No change for staff 	<ul style="list-style-type: none"> • CQC new fundamental standards for inspection will be difficult to meet if the service remains as is. The challenges the building present mean that providing appropriate care in a dignified manner is challenging for staff, particularly as residents' needs increase. • Increasing number of residents with dementia and a mix of different care (including learning disability) and occupational needs presents challenges within existing staff ratio. • Relatively high number of residents requiring complex care. There are challenges using the mobile hoisting system in the bedrooms. • Ongoing recruitment challenges • Ongoing projected works costs are estimated at £0.4m and projected planned maintenance costs over 20 years, (Holbrow Brooks, 2015 adjusted) are estimated at circa £1.3m
2. Extend and refurbish the home or redevelop the site	
Positives	Concerns
<ul style="list-style-type: none"> • Long term continuity of care in a more suitable environment after disruption. • Some challenges linked with future CQC compliance could be addressed. • Improved physical environment and potential to address spatial shortcomings and bathroom ratio issues, depending upon the extent of refurbishment. 	<ul style="list-style-type: none"> • Change and disruption during extensive building works (moving out whilst work is completed). Staff would need to manage this period of change. • Potential for bed based reablement is limited as needs of residents tend to be closer to nursing care. • Specialist property consultant findings conclude due to age and condition of the homes, extension or extensive refurbishment is uneconomical. • To bring the home to the required standard to provide quality care assumes the availability of capital to undertake significant works.

3. Sell or lease the home to another provider	
Positives	Concerns
<ul style="list-style-type: none"> • Current residents will have continuity of care ensuring minimal change • Staff could remain if they transferred to new provider. • Another provider could invest in the property 	<ul style="list-style-type: none"> • Another provider in the same environment could not address issues around dignified and quality care provision. • To address the environmental challenges, and continue to meet CQC compliance, will require investment. • Specialist healthcare property consultant findings conclude there is a limited market for older care home leasing and the homes would require substantive investment prior to transfer to address spatial and environmental shortcomings.
4. Close the home and support residents to move to another service	
Positives	Concerns
<ul style="list-style-type: none"> • Reassessment of residents enables provision suited to current needs • Market analysis indicates suitable provision of alternative care 	<ul style="list-style-type: none"> • Change for residents and their family members which may cause anxiety and disruption • Change for staff

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Summary of Surrey County Council older people's homes: summary of consultation feedback and response

1. Introduction

A fuller report is available on Surrey County Council's website <http://new.surreycc.gov.uk/social-care-and-health/care-and-support-for-adults/get-involved/cabinet-to-decide-on-future-of-councils-older-peoples-homes>

This is a high level summary of the consultation responses to the four options outlined in the consultation on the future of the six homes and the comments that people made in relation to them. There was also an opportunity to make suggestions other than the four options and these are also included.

The four options in the consultation were:

Option 1 - Stay 'as is'

Option 2 - Extend and refurbish or redevelop the home

Option 3 - Sell or lease the home to another provider

Option 4 - Support residents to move to another appropriate service and close the service

2. The consultation feedback overall

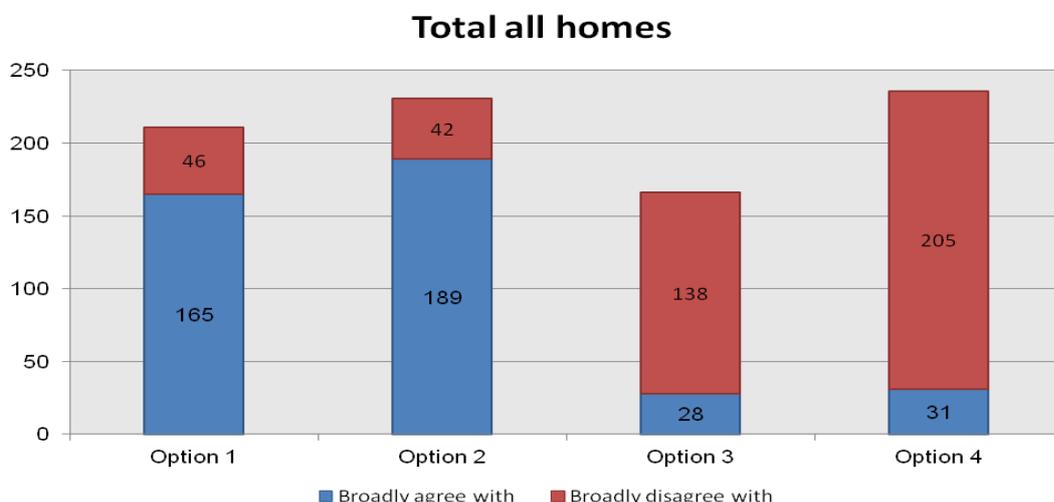
A total of 143 responses were received through the "Surrey Says" website. 196 paper questionnaires were received. 131 responses were received through email / letter/ phone call from individuals and organisations, making a total of 470. Meetings were held with individuals using the services, their relatives or next of kin, staff and other stakeholders.

The biggest single group of respondents were relatives/friends and carers of those using the homes services. The second biggest group were staff at the homes.

Some people chose to comment on all of the homes as a group, while most people chose to comment on a specific home.

Graph A below reflects the total number of people responding to the consultation, regardless of which home they commented on, who broadly agreed or disagreed with each option.

Graph A:



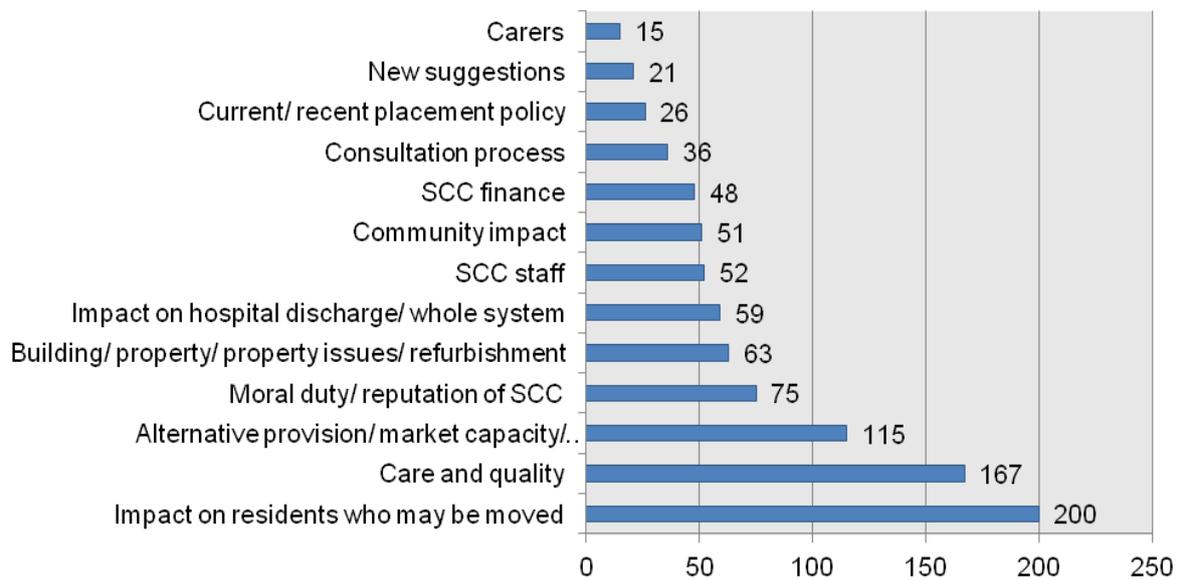
It should be noted that 'Broad agreement or Broad disagreement' has been inferred from the comments made in relation to each option.

Free text comments received during the consultation were thematically coded, and their relative frequency is listed below.

Graph B below shows the total number of comments relating to each 'theme'.

Graph B

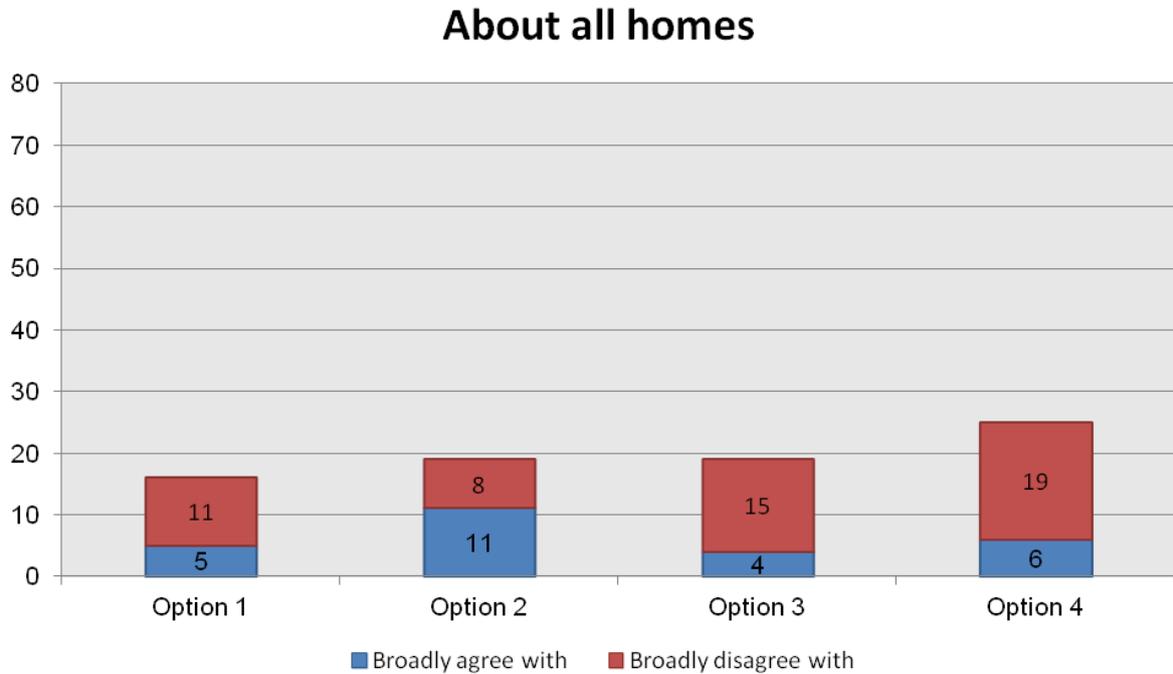
Themes expressed in free text comments - Total comments



3. What people said when commenting about all of the homes and not a specific home.

Graph C below shows the number of people, who responded about all of the homes, who broadly agreed or disagreed with each option.

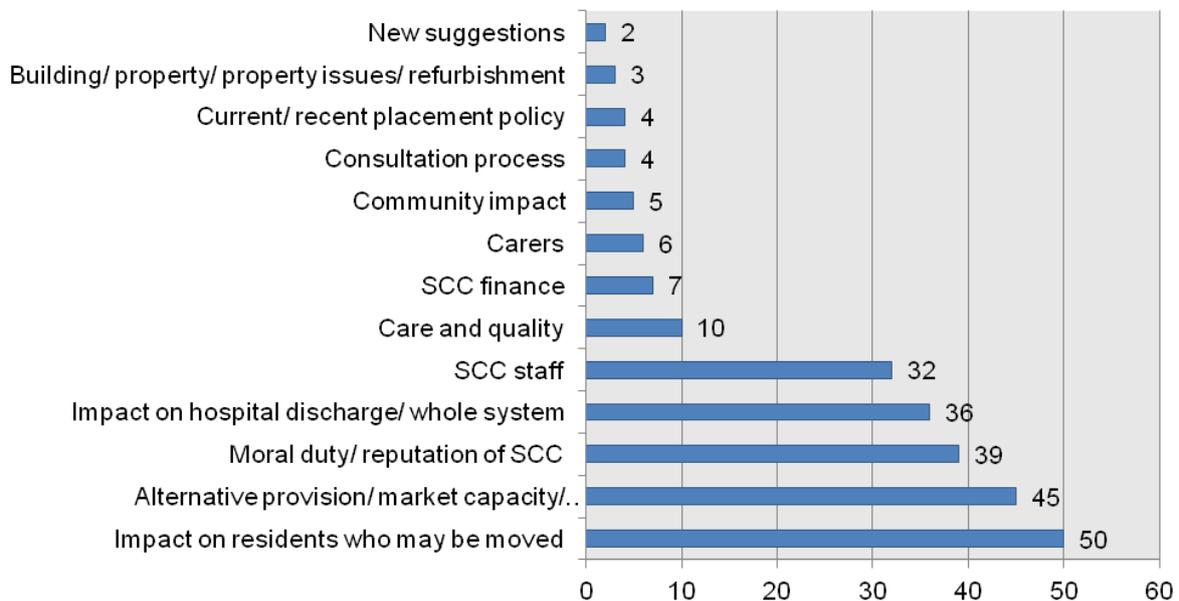
Graph C



Graph D below shows the number of comments relating to each 'theme'.

Graph D

Themes expressed in free text comments - All



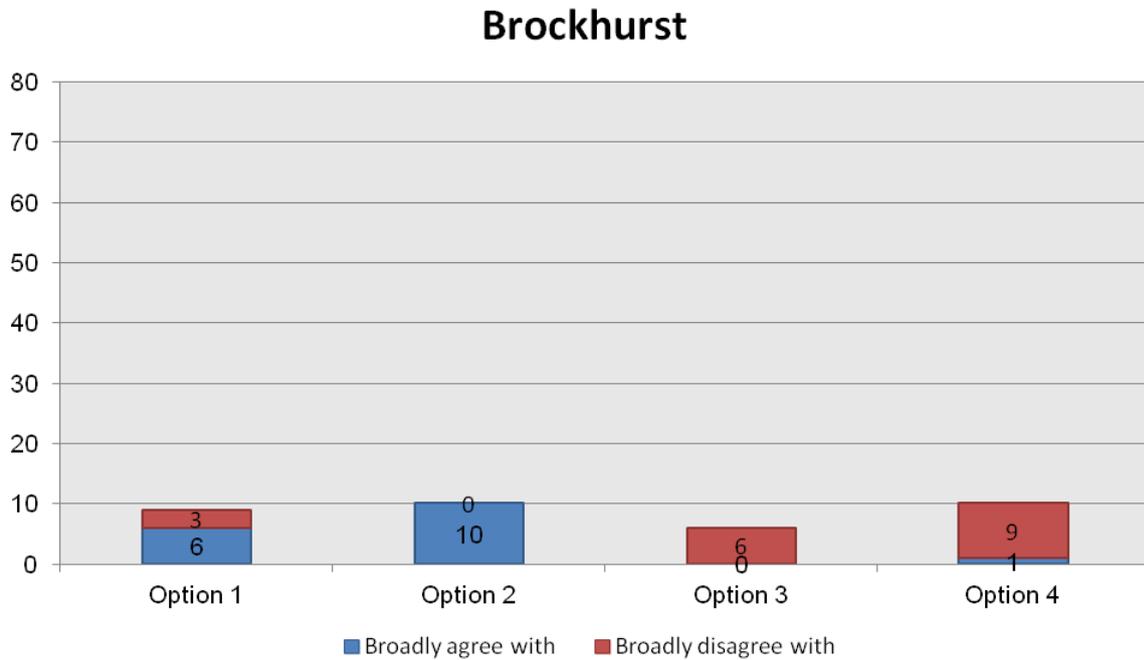
Below is a small example of the comments made in relation to each option.

Option	Example Views/comments
1	The need for property improvements is recognised, and expressed disappointment that there had been insufficient investment to support the provision of these beds, given that this would reduce capacity for the increasing and ageing demographic
1	With reference to care and quality - one respondent supportive of this option referred to the CQC "Mums test" – they would prefer a small friendly home and care quality being more important than ensuite facilities. Another also referred to the "Mums test" saying relatives are happy for their relatives to be living at the Surrey County Council home because of the high quality of care at the Surrey County Council care homes
2	The consultation did not detail an option of extending or redeveloping one or more of the sites in a phased approach. It was also suggested that property improvements that maximised the use of the current plots with multi floor options rather than the current single storey facilities.
2	Disagreement was on basis of capital costs too high
3	As regards the property it was suggested that no other provider would want the homes it would just transfer the problem - easier to knock down and rebuild; not an attractive investment opportunity, at least not for social care might be redeveloped for other uses
3	One organisation supported this option – it would allow modernisation of transferred properties at new provider expense and the Council could then specify future specialist bed requirements, avoids redundancy costs and reputational damage, retain/increase capacity, and some capital receipts
4	People expressed concerns about potential stress and trauma of moving people, which should be carried out with a lot of professional help and support
4	Concern expressed for specialist services provided within Surrey County Council homes e.g. respite, day care, and cancer care.
Other possible options	Donate homes to a charity and let them lease the buildings at no cost provided the charity covers running costs. If the charity closes the home in future give the property back to Surrey County Council
Other possible options	Create space by maximising current plots and consider multi floor options, homes not at capacity so this could be done. Explore option of selling to another provider after redevelopment.
Other possible options	Feedback was received from a provider who would be interested in exploring how they could work with Surrey County Council to use all sites in future to continue to provide a model of residential care for older people.

4. What people said when commenting about Brockhurst.

Graph E below shows the number of people, commenting about Brockhurst, who broadly agreed or disagreed with each option.

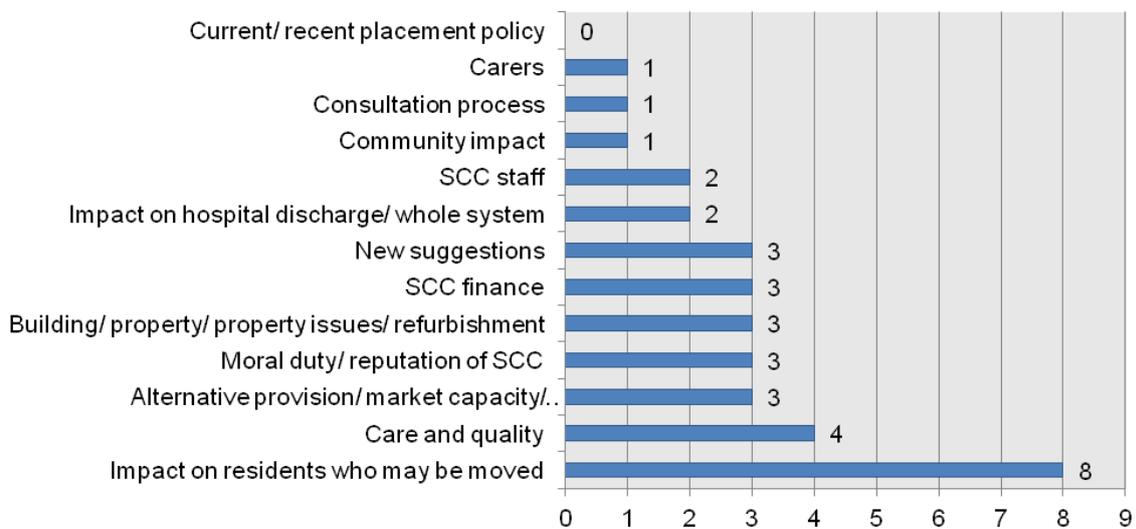
Graph E



Graph F below shows the number of comments relating to each 'theme'.

Graph F

Themes expressed in free text comments - Brockhurst



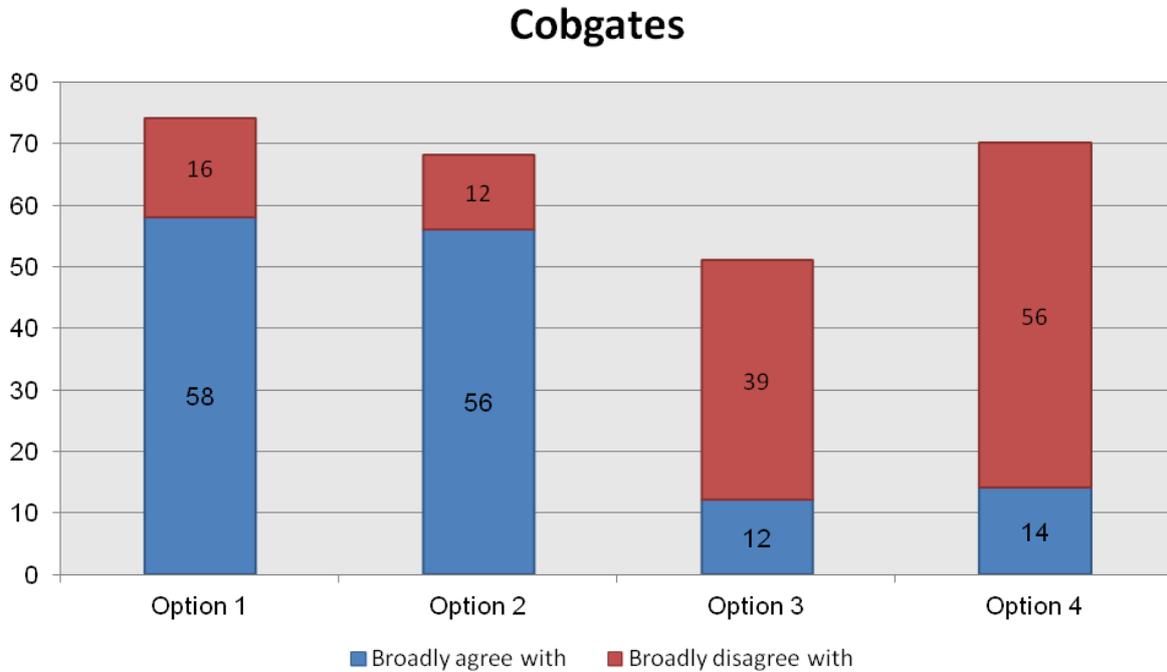
Below is a small example of the comments made in relation to each option.

Option	Example Views/comments
1	Respondents generally challenged the Surrey County Council case for improving the building and bathroom facilities, though one respondent acknowledged the rooms are small and another that homes can't run if they become "inadequate" in the eyes of CQC.
1	Comments were made about alternative provision and market capacity , suggesting that private care homes are sometimes more "choosy" about who they will look after, they may refuse to admit people with complex needs and can be expensive.
2	This would be a long term investment which would be expensive but fairer. Others said it would be cheaper than moving residents to a new home and would be less unsettling, it was also said that people will continue to need care homes as living alone can be lonely.
2	As regards the building, one respondent was concerned about whether the existing building footprint could sustain redevelopment. Others noted the home had already been refurbished, others said Surrey County Council had not maintained the homes properly and now residents were being "penalised".
3	Other providers would have the same challenges as Surrey County Council so this option would not be viable. Another thought if chosen this option would increase the cost to residents
3	Some homes are located near a hospital and are suitable therefore for respite and reablement, lack of which might impact negatively on the wider health and social care system. In this context concern for the impact on carers was also mentioned.
4	One respondent described their own negative personal experience three years ago and was supportive of the option to close
4	This would cause trauma, upset and confusion, it could be stressful and residents could end up in a worse home. Respondents were concerned that people with dementia might take a long time to get orientated in a new place.
Other possible options	one respondent referred to the need for more day centres – possibly to use Brockhurst as a day centre, and that ASC can struggle to move temporary residents into permanent placements as they are not always available, and that private homes often release self-funded clients once their money runs out.
Other possible options	Consolidate two redeveloped care home sites and sell the other four. Also suggested was that bedrooms could be knocked together to make larger rooms.
Other possible options	An organisation identified that they would like to develop extra care on the site.

5. What people said when commenting about Cobgates

Graph G below shows the number of people, commenting about Cobgates, who broadly agreed or disagreed with each option.

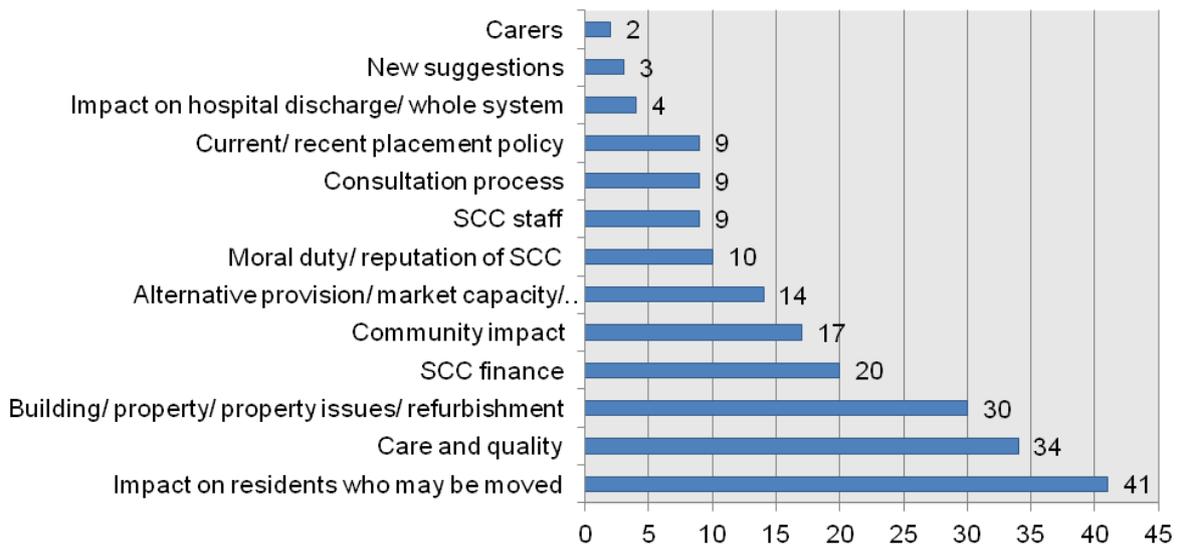
Graph G



Graph H below shows the number of comments relating to each 'theme'.

Graph H

Themes expressed in free text comments - Cobgates

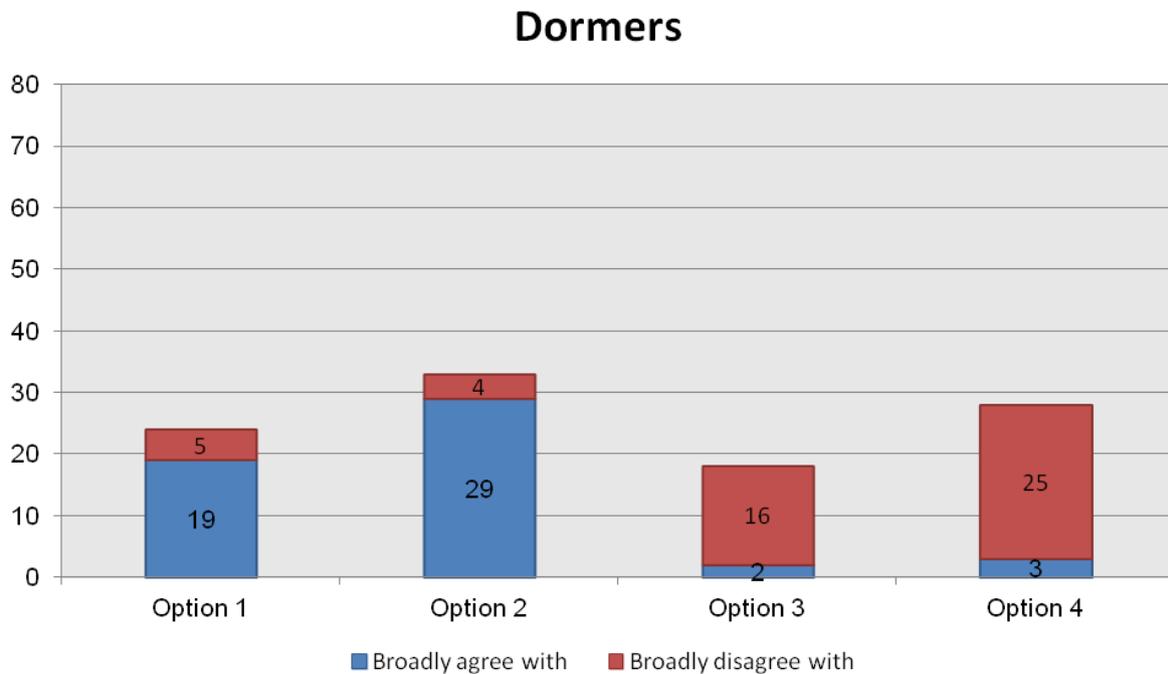


Option	Example views/comments
1	There was concern expressed about the impact on residents, of any decision to close, and queries about how this would be managed; residents would find a move “traumatic”. Residents had made friends and regard Cobgates as their home. There was concern that those with dementia would be further confused and display more challenging behaviour if they were moved and unsettled
1	The home is close to town and this is valued for ease to access for relatives, as well as taking residents into town.
1	One person suggested that the building is not “fit for purpose” and should not stay open. Another thought the building had a “foreboding feeling” and should not stay open
2	Favoured option as Cobgates meets needs for emergency respite, permanent care, memory clinic, drop-in centre. It appeared that some respondents thought Cobgates was specialist dementia facility or that it provided nursing care and should be kept for those purposes
2	Some disagreed with this option mostly on the grounds of the impact on residents – it would be too disruptive.
3	The Council should keep direct provision, it has operational competence and must protect against future situations in which it may be “at the mercy of the market” ie pay higher prices.
3	One respondent said it would be a better option than closure but were concerned that a private provider would not be as flexible with the range and type of provision offered.
4	Closing the home and finding other services for people is the best option for residents who deserve to spend their years in caring comfortable and pleasant surroundings
4	The view was expressed that it was ‘done and dusted’, foregone conclusion; thoughts and feelings of staff and residents not considered
4	A number of staff expressed the challenges they face in delivering suitable care in the current environment
Other possible options	Feedback was received from a provider who would be interested in exploring how they could work with Surrey County Council to use the site in future to provide an alternative care model for the elderly in Farnham
Other possible options	Creation of private beds to generate income, open a day centre at Cobgates for people with dementia to support carers to have respite and also generate income. Consider providing rehabilitation.

6. What people said when commenting about Dormers

Graph I below shows the number of people, commenting on Dormers, who broadly agreed or disagreed with each option.

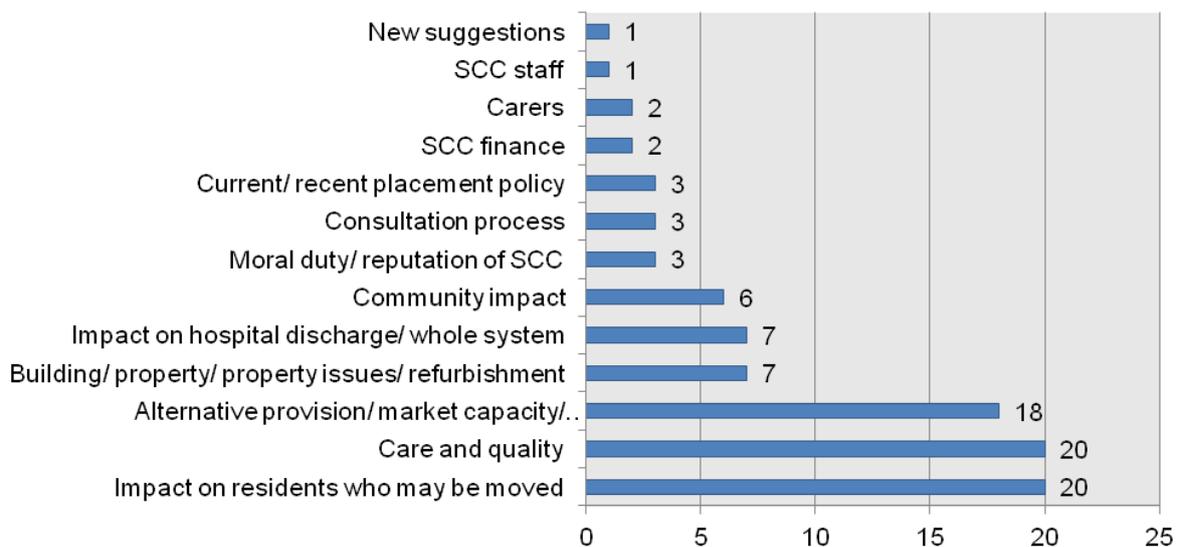
Graph I



Graph J below shows the number of comments relating to each theme.

Graph J

Themes expressed in free text comments - Dormers

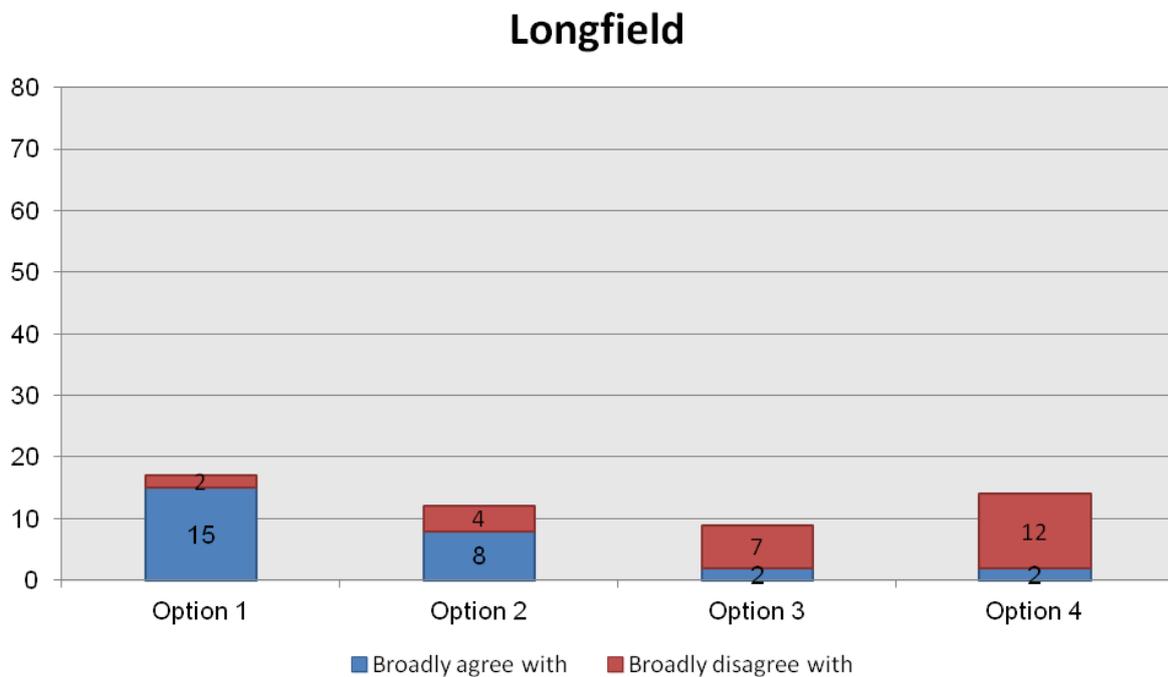


Option	Example views/comments
1	Reference was made to market capacity, including specialist provision (St Catherine's) and increasing demand in future. There was concern for the impact on residents should they be moved, that people with dementia would be particularly affected and the excellent quality of care provided at Dormers would be lost.
1	Respondents acknowledged a lack of space, but thought that current client's needs were met and thought that the respect, care and loyalty of the staff was more important than the property issues. The needs for hoists in every room was challenged, and suggested that Dormers was purpose built for residential care, but had taken on more people needing nursing care. If kept for residential care it would be OK.
2	Some respondents acknowledged that the property needed improvements to support safer moving and handling, with suggestions about knocking rooms together, and repairing gutters which might be related to the subsidence problem. Perhaps an extra storey could be built.
2	Additional space could be created by maximising the current plots and considering multi storey options instead of the current single storey.
3	It was suggested that one home be put out to tender to test what happened
3	Providers would essentially have the same problem and would have increased costs as a result, so there would be no long term advantage.
4	There was concern for Dormers as a community facility that enabled carers to keep full time work whilst their person is in day care, as well as respite care – with a view to permanent admission when needed. Others were concerned about carers having to go further to visit.
4	Concern about this option was expressed on the grounds of the impact on the community, the residents, future needs, with the demographics being ageing and increasing, and the impact on whole systems including acute hospitals.
Other possible options	“The site must be used ethically when Dormers is demolished. If I had the money I would build a new small Hospice on the site. “
Other possible options	A comment on Dormers and Park Hall together: Suggested additional space could be created by maximising the current plots and considering multi storey options instead of the current single storey.
Other possible options	Feedback was received from a provider who would be interested in exploring how they could work with Surrey County Council to use the site in future to provide an alternative care model for the elderly in Caterham.

7. What people said when commenting about Longfield

Graph K below shows the number of people, commenting about Longfield, who broadly agreed or disagreed with each option.

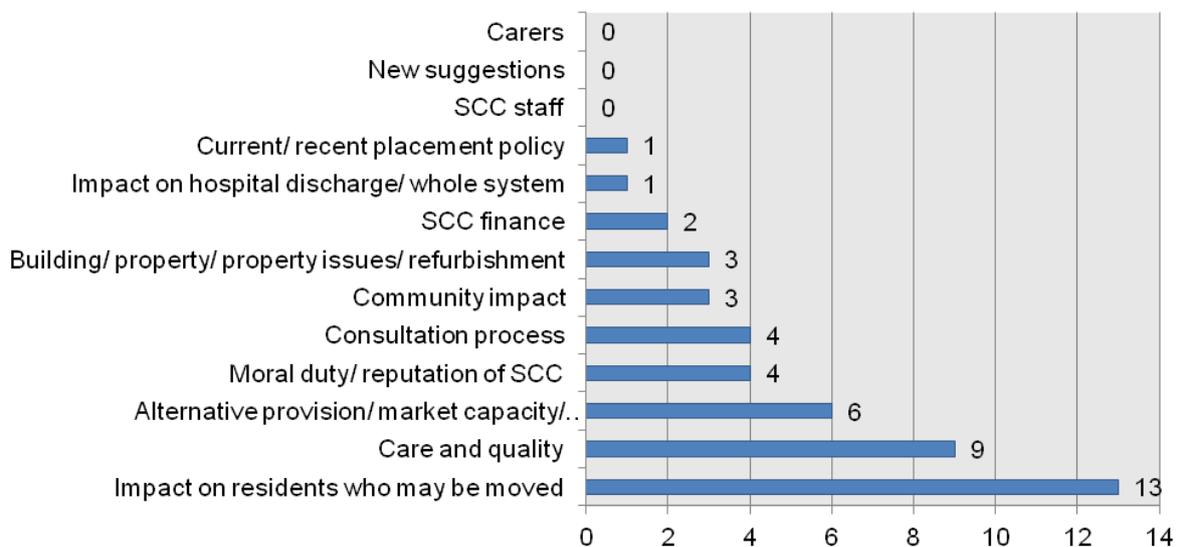
Graph K



Graph L below shows the number of comments relating to each 'theme'.

Graph L

Themes expressed in free text comments - Longfield

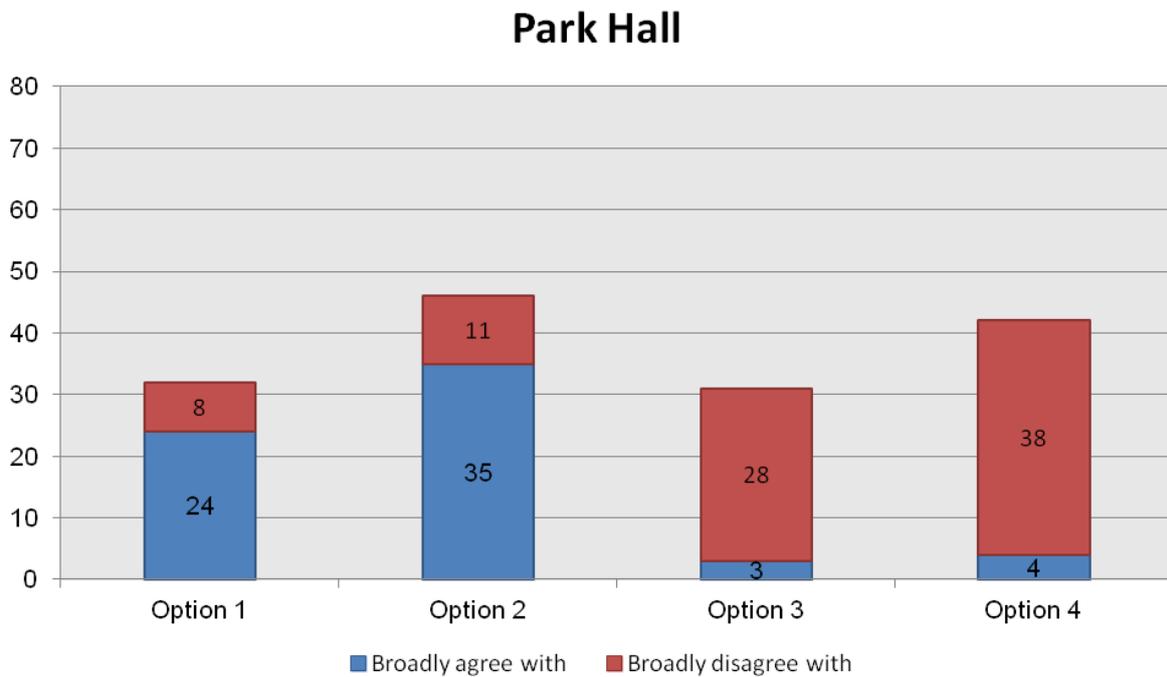


Option	Example views/comments
1	Most residents have advanced dementia with limited quality of life, but the atmosphere is one of comfort and security, this is more important than facilities.
1	"Wait until all the residents have passed away"
2	The building would have to have extra storeys.
2	This is a good option for the local community.
3	Residents with dementia would be spared trauma of being moved
3	A new provider wouldn't provide emergency respite.
4	Clients from each home should be moved together with familiar faces.
4	This is the worst option for residents and families especially when people have dementia.
Other possible options	Buy land near to existing homes by selling the current sites.
Other possible options	Longfield staff should visit residents in their new homes until they are settled.
Other possible options	Feedback was received from a provider who would be interested in providing an alternative care model for the elderly in Longfield.

8. What people said when commenting about Park Hall

Graph M below shows the number of people, commenting about Park Hall, who broadly agreed or disagreed with each option.

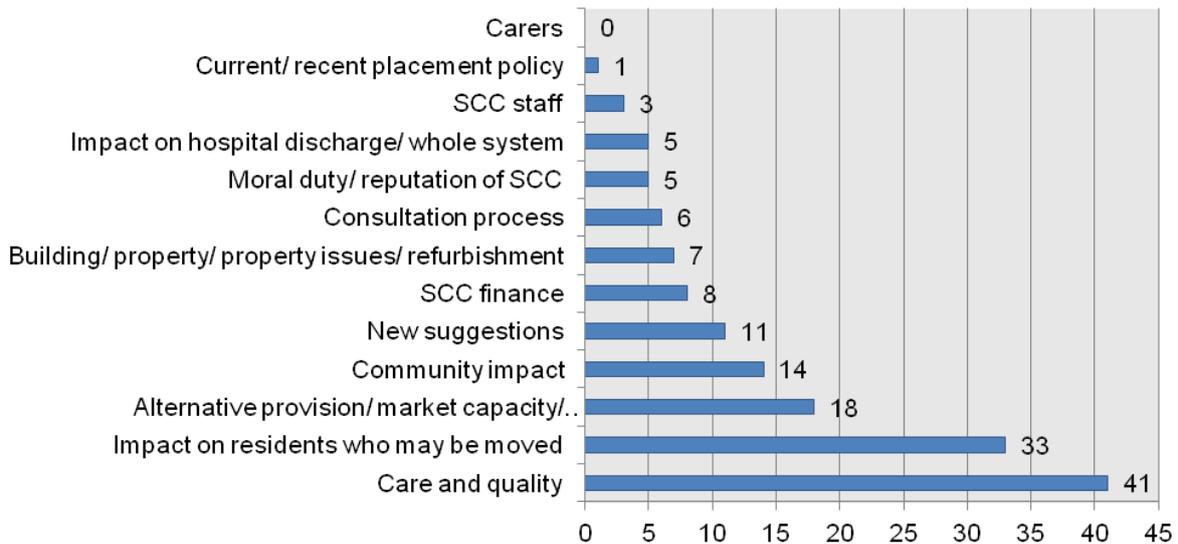
Graph M



Graph N below shows the number of comments relating to each 'theme'.

Graph N

Themes expressed in free text comments - Park Hall

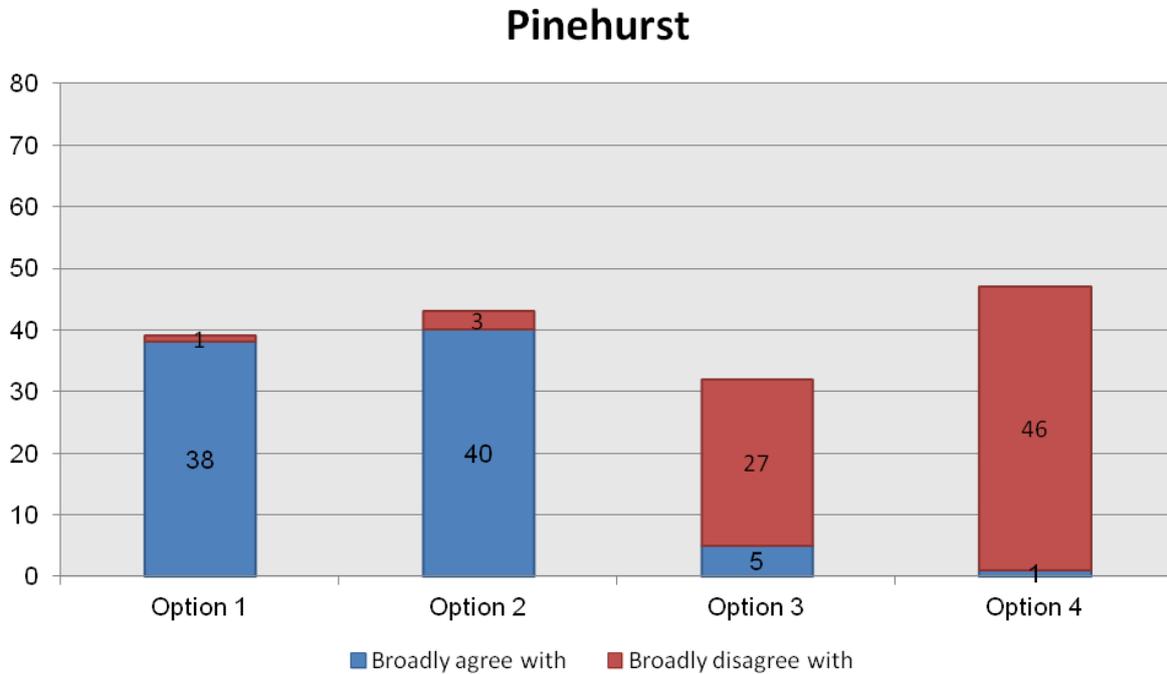


Option	Example views/comments
1	Park Hall has offered residents opportunity to live in small “family” units and to bring in people from the community who are isolated to help them stay at home. This is a standard of care not seen in the independent sector very often. There are so many bad homes. Park Hall is a good one. People value the community environment, and the range of services offered.
1	“The environment, care and understanding of the needs of people with LD and dementia is below the standard expected”
2	Redevelop the site to enable residents to have ensuite, greater privacy, extend day care / respite – latter is valuable resource
2	My relative was at Park Hall and one unit was closed much of the time for subsidence – also in other Reigate properties. Council / insurers did very little to remedy. Upgrading not needed, high quality care and activities more important than state of the art.
3	Would also cause stress because residents know current staff
3	Would support if the staff get “tupe’d across”, if the new provider can do the refurbishment
4	A respondent said this was their preferred option but would need to be done carefully to avoid deterioration in residents abilities
4	Many Park Hall residents have already been moved from their homes to hospital and then Park Hall. People with Dementia take time to adjust. They now trust staff and feel secure, and have friends. It would be too stressful to move them, many are over 90.
Other possible options	Take in private clients, explore local authority trading company option or open as a community centre for people with dementia.
Other possible options	Update and refurbish Park Hall and Pinehurst, move people from other homes into them.
Other comments	A small number of relatives expressed they had explored a range of alternative provision in the area, and were not satisfied that the alternatives are as good as Park Hall in environment or quality of care.

9. What people said when commenting about Pinehurst

Graph P below shows the number of people, commenting about Pinehurst, who broadly agreed or disagreed with each option.

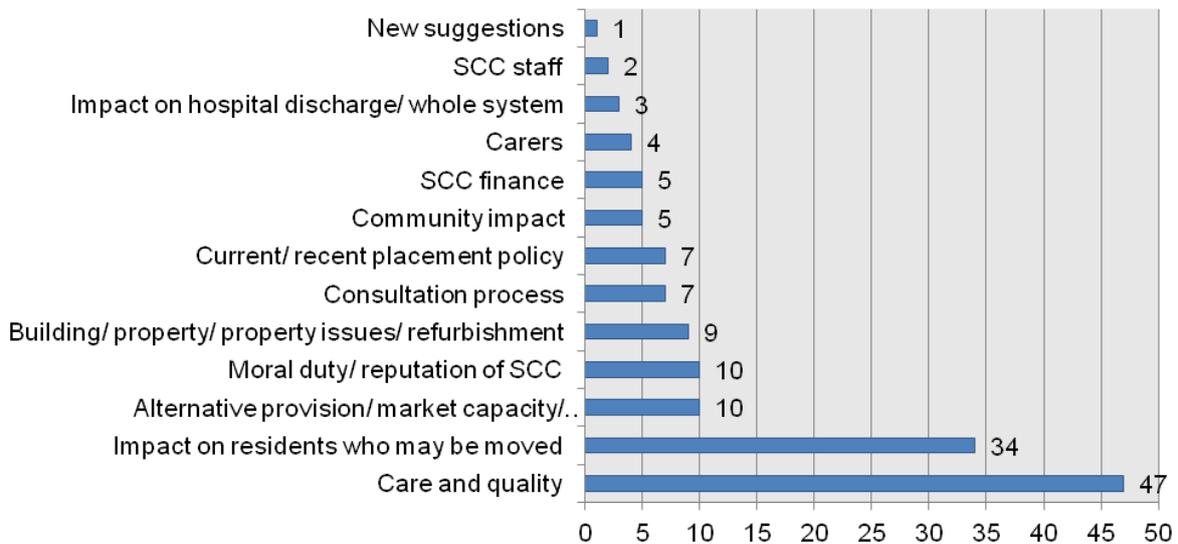
Graph P



Graph Q below shows the number of comments relating to each 'theme'.

Graph Q

Themes expressed in free text comments - Pinehurst



Option	Example views/comments
1	Disagree that Pinehurst is beyond its lifespan – plenty of space to expand.
1	Pinehurst has local connections which mean that close by is a good surgery and there is also transport into town for visitors and family
1	There is concern about potential impact on carers of closure as they are dependent on day time and respite care offered, which supports them to maintain their caring roles.
2	A figure of £3.9m to improve sluices bathrooms and toilets is small amount for a much needed service that provides excellent care.
3	Other providers would not provide such good care, we do not want to use them. There is also not enough local capacity.
3	Concern was expressed regarding this option of the impact on residents, especially those with Dementia
4	This option will only be for permanent residents not for those using day care which is a life saver for my relative.
4	Many people are not “complex” enough to go into nursing care but who do not have the family support to help them at home. The homes meet this need.
Other possible options	Extra-care housing is now available in 8 out of the 11 Boroughs and Districts in Surrey but not in Surrey Heath. Has the Council considered targeting the future use of the Pinehurst space towards private residential housing schemes that include extra-care housing? It would increase the housing options to people within Surrey Heath and provider greater equality of provision across the County.
Other possible options	There remains a need for urgent and emergency provision (eg where private care home immediately closes)- this is easier to do within County provision. More people have dementia, day care extends how long people can stay at home. Pinehurst has a wonderful day unit and it could take more who would benefit.

Summary of themes and concerns expressed in the consultation and Surrey County Council responses to them

The majority of respondents said they understood, or partially understood, why the future of the care homes was being reviewed. A large majority also said they understood the reasons why Option Four (closure) was the council's preferred option. Comments suggested that most disagreed with the council's preference. Options Two (extend/refurbish or redevelop) and One (keep services as they are) received the most support.

Respondents were invited to say which of a list of features of a good quality care home they thought were the most important. Feeling safe, being treated with respect, and helpful and caring staff were considered the most important features. These preferences were also reflected in the main themes and issues raised by respondents. These are summarised below, together with the council response.

1.a. Impact on Residents Who May Be Moved

Many respondents expressed concern that, if closure goes ahead, there would be a detrimental effect – physically, emotionally and socially - on current residents, as well as their families, when being moved to alternative services. Some thought this may result in death for the resident. Some cited research that the impact would be greater for those with dementia, and gave suggestions on how to mitigate e.g. support from staff to help the person settle. Others said that we should wait for residents to pass away within the Surrey County Council home, and not move anyone until the home was then empty. There was also concern that moving to alternative provision would affect the ability of family members and friends to keep in contact, for example if they had further to travel (especially for those who don't drive).

1.b. Surrey County Council response

The welfare of residents will be 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 will be supported by a Social Care Practitioner who will assess individual needs and discuss preferences, and help to choose an appropriate alternative service. This will take into account specific issues such as long standing friendships. The council have experience of achieving this with previous home closures. Where appropriate other care professionals including health staff and GPs will be involved, as will staff from the closing home, who as far as possible will support each resident's transition into an alternative service.

It is acknowledged that there are risks with moving any person, including planned moves. The council has a lot of experience of moving people out of homes as it is part of core business, for example, as care needs change, if a resident is moved to a home that is more local to family and in an emergency situation.

Residents without the capacity to understand the decisions relating to the changes, who do not have the support of family or an attorney, will be supported by an Independent Mental Capacity Advocate (IMCA) with decisions required in selecting and moving to a suitable alternative service.

The council will ensure the person moves with their personal possessions to help their surroundings feel more familiar and consistent as soon as possible when they move. The

council acknowledge dementia affects every individual differently and uniquely and will support people using best practice guidance appropriately.

Best practice does not recommend leaving someone in a care home as the last remaining resident. A home becomes less appealing the fewer residents that live there. In addition there are challenges with operating a home that is emptying, including a depleting workforce.

2.a. Care and Quality

Many people commented on the excellent care and good quality service delivered at Surrey County Council homes. They said this was more important than buildings and facilities, and that it was important to recognise and value the caring and respectful relationships that had developed between staff and residents, at the homes.

Many people expressed concerns that a similar quality of care cannot be delivered by providers within the independent care sector. It was felt that staff are not as well trained, there is higher turnover, and that the council is not as well able to regulate quality in the independent sector. Some respondents quoted media coverage of failing care homes in the independent sector, and some talked of their personal experience.

2.b. Surrey County Council response

The council is proud of the level of care its staff provides to residents. However the quality of care would be improved in more suitable buildings, including larger room sizes to allow for moving and handling, where necessary. Maintaining the quality service will become more difficult in the future without addressing the challenges the buildings present.

Surrey County Council's Adult Social Care Commissioning Strategy for Older People 2011 – 2020 identifies shifting demographic pressures and changes in the complexity of needs to be met. Care environments must be safe and effective and facilitate high quality care, now and in the future. Dignity in care is itself a marker of quality that the council seeks to commission.

Any required consideration of alternative placements for individuals will be informed by assessment information and conversations with individuals, their families and others important in their care, to establish their needs and preferences

All residential and nursing care provision, regardless of who provides it, is subject to the same Care Quality Commission (CQC) standards and inspection. The council is committed to quality services which deliver dignified care across all sectors. Support Plan reviews and any safeguarding activity also provide an oversight as to the quality of care provided. Learning from safeguarding is disseminated with providers through forums and Surrey Safeguarding Adults Board.

A "task and finish" group is currently working to ensure that high standards of care are maintained across Surrey through the sharing of information received from the public and professionals. The council work to assist any provider that may be experiencing difficulty in achieving and maintaining adequate standards of care and to ensure that residents are safe and treated with dignity by providers.

The Surrey Skills Academy invests in training for the local care market. This includes specialist training such as dementia care and safeguarding as well as managerial skills. Regular care home fora are held for best practice sharing and information provision, and to ensure that training offers are focussed on what the market needs. There is a good take up of this training across the market within Surrey.

CQC guidance is focussed on delivering dignity in care and the current facilities within the homes do not support this. The challenge is about adequate privacy and access to facilities when needed, and for appropriate infection control.

All 6 homes are currently compliant with care home regulations in terms of 'environmental standards', in line with the dates they were constructed, although there was an historical non-compliance issue in respect of adequate infection control in one of the homes which has since been addressed. This related to the equipment and where sluice facilities were sited. This remains a challenge across the homes.

It is true that from time to time there are media reports highlighting examples of poor practice, and there have been a handful recently involving homes in Surrey. In these few cases the CQC were involved and are only a fraction of the number of independent care homes in Surrey. The media tend to focus more on homes where things go wrong, and never report on the vast majority of homes without such issues; thus creating a distorted picture.

3.a Alternative Provision, Market Capacity and Demographic Issues

Some people commented that Surrey has an increasing and ageing demographic, and that there will be more people living with dementia and it's associated health and social care needs in future. There was concern that closing Surrey County Council care homes would have a negative impact on the market's capacity to meet current and future demand.

Respondents were concerned about market capacity with reference to residential care homes generally, and also homes offering good dementia care. Other specialist services were also a matter of concern; including planned and unplanned respite care, local respite care (so that the residents own GPs could attend), day care that caters for people with dementia and people with personal care needs. There was concern about continuing provision for services currently visiting Surrey County Council care homes, including district nurses, chiropodists, hairdressers, local GPs, and the specialist hospice services currently located at one care home. There was recognition of the value of the Surrey County Council home as a community resource that met social care needs locally, with some additional services such as a "pop-in" support group, or memory clinic.

It was noted that some homes are located near an acute hospital and able to support with hospital transfer. There was some concern expressed about the capacity of other providers to receive new admissions from hospital swiftly, as well as the provision of reablement services to support people leaving hospital, thus impacting on "whole systems".

Any reduction in these additional services would impact negatively on carers.

3.b. Surrey County Council Response

There are 6490 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 and 905 block contract beds have had high utilisation. There have been 295 respite spot placements made in the independent sector. During the 3 month of consultation this year there has been 68 residential and 197 nursing spot placements arranged in the independent sector. 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 of council funded clients.

Between March 2012 and January 2015 the trends in Surrey show a net gain of 455 registered residential and nursing beds, with over 200 additional nursing and residential beds due to be available by the summer of 2015. In addition, there has been a growth in extra care schemes, and plans to develop additional schemes.

91% of the council placements into residential care homes are made with the independent sector, with the remaining 9% in the council's residential care homes for older people. The council has been successful in working with the independent sector care market to source residential care at agreed rates in line with our Adult Social Care Commissioning Strategy for Older People 2011 - 2020. When negotiating with providers the council aims to commission at these rates, but there may be circumstances related to the needs of specific individuals where a different rate is agreed.

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. The council is continually revising its commissioning plans to address emerging trends and legislative changes, including the Care Act, to encourage the care market to develop services in areas where supply may not meet local demand.

A list of registered care homes was made available within the Supplementary Information published on the council's website in December. It gives a snapshot of alternatives on the given date and has been amended. The council has ongoing conversations with the residential and nursing care market, so there is scope for this list to grow further.

Should a decision be taken to close one or more of the six homes specific work with the local care market around available options and agreeable rates will be undertaken. This will be informed by conversations with individuals, their families and others important in their care to establish needs and preferences when considering alternative provision. If individuals are interested in alternatives outside Surrey, there will be the opportunity to discuss this during assessment conversations with care practitioners.

Surrey County Council continues to work closely with Clinical Commissioning Groups (CCGs) and local providers to ensure commissioned services, which meet current and future needs, are flexible, including evening and weekend services to help prevent hospital admissions and facilitate early hospital discharges.

The importance of day care services for those who use them, specifically on a frequent basis is recognised. Commissioning analysis has identified potential alternative services, and suitable plans to develop further options. Any commissioning of alternatives will be informed by conversations with individuals, their families and others important in their care to establish needs and preferences.

Due to changing needs around day opportunities, and to meet future needs, a day opportunities tender will be published late Spring/early Summer 2015, which is likely to result in new flexible alternatives being available. This will seek flexible community day opportunities across Surrey, and is likely to provide viable alternatives for people using council residential home day care services.

Block contracts are in place for day opportunities within residential care homes as part of our residential homes block contracts. Grant arrangements support District and Borough day services to enable meeting of personal care needs, and in areas where personal care needs cannot be met in these services, discussion is underway as to how this may change. Maps

indicate a wide range of community provision which may meet the needs of some currently using in-house services.

At present there is a noted gap for day opportunities meeting the needs of those with dementia and with personal care needs. This will be addressed through the steps noted above.

Surrey County Council has been the landlord for the arrangement with St Catherine's hospice day service for over five years. The importance of the service in the area is recognised. During the consultation the council have been talking with St Catherine's and East Surrey CCG around potential alternatives should the Dormers property close. All parties have been committed to identifying a local solution should this be needed, and there is a potential alternative property for St Catherine's day hospice service in early stages of planning.

4.a Reputation and responsibilities of Surrey County Council

Some respondents expressed a view that Surrey County Council has a duty to continue to directly provide residential care for older people, and that by closing its homes it was therefore neglecting its duty to meet care needs in this way. Others saw the council as the provider "of last resort", being able to respond flexibly to emergencies. It was also said that the Surrey "brand" is trusted and respected by Surrey people.

4.b Surrey County Council Response

Surrey County Council (like other councils) is looking at more effective ways of providing services, including reviewing its role as a direct provider of services. The council's statutory requirements are to assess needs and secure provision for those eligible for services. Council run homes across England have closed or are closing. Councils are not as free to operate commercially as independent providers.

Social Care Practitioners will continue to support people who use services regardless of who their service provider is.

As a responsible provider the council need to address the environmental shortcomings of its buildings. The independent market has already developed the more modern facilities necessary to provide the level of care required in future. The council's homes are not in a position to be able to meet these new standards.

5.a Refurbishment, Property and Land Issues

Many respondents consider the current buildings to be adequate, and do not agree with the council's position that considerable refurbishment, extension, or redevelopments are needed. It was noted that some of the buildings were less than 30 years old. Such comments generally related to meeting current needs and there was little feedback on whether the buildings need redevelopment to meet future needs.

It was suggested that independent consultants might have "vested interests", and that the council was not sufficiently independent. Some thought that the review of options for development of the homes, and the scale of investment needed, was flawed and inflated.

Views were expressed that there should be a retained focus on providing residential care (for which it is felt the current environments are suitable) and that nursing care needs should be met elsewhere. Smaller scale works were suggested such as knocking through walls to

create bigger spaces. It was generally expressed that individuals do not need ensuite toilet facilities, or an increased ratio of bathroom facilities.

There was a consistent expression of views that the council should consolidate its provision, and use capital from selling some properties to invest in retaining and developing other properties. There has been a suggestion that the best homes should be retained.

Across all homes, there is a small measure of recognition of the challenges the environments present to dignified care delivery which meets current and anticipated needs, and as such acceptance of the council's position that investment does not deliver the best way of meeting older people's needs going forward.

Where people acknowledged that the homes need considerable work to continue to meet current and future needs, it was mostly felt that such investment should be made by the council.

5. b. Surrey County Council response

The council continues to maintain each home in accordance with normal industry practice and requirements. Each home is routinely inspected by CQC who independently validate ongoing compliance with requirements. As well as undertaking regular maintenance the council undertook improvements in 2011/2012 to the interior of each home in particular renewal of floor coverings and redecoration of all residents' bedrooms and communal areas.

At the time of construction each building reflected current standards and guidance, and they continue to be compliant with these standards having regard to the date of construction. Changes in requirements for residential care and guidance mean that the configuration, layout and spatial provision is inappropriate going forward as it compromises the council's ability to deliver dignified and appropriate care in a suitable environment.

In line with the council's long term strategic vision, it is more appropriate to consider other models of service delivery.

Although the council has considered opportunities to undertake major remodelling to meet current day standards these have not been progressed because these works would (a) result in a significant reduction in the Home's capacity primarily owing to the need to provide larger bedrooms with en suite facilities and (b) entail temporarily relocating residents as the nature and extent of the remodelling work will require closure for approximately 18 months.

Work was undertaken in 2012, by Holbrow Brookes and Knight Frank, who are independent health care property specialists. This work provided estimates of refurbishment and rebuild costs. The figures were later reviewed to account for inflation and planned work already undertaken. The council would incur significant extra cost in commissioning another estimate or further reviewing these costs.

Short term capital maintenance requirements at **Brockhurst** include:

- replacement of aged boiler plant
- replacement of heating distribution system
- replacement of hot and cold water pipework distribution due to brown water issues
- new pager system

There are additional issues with Brockhurst including

- unsuitable open staircase

- encapsulated” or in “good condition” asbestos presence. There is no risk to residents, staff or visitors and this is reviewed routinely in accordance with legal requirements. If the building was significantly refurbished and/ or altered specialist removal would be necessary
- unreliable lift, with size and layout and control functions which do not reflect those of a modern day compliant lift. A modern replacement lift is required.
- rooms cannot easily accommodate large equipment such as hoists to support people who may need them in the future.

Short term capital maintenance requirements at **Cobgates** include:

- replacement of aged boiler plant
- replacement of hot and cold water distribution pipework due to brown water and poor pressure
- replacement of heating pipework distribution
- new pager system
- complete the programme of window replacement
- replace flooring throughout
- internal redecoration
- replacement of flat roof

There are additional issues with Cobgates including

- unsuitable open staircase
- old lift, with size and layout and control functions which do not reflect those of a modern day compliant lift. A modern replacement lift is required.
- encapsulated” or in “good condition” asbestos presence. There is no risk to residents, staff or visitors and this is reviewed routinely in accordance with legal requirements. If the building was significantly refurbished and/ or altered specialist removal would be necessary
- rooms cannot easily accommodate large equipment such as hoists to support people who may need them in the future.

Short term capital maintenance requirements at **Dormers** include:

- replacement of aged boiler plant
- replacement of aged hot water plant
- replacement of heating distribution pipework
- replacement of hot and cold water distribution pipework due to brown water and poor pressure
- structural repairs/rebuild to Day Room
- new pager system
- lift refurbishment
- repairs to boundary fence

Note: subsidence issue at Dormers is not due to the state of the downpipes and gutters.

There are additional issues with Dormers including

- unreliable lift, with size and layout and control functions which do not reflect those of a modern day compliant lift. A modern replacement lift is required.
- encapsulated” or in “good condition” asbestos presence. There is no risk to residents, staff or visitors and this is reviewed routinely in accordance with legal requirements. If

the building was significantly refurbished and/ or altered specialist removal would be necessary

- rooms cannot easily accommodate large equipment such as hoists to support people who may need them in the future.

Short term capital maintenance requirements at **Longfield** include:

- external redecoration
- internal redecoration including replacement floor coverings
- replacement of aged boiler plant
- likely to need to replace heating distribution system following boiler plant replacement due to higher system pressures used in modern equipment
- replacement of hot and cold water system due to poor flow and reported discolouration of water
- replacement of windows to south and south west elevations
- replacement of internal doors
- old electrical distribution – rewire

There are additional issues with Longfield including

- unsuitable open staircase
- unreliable lift, with size and layout and control functions which do not reflect those of a modern day compliant lift. A modern replacement lift is required.
- significant area of the building is not accessible to people
- encapsulated” or in “good condition” asbestos presence. There is no risk to residents, staff or visitors and this is reviewed routinely in accordance with legal requirements. If the building was significantly refurbished and/ or altered specialist removal would be necessary
- rooms cannot easily accommodate large equipment such as hoists to support people who may need them in the future.

Short term capital maintenance requirements at **Park Hall** include:

- replacement of aged boiler plant
- replacement of paving
- window and rooflight repairs and refurbishment
- redecoration
- ventilation

There are additional issues with Park Hall including

- as this is a newer building, which has required less maintenance and replacement to date, some of the major expenditure required (such as boiler replacement) will be required within two years

Short term capital maintenance requirements at **Pinehurst** include:

- replacement of aged boiler plant
- redecoration
- ventilation

There are additional issues with Pinehurst including

- as this is a newer building, which has required less maintenance and replacement to date, some of the major expenditure required (such as boiler replacement) will be required within two years

Longer term, significant refurbishment works are needed in all of the homes. The extent of the works required is detailed in the supplementary information, available on the council's website.

6.a Impact on the Whole Health and Social Care System

There was some concern, including from health partners, that effective patient flow, essential to support the delivery of best care for all in the health and social care system as a whole, may not be maintained if the council run homes are closed. In turn, this might mean delays in patient transfer from hospital, potentially compromising care available to other patients in the acute sector at a time when the population is ageing.

There was also concern from partners about additional services provided at some care homes. Specific mention was made of day care, as well as community therapeutic services and reablement beds which are currently provided in some of the homes, and which have a role in supporting people in the community and their carers.

6.b Surrey County Council response

The council continues ongoing work with Clinical Commissioning Groups (CCGs) and local providers to understand and secure the availability of commissioned services which meet current and future needs, and which are flexible to help prevent hospital admissions and facilitate timely hospital discharges.

7.a Surrey County Council Staff

The quality of care delivered by the council's staff was highlighted frequently in relation to all the homes. There was concern that closure of homes would have an impact on staff in terms of their employment, as well as reduce employment options in the communities where the homes are currently located.

Some respondents also expressed their concern that there would be a loss of well-trained (Surrey County Council) staff to the care market.

7.b. Surrey County Council response

The council is proud of the level of care its staff provides to residents. There is also a good team of volunteers who support the homes in many ways.

Should a decision be taken to close any home, the preferred option would be to redeploy as many staff as possible within the council. There has been investment in the workforce and their skills and capabilities are valued. There cannot be a guarantee of redeployment for all staff who want this, but the council seeks to retain them for as long as possible. A staff consultation will take place on the future of staff employment if any home is going close. Should redeployment not be possible there will be support for staff to access other employment opportunities.

8.a Community Issues and Impact

Some respondents commented on the care home being part of their local community, and others referred to a particular care home being a "community asset". For example, at

Cobgates, visitors had relatively easy access to the home from the town, and were also able to take residents into the town to access its amenities. Other respondents stressed the importance of any future use of the property being for social care or provision for older people.

8.b. Surrey County Council response

The importance of the homes to the local community, and the range of services they provide is acknowledged. The future of each property has not been addressed as part of the consultation. A decision regarding the future of the service is necessary first. Once a decision is taken, options for the future use of each property will be considered.

The council intends to carry out further work to explore opportunities for suitable alternative adult social care provision in line with the needs and outcomes of the local community, which would also provide alternative employment opportunities.

9.a Surrey County Council Finance and Costs

Many people were concerned that independent sector provision is more costly. This would impact on individuals who fund their own care or who make a financial contribution, as well as the council's costs increasing. In addition, it was felt that without their own care provision, Surrey County Council would be less able to negotiate favourable rates with the market, now and in the future.

Other respondents considered that the Surrey County Council fee level is too low, which affects the ability to secure choice of provision. It was also suggested that low fee guidance rates create unsustainability in the independent sector.

Some people reflected that any savings made through the closure of homes would only be short term for Surrey County Council. Considerations include a potential fall in standards, and the long term cost of the council "picking up the pieces".

Some suggested that the council had an undisclosed underlying motive for closure e.g. the sale of the properties and subsequent receipt of income. A number of views were given that any proceeds from potential sale of the properties should be reinvested in social care provision for local people.

Some respondents criticised a perceived lack of detail provided in the financial modelling behind the recommended options.

9.b. Surrey County Council response

All current residents will have been financially assessed to determine any contribution required. Surrey County Council has a Paying for Care booklet which outlines the charging policy and options for funding care. It is not envisaged that there would be any financially adverse impact on affected individuals as a result of any decisions made in relation to this Cabinet report.

Commissioners within localities have ongoing relationships with local providers, and already actively negotiate with providers. The council is able to purchase at reasonable rates, and aims to commission residential care at fee guidance rates. The rate that is paid for each placement will be based on the individual circumstances of each person and there will be instances where different fees are agreed.

Surrey County Council in house provision only accounts for small percentage of residential care provision in Surrey. 91% of placements the council funds are in the private sector. Local authority placements only accounts for approximately 44% of the overall residential care market in Surrey as the majority of residents fund their own care. Therefore closure of the council's homes will not have a significant impact on its ability to commission residential care in the market.

Further financial information was made available in the supplementary information published on the council website in December, including the likely investment costs. The cost of investment required in Surrey County Council homes exceeds the cost of alternative provision in the long run.

The council has shared all of the information it is able to. Detailed information about our costs is commercially sensitive. Disclosing this could have a negative impact on future negotiation with providers.

The future of the property is out of the scope for the current proposals and consultation, as a decision regarding the future of the service is necessary first. Potential proceeds from the sale of the land are not the reason for looking at the future of the homes. Should a decision be made to close any home, further work will be undertaken to consider how properties and their sites may be used to support the future adult social care needs in Surrey.

10.a The Consultation Process

Many respondents said that a decision had already been made by the council, and therefore the consultation process was not truly open and meaningful, and would not influence the decision making process. Further clarification was asked for on the next stages of the process.

People wanted to be involved in considering the options before the consultation.

There was some concern expressed for people who lacked capacity, as to how they were being helped to engage in the process.

10.b. Surrey County Council response

In the absence of a statutory duty to consult, the council has applied common law principles that have been clearly established in case law. It is satisfied that the consultation process meets those principles. As is clear in the consultation material, the council has a preferred option. However no decision has been taken and the outcome of the consultation process is not a foregone conclusion. The views expressed by those who have responded during the extended consultation period will be made known to the individual Cabinet members responsible for making the final decision.

It was recognised that some individuals affected by the consultation may not have the mental capacity to participate. Surrey County Council followed guidance to ensure mental capacity was considered. Residents took part in an initial discussion with senior home staff. If the resident did not appear to have mental capacity to engage in the consultation, the Team Manager for each home undertook a Mental Capacity Assessment. Records of these discussions and assessments are kept in the resident's personal file. There was a desire to avoid distress for someone by making attempts to consult if it was clear they were unable to do so. Residents with partial or fluctuating capacity were supported by care staff and / or

relatives to support the resident with person centred tools and conversations. Relatives and next of kin were engaged fully for their opinions on behalf of all those accessing a service.

11.a Surrey County Council Placement Policy

A small number of people suggested a decision had been taken to “run down” the homes before the consultation, to suggest lack of demand.

11.b. Surrey County Council response

New permanent admissions to each of the homes for older people were stopped in August 2014. This is due to difficulties staff face supporting people with dignity within the constraints of the properties. Staffing levels were not reduced to enable focus on delivering the best quality service possible for the residents.

Annex 2 highlights a reasonably consistent level of occupancy for the 18 months prior to the consultation.

The homes have continued to support planned respite stays and definite short term admissions for example for bed based reablement provision where this service operates. Additional services operating from a number of the care homes such as day care have continued.

12.a Issues Affecting Carers

Respondents told us of the value of respite and day care (where it is provided) to enable individuals to live at home, and carers to keep caring (and to have a life outside of caring). It was pointed out that such services help people to stay at home in the community for longer, before admission to residential care.

Respondents also said their relative used respite and day care at a particular home, with a view to ease of transition into a familiar residential care home later on when their needs had increased.

12.b Surrey County Council response

The council acknowledges the importance of respite and day care services for carers. Commissioning analysis has identified potential alternative services. Any commissioning of alternatives will be informed by assessment of individuals, including their families and others important in their care to establish needs and preferences. The needs of the carer will also be assessed and taken into consideration as part of the process.

Due to changing needs around day care, and to meet future needs, a community day opportunities tender will be published late Spring/early Summer 2015, which is likely to result in new flexible alternatives being available.

13.a New Suggestions

- Current plots should be maximised by considering additional storeys or other expansion, and that residents could be moved temporarily, either into empty wings, or from one home to another whilst being refurbished.
- The Anchor contract be considered for potentially being brought back “inhouse”.
- The homes be leased, at no cost to a charity to operate,

- That Surrey County Council work in partnership with the private sector, or that Surrey County Council consider service re-provision and other options with partners, to enhance capacity for people with nursing needs.
- That income could be raised or money saved by taking self-funders, by leasing space in care homes for additional local community services to use, exploring opportunities for volunteers and community organisations to help.
- Develop one or more homes as a specialist dementia care day service.
- Develop a specialist home and services for people with learning disabilities and dementia.
- Investigate becoming a Local Authority Trading Company.
- Build a new home on specific sites on “spare land” (various sites were quoted, none council land)

Surrey County Council also received a small number of expressions of interest from other organisations in opportunities to work in partnership or develop properties for extra care housing or alternative services.

13.b Surrey County Council response

Should a decision be made to close any of the homes, a separate piece of work will be undertaken to review any alternative use. The council cannot provide nursing care.

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1. Topic of assessment

EIA title:	Consultation on the preferred recommendation of closure of the six in-house residential care homes for Older People
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EIA author:	Suzi Pressey, Business Support Manager
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2. Approval

	Name	Date approved
Approved by	David Sargeant, Strategic Director, Adult Social Care and Philippa Alisiroglu, Assistant Director, Service Delivery, Adult Social Care	26/2/15

3. Quality control

Version number	0.8	EIA completed	26/2/15
Date saved	25/2/15	EIA published	02/03/15

4. EIA team

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Joanna Victor-Smith	Assistant Senior Manager, Service Delivery	Surrey County Council	Service Delivery Lead
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Gurbax Kaur	HR Operations Manager	Surrey County Council	HR Lead
Abid Dar	Equality, Inclusion and Wellbeing Manager	Surrey County Council	Advisor

EQUALITY IMPACT ASSESSMENT TEMPLATE

4

5. Explaining the matter being assessed

<p>What policy, function or service is being introduced or reviewed?</p>	<p>On 21 October 2014 Surrey County Council’s (the council) Cabinet agreed to launch a public consultation on the future of six in house older people’s homes.</p> <p>The homes in scope are:</p> <ul style="list-style-type: none"> • Brockhurst – Ottershaw • Cobgates – Farnham • Dormers – Caterham • Longfield – Cranleigh • Park Hall – Reigate • Pinehurst – Camberley <p>The homes offer residential care for older adults, with some additional respite, reablement and day services available.</p> <p>The consultation began on 30 October 2014 and closed on 31 January 2015. On 10 March 2015 the council’s Cabinet will be presented with a report with recommendations for each home and asked to make a decision about the future of the homes. The report will take into account the feedback received during the consultation and other evidence.</p>
<p>What proposals are you assessing?</p>	<p>The assessment is of the implementation of the preferred option for the future of the homes, which is to support residents to move to another appropriate service and close the services.</p> <p>A comprehensive review of the six homes had been undertaken to:</p> <ul style="list-style-type: none"> • understand the provision of these homes in the residential care market within the context of the wider strategic shift within Adult Social Care - to deliver services in the community and to enable people to live in their own homes for as long as possible • address the impact of the physical environment upon the quality of care that can be achieved within the homes in light of the new Care Quality Commission’s inspection criteria (Mum Test). <p>The homes, built in the 1970s and 1980s, were not designed to meet the current expectations of accommodation.</p> <p>The Cabinet agreed that a public consultation should take place with residents, their families / carers, staff and other stakeholders to enable the council to make an informed decision on the future of Surrey County Council’s in-house homes.</p> <p>Four options were considered for each home:</p> <ol style="list-style-type: none"> 1. Keep the home as it is 2. Extend and refurbish the home or redevelop the site 3. Sell or lease the home to another provider 4. Support residents to move to another appropriate service and close the service

EQUALITY IMPACT ASSESSMENT TEMPLATE

	<p>Based on the home by home analysis in each case Option 4 was the council's preferred option and this was the basis of the consultation.</p> <p>The aim of the consultation was to:</p> <ul style="list-style-type: none"> • provide information on the council's current thinking/options • see if there were any other viable options that had not been considered • hear people's views about the things the council needs to take into account and that are important to them. <p>The information gathered from the consultation process together with other research will enable the council to make an informed decision regarding the future of each home, securing the best outcomes for residents and other users of the homes, their families and carers, staff and Surrey residents.</p>																																								
<p>Who is affected by the proposals outlined above?</p>	<p>The following groups will be affected:</p> <ul style="list-style-type: none"> • People who use services • Families and carers • Staff working in and supporting the homes • Local stakeholders • Partners • Volunteers • The local community <p><u>People, who use services, families and carers</u></p> <ul style="list-style-type: none"> • Permanent residents • People who use respite services/short term placements • Day service users • Reablement users • Relatives and carers of people using services <p><i>Table 1: People who use services</i></p> <table border="1"> <thead> <tr> <th></th> <th>Permanent residents</th> <th>Day Care Users from Homes</th> <th>Average number of short stay users* per month</th> <th>Average number of reablement users per month</th> </tr> </thead> <tbody> <tr> <td>Brockhurst</td> <td>12</td> <td>N/A</td> <td>5</td> <td>3</td> </tr> <tr> <td>Cobgates</td> <td>29</td> <td>1</td> <td>6</td> <td>N/A</td> </tr> <tr> <td>Dormers</td> <td>20</td> <td>7</td> <td>7</td> <td>4</td> </tr> <tr> <td>Longfield</td> <td>23</td> <td>N/A</td> <td>1</td> <td>N/A</td> </tr> <tr> <td>Park Hall</td> <td>26</td> <td>14</td> <td>6</td> <td>4</td> </tr> <tr> <td>Pinehurst</td> <td>23</td> <td>6</td> <td>11</td> <td>2</td> </tr> <tr> <td>TOTAL</td> <td>133</td> <td>28</td> <td>36</td> <td>13</td> </tr> </tbody> </table> <p>Data provided by the homes as at 31/1/15</p> <p><u>Staff</u></p> <ul style="list-style-type: none"> • Care home staff and managers • Trade union representatives 		Permanent residents	Day Care Users from Homes	Average number of short stay users* per month	Average number of reablement users per month	Brockhurst	12	N/A	5	3	Cobgates	29	1	6	N/A	Dormers	20	7	7	4	Longfield	23	N/A	1	N/A	Park Hall	26	14	6	4	Pinehurst	23	6	11	2	TOTAL	133	28	36	13
	Permanent residents	Day Care Users from Homes	Average number of short stay users* per month	Average number of reablement users per month																																					
Brockhurst	12	N/A	5	3																																					
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Dormers	20	7	7	4																																					
Longfield	23	N/A	1	N/A																																					
Park Hall	26	14	6	4																																					
Pinehurst	23	6	11	2																																					
TOTAL	133	28	36	13																																					

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- Other Adult Social Care staff, in particular locality teams
- Wider Surrey County Council staff

Table 2: Staff Numbers

Home	Full-time	Part-time (under 36 hours)	Bank
Brockhurst	12	31	8
Cobgates	2	43	15
Dormers	9	37	12
Longfield	15	22	6
Park Hall	15	38	26
Pinehurst	3	43	25
Total	56	214	92

There are 412 employments and 362 headcount - some staff have more than one employment. They are only counted once in the figures above under their main employment. Data from SAP January 2015.

Individual care home stakeholders

- Volunteers
- Neighbours
- Community groups
- Local suppliers

Partners

- Faith, community and voluntary sector organisations
- Housing providers
- Clinical Commissioning Groups, health and social care organisations and providers
- Other local authorities (e.g. placing authorities)
- Acute hospitals
- Independent care home providers
- Reablement providers

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6. Sources of information

Engagement carried out

All people who use services, their families / carers and frontline staff were informed about the Cabinet report and the proposed consultation at the point at which the report was open to the public (ahead of the Cabinet meeting on 21 October 2014). There were also early briefings with SCC Members, local councillors in affected areas, the Care Quality Commission, senior trade union representatives and home managers.

How we consulted

A robust process was followed to determine whether residents had capacity to engage in the consultation and to gather their feedback where possible. Full assessments were undertaken to document the steps taken to facilitate the individuals' understanding, giving consideration to the Mental Capacity Act.

Consultation packs, including a feedback form, were sent to residents, families and carers, stakeholders and staff. There was also the option of completing the feedback survey on-line. The documentation was provided in alternative formats where required. Healthwatch Surrey had overall scrutiny of the consultation process. The consultation was extended to 31 January 2015 to enable more in-depth conversations with residents and family members about individual circumstances.

The following meetings were held:

- Relatives' meetings
- Stakeholder meetings
- Member / Senior Officer meetings
- 1:1 meetings with families / carers and stakeholders were held as needed
- Park Hall respite users' meeting
- Drop in sessions for families / carers
- Staff briefings
- Staff surgeries with HR advisors
- Regular discussions with trade unions
- Meetings with involved stakeholders e.g. St Catherine's, Alzheimer's Society

The consultation was an agenda item at other meetings:

- Dementia Partnership Board
- Living & Ageing Well Board
- Disability Alliance Network Chairs meeting
- Disability Alliance Network North meeting
- Disability Alliance Network South West meeting
- Disability Alliance Network East meeting
- Disability Alliance Network Mid meeting

Copies of Questions and Answers from the meetings with relatives and residents were sent out to all attendees.

All responses to the questionnaire (which have been kept anonymous) have been collated and will be made available on the web site.

Two dedicated workshops were held to consider the equalities impact assessment for

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residents and staff.

Attendees of the workshop – impact on staff:

Philippa Alisiroglu – Interim Assistant Director, SCC

Lonah Buwu – Assistant Team Manager, Park Hall, SCC

Alan Clyne – UNISON

Paul Coleing – Quality Assurance Manager, SCC

Abid Dar – Equality, Inclusion and Wellbeing Manager - Employment, SCC

Rosemarie Jeacock – Team Manager, Longfield, SCC

Miriam Lloyd – Employment Development Officer, Employability, Surrey Choices

Rebecca Pettitt – Project Manager, SCC

Suzi Pressey – Business Support Manager, SCC

Joanna Victor-Smith – Assistant Senior Manager, SCC

Attendees of the workshop – impact on residents:

Yasmin Broome – Delivering Empowerment Coordinator, SCC

Paul Coleing – Quality Assurance Manager, SCC

Abid Dar – Equality, Inclusion and Wellbeing Manager - Employment, SCC

Rosemarie Jeacock – Team Manager, Longfield, SCC

Geoff Jelly – Surrey Coalition of Disabled People

Jacqui Parfitt – Operations Manager - Surrey, Alzheimer's Society

Joanne Parkinson, Senior Commissioning Manager, SCC

Rebecca Pettitt – Project Manager, SCC

Suzi Pressey – Business Support Manager, SCC

Anna Sartori – Surrey Coalition of Disabled People

Joanna Victor-Smith – Assistant Senior Manager, SCC

This Equalities Impact Assessment was shared with the SCC Adult Social Care Directorate Equalities Group and External Equalities Advisory Group for feedback.

Data used

Adult Information System (AIS) report – resident data from Adult Social Care database as at February 2015.

SCC workforce database (SAP) – staffing data as at December 2014 and January 2015.

Internal occupancy returns.

Consultation Feedback (face to face and written).

Feedback from February 2015 Equality Impact Assessment workshops reviewing impact on staff and impact on residents.

Skills for Care – A summary of the adult social care sector and workforce in Surrey, January 2015.

Surrey Adult Social Care Joint Workforce Strategy 2014 – 2019.

Surrey-i.

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'Achieving closure': good practice in supporting older people during residential care closures - Jon Glasby, Suzanne Robinson, Kerry Allan - a joint publication by the Health Services Management Centre (HSMC), University of Birmingham and the Association of Directors of Adult Social Services (ADASS), published in association with the Social Care Institute for Excellence (SCIE) 2011.

'An Evaluation of the Modernisation of Older People's Services in Birmingham – final report' Jon Glasby, Suzanne Robinson, Kerry Allan (2011).

Adult Social Care Community and Care Home Provider Closure Protocol 2014.

Data from Adult Social Care commissioning function.

Alzheimer's Society Living with dementia magazine, June 2013.

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7. Impact of the new/amended policy, service or function

7a. Impact of the proposals on residents and service users with protected characteristics - where there are specific issues relating to a home, these are listed separately below.

A breakdown of characteristics by home has not been included because of the small numbers and the potential identification of individuals. The first part of this section focuses on impacts common to all homes. The breakdown of all the protected characteristics by home was used to inform further consideration of the characteristics, which may have greater relevance at a particular home. Some of the potential impacts identified may also affect other protected characteristics than those they have been shown against.

Protected characteristic ¹	Potential positive impacts	Potential negative impacts	Evidence
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 80</p> <p>Age</p>	<p>Any closure would be managed in accordance with best practice maintaining a person’s general health and wellbeing. There is potential to improve outcomes for people through an alternative service.</p> <p>Current environments present challenges in providing appropriate care. Alternative services would provide more suitable environments and are likely to provide an improved experience of care and support.</p>	<p>Disruption of moving residents. Concern about the impact any move would have on the health and wellbeing of an individual.</p> <p>Demand for services will increase with the ageing population, so more provision is needed.</p>	<p>Breakdown of residents by age group (AIS February 2015): 3% of residents aged under 65 9% aged 65 - 74 27% aged 75 - 84 58% aged 85 – 99 3% aged 100+</p> <p>‘Achieving closure – good practice in supporting older people during residential care closures’ – Jon Glasby, Suzanne Robinson, Kerry Allan (2011).</p> <p>‘An Evaluation of the Modernisation of Older People’s Services in Birmingham – final report’ Jon Glasby, Suzanne Robinson, Kerry Allan (2011).</p> <p>Consultation and workshop feedback.</p> <p>Experience of moving older people in many circumstances, including home closure - Adult Social Care Community and Care Home Provider Closure</p>

¹ More information on the definitions of these groups can be found [here](#).

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			Protocol 2014.	
Page 81	Disability	<p>Potential for improved provision in an alternative service. Some people may be nearer to families / carers.</p> <p>Some disability related needs may be better met in different environments.</p> <p>If the new environment is better, especially if it increases contact with family and friends, the benefits can outweigh any problems for people with dementia.</p> <p>Funding will be transferred to the alternative service.</p>	<p>There are a significant number of people with dementia or other cognitive impairments, who did not have capacity to fully participate in the consultation process themselves.</p> <p>Concern about the lack of alternative affordable provision including respite, reablement and day care provision.</p> <p>Need to ensure any disability related needs e.g. mobility and sensory are captured and accounted for through the reassessment process.</p> <p>Ability to adjust to a new home in terms of orientation - It can be confusing for people with acute impairments or dementia if their environment changes.</p>	<p>Residents in the homes are older people with a range of support needs including health issues, physical and sensory impairments. A significant percentage of residents have dementia. There is one dedicated unit at Park Hall for people with learning disabilities.</p> <p>116 Mental Capacity Act assessments were undertaken with people using services to determine their ability to engage in the consultation process.</p> <p>Breakdown of residents by client category (AIS February 2015). This data is indicative only as it is the category assigned at the point of initial referral and related to the primary reason at that time. A large number of people will have more than one categorisation:</p> <ul style="list-style-type: none"> • 33% Frailty and/or temporary illness • 23% Mental Health – Dementia • 18% Physical disability and/or sensory impairment • 12% Combination of physical disability / sensory impairment / frailty • 6% Learning disability • 5% Mental Health – non-dementia <p>Alzheimer’s Society Living with dementia magazine, June 2013.</p> <p>Consultation and workshop feedback.</p>
	Gender reassignment	Potential better provision in alternative services of bathroom facilities.	No impact identified.	We do not hold this information.

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Pregnancy and maternity	No impacts identified.	No known impacts identified.	
Race	No impact identified.	<p>Individual communication needs must be taken into account.</p> <p>Current providers may be based or nearby to an individual's particular community. If the new provider is not in the same vicinity it may have a negative impact on their general wellbeing.</p>	<p>Breakdown of residents by ethnicity (AIS February 2015):</p> <ul style="list-style-type: none"> • 96% White British • 4% Other <p>'An evaluation of the modernisation of older people's services in Birmingham – final report,' Jon Glasby, Suzanne Robinson, Kerry Allan (2011).</p> <p>'Achieving closure – good practice in supporting older people during residential care closures' – Jon Glasby, Suzanne Robinson, Kerry Allan (2011).</p>
Page 82 Religion and belief	Potential to link with new faith community close to alternative service, particularly if this was not available previously.	<p>Loss of contact with local faith community if new provider is not in the same vicinity.</p> <p>Potential change to the person delivering church services if there is a move outside the current church catchment area.</p>	<p>Breakdown of residents by faith group (AIS February 2015):</p> <ul style="list-style-type: none"> • 64% Church of England • 12% Roman Catholic • 10% Other Christian • 10% No religion or belief / declined to say • 4% Other
Sex	If there is a need for a gender specific unit this could be met in an alternative service.	There is a higher proportion of women, who use the service. This means that any potential impact will have a greater impact on women.	<p>Breakdown of residents by sex (AIS February 2015):</p> <ul style="list-style-type: none"> • 73% female • 27% male
Sexual orientation		Concern that the new provider does not offer the same qualities of opportunities and considerations as Surrey County Council.	Workshop feedback.

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<p>Marriage and civil partnerships</p>	<p>Closeness to family and friends, in particular spouses or partners, to be considered as part of the assessment process, including accessibility of new home.</p>	<p>It is possible that existing friendship networks may be lost which would be detrimental to an individual.</p> <p>Loss of relationships with staff and volunteers.</p>	<p>‘An evaluation of the modernisation of older people’s services in Birmingham – final report,’ Jon Glasby, Suzanne Robinson, Kerry Allan (2011).</p> <p>‘Achieving closure – good practice in supporting older people during residential care closures’ – Jon Glasby, Suzanne Robinson, Kerry Allan (2011).</p>
<p>Page 83</p> <p>Carers²</p>	<p>Potential to be closer to families / carers through a move.</p> <p>Potential for new home to be more accessible for families / carers to visit.</p> <p>Ability to engage in and influence where their family member moves to.</p>	<p>Concern that a move will have a detrimental impact on their partner, family member / friend.</p> <p>Potential disruption for families / carers and their ability to visit, particularly for older carers – accessibility of an alternative service.</p> <p>Concern about losing a facility they value and rely on, the quality of alternatives and whether needs can be fully met by them.</p> <p>Adequate flexible options may not be available for short term or emergency care, which are a support to carers.</p>	<p>This section relates to the impacts for families / carers of people using services.</p> <p>Consultation and workshop feedback.</p>

² Carers are not a protected characteristic under the Public Sector Equality Duty, however we need to consider the potential impact on this group to ensure that there is no associative discrimination (i.e. discrimination against them because they are associated with people with protected characteristics). The definition of carers developed by Carers UK is that ‘carers look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid. This includes adults looking after other adults, parent carers looking after disabled children and young carers under 18 years of age.’

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		It is time consuming for relatives to be involved in the process of choosing an alternative service.	
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Impact of the proposals on residents and service users with protected characteristics by home - Brockhurst

Brockhurst provides permanent, short stay and reablement facilities in Ottershaw. There are 12 permanent residents (January 2015). Brockhurst does not have good transport links. The main disability of the residents is dementia. The staircase is open, which is not ideal for residents with dementia.

Protected characteristic ³	Potential positive impacts	Potential negative impacts	Evidence
Page 84 Age	There are more younger residents at Brockhurst. There are a good number of alternative providers in the area – within 5 miles.		Data from Adult Social Care commissioning function.
Disability	More suitable provision to meet needs.	Going to a more occupied home when used to small numbers. Finding suitable alternative provision for wheelchair users.	Consultation and workshop feedback.

³ More information on the definitions of these groups can be found [here](#).

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Impact of the proposals on residents and service users with protected characteristics by home - Cobgates

Cobgates provides permanent and short stay facilities in Farnham. There are 29 permanent residents (January 2015). It is well situated in the centre of Farnham with excellent transport links. Part of the 5 mile radius around the home is within Hampshire. The staircase is open. Approximately half the residents have cognition issues and most are in the older age group.

Protected characteristic ⁴	Potential positive impacts	Potential negative impacts	Evidence
Disability	Improved environment in alternative provision. Staff currently struggle with equipment.	Continuity of services provided by wider community e.g. Alzheimer's Society drop in centre. Residents currently access town centre easily.	Consultation and workshop feedback. Data from Adult Social Care commissioning function.
Carers		Greater dependence on public transport for older carers to travel to visit.	Workshop feedback.

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Impact of the proposals on residents and service users with protected characteristics by home - Dormers

Dormers provides permanent, short stay, day service and reablement at the top of the hill in Caterham. There are 20 permanent residents (January 2015). There are two communities – one at the top of the hill and the larger village at the bottom. The transport links are better at the bottom of the hill. Part of the 5 mile radius around the home is in Croydon. There are problems with the lift, but no open staircases. The garden is not very accessible and there is a problem with subsidence.

⁴ More information on the definitions of these groups can be found [here](#).

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Protected characteristic ⁵	Potential positive impacts	Potential negative impacts	Evidence
Disability	Very good transport access to alternative provision in the area. Improved facilities and safer environment at a new home.	Community impact on services available with a base in Dormers – St Catherine’s hospice.	Consultation and workshop feedback. Data from Adult Social Care commissioning function.
Carers	Very good transport access to alternative provision in the area.	Community impact on services available with a base in Dormers – St Catherine’s hospice. Impact on carers from the loss of the day centre.	Consultation and workshop feedback.

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Impact of the proposals on residents and service users with protected characteristics by home - Longfield

Longfield provides permanent and short stay facilities in Cranleigh. There are 23 permanent residents (January 2015). Part of the 5 mile radius around the home is in West Sussex. There are three floors and problems with the lift and staircase. There is an older age group at Longfield. It is a rural area and the public transport is not good.

Protected characteristic ⁶	Potential positive impacts	Potential negative impacts	Evidence
Disability	Adequate nursing provision within the area.	Longfield provides local respite so people can remain with their own GP. Concern that this will not be the case for a new provider.	Consultation feedback.

⁵ More information on the definitions of these groups can be found [here](#).

⁶ More information on the definitions of these groups can be found [here](#).

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		There are fewer alternative residential homes in the area. A significant number of residents have needs relating to dementia.	
Carers	Some carers have already identified they would like to move their family member nearer to where they live.		Consultation feedback.

Impact of the proposals on residents and service users with protected characteristics by home – Park Hall

Park Hall provides permanent, short term and reablement facilities. It also has a busy day service. It has a unit for older people with learning disabilities, most of whom have a dementia diagnosis too and some are from Merton and Croydon. There are 26 permanent residents (January 2015). It is based on one level in Reigate. There are some issues with subsidence.

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Protected characteristic⁷	Potential positive impacts	Potential negative impacts	Evidence
Disability	There is good alternative provision. Portable specialist equipment will move with the residents.	There is no comparable unit for older people with learning disabilities and dementia. Specific provision may be needed. There may be a need for occupational therapy involvement to ensure provision of equipment in a new service.	Data from Adult Social Care commissioning function.

⁷ More information on the definitions of these groups can be found [here](#).

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Carers	Good transport links to alternative provision within the area.	Greater impact on carers from the loss of the day centre.	Data from Adult Social Care commissioning function.
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Impact of the proposals on residents and service users with protected characteristics by home – Pinehurst

Pinehurst provides permanent, short term, reablement and day services in Camberley. It is based on one level. There are 23 permanent residents (January 2015). About half of the 5 mile radius surrounding the home is in Berkshire and Hampshire and half in Surrey.

Protected characteristic ⁸	Potential positive impacts	Potential negative impacts	Evidence
Page 88 Disability	There is good alternative provision.	<p>The day service keeps people with dementia at home for longer.</p> <p>Pinehurst is part of the local Camberley community with good public transport and local town centre and GP.</p> <p>Pinehurst provides a useful step down bed service.</p>	<p>Consultation feedback.</p> <p>Data from Adult Social Care commissioning function.</p>
Carers	Good transport links to alternative provision in the area.	Loss of day centre and respite will impact on carers.	Workshop feedback.

⁸ More information on the definitions of these groups can be found [here](#).

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7b. Impact of the proposals on staff with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 89</p> <p style="text-align: center;">Age</p>	<p>The council will seek to offer redeployment wherever possible. This could provide wider work experiences for staff and positive opportunities.</p> <p>Staff, who have worked with Surrey County Council for a long time, are highly skilled and trained, so are in a good position to find alternative employment.</p> <p>There are a lot of employment opportunities as the turnover is 25% for direct care workers in Surrey.</p>	<p>Older staff, who have worked for the council for some time may have a more negative view of changing employment, because of a perception that standards are higher in Surrey County Council than elsewhere.</p> <p>Older staff may not have worked elsewhere so do not have experience of applying for roles.</p> <p>Potential negative impact on 42% of staff aged over 50, in terms of re-employment prospects.</p> <p>Impact on benefits for long serving staff in particular if they leave the council.</p> <p>Experienced staff may find it difficult to obtain comparable terms in the independent sector.</p>	<p>Breakdown of staff by age group (Data from SAP December 2014):</p> <ul style="list-style-type: none"> • 15 – 19 1% • 20 – 29 13% • 30 – 39 21% • 40 – 49 23% • 50 – 59 27% • 60+ 15% <p>Skills for Care – A summary of the adult social care sector and workforce in Surrey January 2015.</p>
<p style="text-align: center;">Disability</p>	<p>The Employability service support staff with</p>	<p>Impact of closeness to home if seeking alternative</p>	<p>Some employees have physical and learning disabilities. They have been supported by</p>

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	<p>employment skills and work with external employers already.</p> <p>Ensure the redeployment process is robust.</p>	<p>employment because of reliance on public transport.</p> <p>There may be an impact on pensions and benefits for any staff, who are not redeployed.</p> <p>Alternative employment opportunities may be affected by communication difficulties and the need for strong supervisory support. Some people may not want to disclose they have a disability.</p> <p>Alternative providers do not necessarily have the experience or set up to employ people with a disability.</p> <p>Need to consider the accessibility of buildings and communication needs for all staff.</p>	<p>Employability and First Point during the consultation.</p> <p>There are 2% of staff with a declared disability – data from SAP December 2014, which is very low representation compared with 8.5% of the population – ONS data, 2012 Household survey.</p>
<p>Gender reassignment</p>	<p>No impact identified.</p>	<p>Changing an employer may be challenging. Surrey County Council has expertise and sensitivity in working with a diverse staff base.</p>	
<p>Pregnancy and maternity</p>	<p>Staff on maternity leave have priority status in the redeployment process.</p>	<p>There is a high proportion of women in the workforce.</p> <p>Need to ensure any staff on</p>	<p>Split of the workforce is 85% female, 15% male. 72% of staff are part time female workers, 12% are part time male workers (Data from SAP December 2014).</p>

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		<p>maternity leave are kept informed and have access to information and support in the same way as staff at work, including their ability to attend interviews during any redeployment process.</p> <p>The impact of stress and anxiety during pregnancy.</p> <p>Maternity benefits in the independent sector may not be as favourable as in local authorities.</p>	
Page 91	Race	<p>Where English is not a first language or where people have a lower level of language and literacy skills, it may restrict future employment.</p> <p>There is a higher percentage of BME staff in front line roles than in the rest of the council.</p>	<p>20% of staff from this service area are from black and minority ethnic groups (BME), with 99% of these being front line staff. This compares with 8% of staff across the council and 12% in the Adult Social Care Directorate (Data from SAP December 2014).</p> <p>24% of the Surrey adult social care workforce is from black and minority ethnic groups. Across the South East this figure is 17%. (Skills for Care – A summary of the adult social care sector and workforce in Surrey, January 2015).</p> <p>9.8% of the Surrey population are from BME groups – 2011 census.</p>
	Religion and belief	<p>No impact identified.</p>	<p>Potential impact on routines and practices with a new employer - work pattern, holidays/days of worship, food dress.</p> <p>Breakdown of religion: data from SAP December 2014</p> <ul style="list-style-type: none"> • Not stated 64% • Christian – all faiths 17.5% • No faith / religion 16.5%

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			<ul style="list-style-type: none"> Buddhist, Hindu, Muslim, Other 2%
Page 92	<p>Sex</p> <p>There are opportunities in the independent sector to work flexible contracts.</p> <p>Re-employment in the independent sector.</p>	<p>The vast majority of the workforce is women, most of whom work part time. The loss of flexible working could affect the whole family.</p> <p>Nearly 50 staff have more than one contract – often bank, so rely on working additional hours to top up their income.</p> <p>Redeployment in the reablement service for men, as people using services have historically preferred female carers.</p> <p>Ensure there is no gender bias through redeployment process and remember the ancillary roles.</p>	<p>Split of the workforce is 85% female, 15% male. 72% of staff are part time female workers, 12% are part time male workers. Longfield has the highest percentage of male workers - Data from SAP December 2014.</p> <p>81% of the social care workforce in Surrey is female compared to 51% of the population (Surrey Adult Social Care Joint Workforce Strategy 2014 – 2019).</p>
	<p>Sexual orientation</p> <p>Ensure a fair and equitable recruitment process.</p>	<p>No specific impacts identified.</p>	<p>Analysis of the workforce data from SAP as at December 2014 does not indicate any impact on staff within this protected characteristic.</p>
	<p>Marriage and civil partnerships</p> <p>No specific impacts identified.</p>	<p>Where couples / family members are employed in the same home, there may be an impact on income and re-employment may impact on care responsibilities.</p> <p>Providers may prefer not to</p>	<p>Breakdown of marital status: data from SAP as at December 2014:</p> <ul style="list-style-type: none"> Not stated 75% Married 15.5% Never married / never in civil partnership 5% Divorced, Separated, Widowed, in same sex civil partnership 4.5%

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		<p>recruit couples / family members.</p> <p>Providers may not offer flexible working.</p>	
<p>Page 93</p> <p>Carers</p>		<p>As the majority of the workforce is female and part time, it is likely that they will have caring responsibilities, which may restrict alternative employment opportunities.</p> <p>Most of the social care workforce live near to their place of work and over 30% work part time.</p> <p>Redeployment difficulties if people cannot drive or travel further.</p> <p>Smarter rotas allow flexibility for carers. There may be an impact on the whole family if this changes.</p> <p>Awareness of carers' rights and support in the council may be greater than in the private sector.</p>	<p>Split of the workforce is 85% female, 15% male. 84% of the workforce is part time – less than 36 hours per week, 16% is full time. 72% of staff are part time female workers, 12% are part time male workers (Data from SAP December 2014).</p> <p>Surrey Adult Social Care Joint Workforce Strategy 2014 – 2019.</p>

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Other issues to consider:

Contract Terms and Conditions in the independent sector may be different from those offered by the council, so there may be an impact on pensions and benefits for any staff, who are not redeployed.

The location of homes and the impact on areas if one home closes before another in the same locality – area based redeployment opportunities.

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8. Amendments to the proposals

Change	Reason for change
Whilst the plan is to carry out a robust person centred assessment for all people using services and their families / carers, the Equalities Impact Assessment has helped to further consider their needs and concerns.	Consultation feedback.
The preferred option is to redeploy staff wherever possible. The phasing approach to implementation supports this preferred option. A robust programme of the re-deployment offer will be set up as part of the workforce consultation process, which could include reskilling, training and re-employment.	Consultation feedback.
The consultation period was extended and the proposal is to take more time for implementation.	Consultation feedback.

9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
PEOPLE USING SERVICES			
Disruption of moving residents. Concern about the impact any move would have on the health and wellbeing of an individual.	<p>Learn from research and best practice from other home closures. Robust person centred assessment for all, involving carers, and the development of transitional plans. More detail of what will be included in these is set out below.</p> <p>Implement a phased approach to closure so the service can focus and ensure specific needs are met.</p> <p>Draw up an implementation time line and be ready to respond to early requests.</p>	10/3/15	Steering group, practitioners

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<p>Demand for services will increase with the ageing population, so more provision is needed.</p> <p>Concern about the lack of alternative affordable provision including respite, reablement and day care provision.</p> <p>There are fewer alternative residential homes in the area (Longfield).</p> <p>Pinehurst provides a useful step down bed service.</p>	<p>The council continually revises commissioning plans to address emerging trends and legislative changes.</p> <p>There is capacity in the independent sector to meet the demand of people using services in the in-house homes. There is ongoing work with the market around negotiating flexible services at affordable rates.</p> <p>Maps of placements made by the council on a block and spot basis identify a good spread of alternatives for each home. Identification of alternatives will take into account preferences, which may include moving from the immediate area to be closer to family members.</p>	<p>Ongoing</p>	<p>Commissioners</p>
<p>There are a significant number of people with dementia or other cognitive impairments, who did not have capacity to fully participate in the consultation process themselves.</p>	<p>Ensure Independent Mental Capacity Advocates (IMCAs) are in place for decision making on alternative services where there is no family / carer.</p>	<p>In accordance with the implementation plan.</p>	<p>Practitioners</p>
<p>Ability to adjust to a new home in terms of orientation – It can be confusing for people with acute impairments or dementia if their environment changes.</p>	<p>Follow best practice guidance.</p> <p>Support from families / carers.</p> <p>Development of transitional plans.</p> <p>Staff from current homes to help with the transition.</p> <p>Review new placement after 6 weeks.</p>	<p>In accordance with the implementation plan.</p>	<p>Steering group, staff, practitioners</p>
<p>Concern from carers about losing a facility they value and rely on, the</p>	<p>Robust person centred assessment for all, involving carers, and the development</p>	<p>In accordance with the</p>	<p>Commissioners, Steering group, practitioners</p>

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<p>quality of alternatives and whether needs can be fully met by them.</p> <p>There is no comparable unit for older people with learning disabilities and dementia. Specific re-provision may be needed.</p> <p>There may be a need for occupational therapy involvement to ensure provision of equipment in a new service.</p> <p>Need to ensure any disability related needs e.g. mobility and sensory are captured and accounted for through the reassessment process.</p> <p>Finding suitable alternative provision for wheelchair users.</p>	<p>of transitional plans.</p> <p>Ensure assessment takes into account the full range of disability e.g. visual and hearing impairment and mobility needs to ensure future facilities meet those needs. There may need to be specific commissioning of an alternative service to Brook Unit.</p> <p>Check CQC compliant homes in area have the skill set to work with individuals with particular disabilities – older people with learning disabilities and dementia - during the assessment process. Active engagement of the wider market will enable responsiveness to meeting particular needs.</p> <p>People with disabilities can take specialist portable equipment with them to their new service. Assessments can be completed to enable provision of required equipment – this will need to be done well in advance of moves.</p> <p>Baseline facilities to be provided at alternative homes e.g. good signage, safe stairwells.</p> <p>New homes should be fit for the future - better room sizes and facilities, no dignity deficiencies, communal areas of adequate size, better infection control and disability access.</p>	<p>implementation plan.</p>	
<p>Individual communication needs must be taken into account to ensure all residents are able to fully</p>	<p>Capture what is important to the individual through the assessment process and ensure that this is considered</p>	<p>In accordance with the implement-</p>	<p>Practitioners, commissioners</p>

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<p>participate in the decision about their move.</p> <p>Current providers may be based or nearby to an individual's particular community. If the new provider is not in the same vicinity it may have a negative impact on their general wellbeing.</p> <p>Loss of contact with local faith community if new provider is not in the same vicinity or change to contact.</p> <p>Concern that new provider does not offer the same qualities of opportunities and considerations as SCC with regard to a resident's sexual orientation or gender reassignment.</p> <p>Going to a more occupied home when used to small numbers (Brockhurst).</p> <p>Residents currently access town centre easily (Cobgates).</p> <p>Pinehurst is part of the local Camberley community with good public transport and local town centre and GP.</p> <p>Longfield provides local respite so people can remain with their own GP. Concern that this will not be the case for a new provider.</p>	<p>when choosing an alternative service.</p> <p>Ongoing work with the market around requirements and responding to particular needs identified.</p> <p>Enable ongoing relationships where possible or ensure need is met in new provision.</p> <p>CQC regulates quality of registered services and should ensure this and the council will take account of CQC reports in any decisions made.</p> <p>There is potential for visits to new services and overnight stays etc. to get people used to a new service.</p>	<p>ation plan.</p>	
<p>It is possible that existing friendship networks may be lost, which would be detrimental to an individual.</p>	<p>Ensure friendships, including volunteers and other residents, are part of the assessment process and taken into account where</p>	<p>In accordance with the implementation plan.</p>	<p>Practitioners</p>

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<p>Loss of relationships with staff and volunteers.</p>	<p>possible.</p> <p>Closeness to family and friends will be considered as part of the assessment process, including the accessibility of an alternative service.</p> <p>Significant relationships, such as married couples or partners, will be taken into account during the assessment and the needs of both partners and family members will be accommodated where possible.</p>		
<p>Potential disruption for families / carers and their ability to visit, particularly for older carers – accessibility of an alternative service</p> <p>Greater dependence on public transport for older carers to travel to visit.</p>	<p>Include carers in the reassessment process to capture their needs.</p> <p>Ensure support is in place for carers through changes.</p>	<p>In accordance with the implementation plan.</p>	<p>Practitioners</p>
<p>Adequate flexible options may not be available for short term or emergency care, which are a support to carers.</p> <p>Greater impact on carers from the loss of the day centre (Park Hall).</p> <p>Loss of day centre and respite will impact on carers (Pinehurst).</p>	<p>Work with block and spot providers to ensure alternative respite provision is in place, which can be pre-booked, to enable the person to continue to stay at home and within a reasonable distance.</p> <p>Continue to work with the market to ensure there is suitable provision to meet needs in Surrey.</p>	<p>In accordance with the implementation plan.</p>	<p>Commissioners</p>
<p>Continuity of services provided by wider community e.g. Alzheimer’s Society drop in centre.</p> <p>Community impact on services available with a</p>	<p>Assess wider community impact for all homes, including volunteering. Work with partners and stakeholders around alternative solutions.</p>	<p>In accordance with the implementation plan.</p>	<p>Project group</p>

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<p>base in one of the homes e.g. St Catherine's hospice</p>			
<p>STAFF</p>			
<p>Older staff, who have worked for the council for some time may have a more negative view of changing employment, because of a perception that standards are higher in Surrey County Council than elsewhere.</p> <p>Older staff may not have worked elsewhere so do not have experience of applying for roles.</p> <p>Potential negative impact on 42% of staff aged over 50, in terms of re-employment prospects.</p> <p>Need to consider the accessibility of buildings and communication needs for all staff.</p> <p>Where English is not a first language or where people have a lower level of language and literacy skills, it may restrict future employment.</p>	<p>The preferred option is to redeploy staff wherever possible. Ensure a robust programme of the redeployment offer is set up as part of the workforce consultation process, which could include reskilling, training and re-employment.</p> <p>A full identification of all vacancies, as opposed to those only advertised, should be available for staff to work towards.</p> <p>Ensure the redeployment service is able to support the staff numbers involved.</p> <p>Ensure there is no gender bias in the process.</p>	<p>In accordance with the implementation plan.</p>	<p>HR</p>
<p>Impact of closeness to home if seeking alternative employment because of reliance on public transport.</p> <p>Alternative providers do not necessarily have the experience or set up to employ people with a disability.</p> <p>There is a higher percentage of BME staff</p>	<p>Support to redeploy within the council.</p> <p>Review commissioning arrangements to see how to extend the council's influence around providers employing more disabled people, people from diverse races and religions, gender reassigned and highly skilled staff.</p>	<p>In accordance with the implementation plan.</p>	<p>HR, Commissioners</p>

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<p>in front line roles than in the rest of the council.</p> <p>Potential impact on routines and practices with a new employer – work pattern, holidays /days of worship, food, dress.</p> <p>Changing an employer may be challenging. The council has expertise and sensitivity in working with a diverse staff base.</p> <p>Experienced staff may find it difficult to obtain comparable terms in the independent sector.</p>			
<p>The impact of stress and anxiety during pregnancy.</p>	<p>Keep staff informed throughout process. They have priority in the redeployment process.</p>	<p>In accordance with the implementation plan.</p>	<p>Managers, HR</p>
<p>Nearly 50 staff have more than one contract – often bank, so rely on working additional hours to top up their income.</p> <p>Where couples / family members are employed in the same home, there may be an impact on income and re-employment may impact on care responsibilities.</p> <p>Providers may not offer flexible working. Smarter rotas allow flexibility for carers.</p> <p>Awareness of carers' rights and support in Surrey County Council may be greater than in the private sector.</p>	<p>Review commissioning arrangements to see how to extend the council's influence around more flexible working arrangements and carers' rights.</p>	<p>In accordance with the implementation plan.</p>	<p>Commissioners</p>

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Location of homes and impact on areas if one home closes before another in the same locality.	Consider the impact of phasing of closure on residents and staff.	In accordance with the implementation plan.	Project steering group
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10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
There is a higher proportion of women, who use the service.	Gender
The vast majority of the workforce is women, most of whom work part time.	Gender
There may be an impact on pensions and benefits for any staff, who are not redeployed.	Age, Disability, Pregnancy and maternity

11. Summary of key impacts and actions

Information and engagement underpinning equalities analysis	<ul style="list-style-type: none"> • Consultation feedback (face to face and written) • Feedback from Equality Impact Assessment workshops reviewing impact on staff and impact on residents • Data from Adult Information System as at February 2015 • Data from SCC workforce database (SAP) as at 31 December 2014 and 31 January 2015 • Best practice guidance in supporting older people and people with learning disabilities during residential care closures • Data from Adult Social Care commissioning function
Key impacts (positive and/or negative) on people with protected characteristics	<ul style="list-style-type: none"> • The potential anxiety of a move for people using services, and their families / carers, and the impact on their health and wellbeing • Engagement with people in ways that meet their individual communication needs and levels of capacity • A high proportion of people using services have dementia and 61% are aged 85+ • There is no comparable unit for older people with learning disabilities and dementia • Availability of alternative provision for residential, respite, day services and reablement and its proximity to and accessibility for families / carers • Continuity of services provided by the wider community currently offered from the homes • Alternative services would provide more suitable environments and are likely to provide an improved

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	<ul style="list-style-type: none"> experience of care and support • More women, part time workers and a higher percentage of people from Black and Minority Ethnic groups are employed in this service area than in the rest of the council so there is a greater impact on staff with these characteristics.
<p>Changes you have made to the proposal as a result of the EIA</p>	<ul style="list-style-type: none"> • Whilst the plan is to carry out a robust person centred assessment for all people using services and their families / carers, the Equalities Impact Assessment has helped to further consider their needs and concerns. • The preferred option is to redeploy staff wherever possible. The phasing approach to implementation supports this preferred option. A robust programme of the redeployment offer for staff will be set up as part of the workforce consultation process, which could include reskilling, training and re-employment. • The consultation period was extended and the proposal is to take more time for implementation.
<p>Key mitigating actions planned to address any outstanding negative impacts</p>	<ul style="list-style-type: none"> • Follow best practice guidance in supporting older people and people with learning disabilities during residential care closures. • Robust person-centred assessments for all users affected by the changes, involving carers, and the development of transitional plans. • Continue to work with the care market to ensure that there is capacity to meet the additional demand within the independent sector. • Assess the wider community impact for all homes in respect of other services offered at the homes as well as residential care and work with partners and stakeholders to agree local solutions • Review commissioning arrangements to see how to extend the council’s influence with providers to employ more staff with protected characteristics. • The council is proud to employ a rich and diverse workforce and are confident that they have equipped them well as they are well trained and skilled. This would put them in a good position if they need to seek alternative employment and the council would support them through the programme of redeployment, reskilling and training referred to above.
<p>Potential negative impacts that cannot be mitigated</p>	<ul style="list-style-type: none"> • There is a higher proportion of women, who use the service - although the council will ensure that appropriate alternative provision is identified for all users regardless of their gender. • More women, part time workers and a higher percentage of people from Black and Minority Ethnic groups are employed in this service area than in the rest of the council so there is a greater impact on staff with these characteristics although the council will

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	<p>ensure that redeployment of all staff will be a key aim.</p> <ul style="list-style-type: none">• There may be an impact on pensions and benefits for any staff, who are not redeployed.• It is acknowledged that whilst the action plan has identified steps that will be taken aiming to mitigate potential negative impacts some may still remain even after this work is done.
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Alternative provision planning

Mapping of alternative services has been completed for each home. Provision of alternative services has been reviewed, and considered in line with existing commissioning plans/strategies and ongoing work with the market.

For an alternative service to be put in place, the alternative provider will need to be able to meet assessed needs, take individual preferences in to account, be CQC compliant (where applicable) or have a good or outstanding rating, have no known safeguarding or quality concerns, and accept Surrey County Council Terms and Conditions, including reaching an agreement regarding rates.

Permanent residential or nursing care:

Demand: The total number of residents per home is listed below (as at end January 2015). These figures will likely change over the implementation period. Individual assessments of needs and consideration of preferences (including factors such as location) will inform the local picture as to exactly what is needed during each phase of implementation.

Number of people	Brockhurst	Cobgates	Dormers	Longfield	Park Hall	Pinehurst
Jan 15	12	29	20	23	26	23

Alternative provision: During the consultation a list of alternative provision was produced as part of the supplementary information showing residential and nursing provision across Surrey that met the following criteria:

- Currently Care Quality Commission (CQC) compliant according to published inspection reports
- Currently have council placements at an agreed rate in line with Surrey County Council Commissioning Strategy

The publication of this list was not intended to restrict choice or discussion around alternatives, but served to highlight a range of alternative provision available across Surrey. The council has ongoing conversations with the residential and nursing care markets, so there are ongoing opportunities for this list to grow further, for example agreeing rates with providers the council does not currently make placements with, looking for out of county provision where appropriate and reviewing any CQC compliance changes.

CQC has changed the way it inspects compliance moving to a new quality rating system in which services are rated as outstanding, good, requires improvement or inadequate. The council will check the CQC compliance and/or rating of any alternative option identified for individuals.

Maps of a range of adult social care provision (including residential care, nursing and extra care) within a five mile radius of the homes have identified that a good range of alternative capacity exists. The council is aware of new homes that will open during the implementation period which will add to this capacity. The exception is Longfield where there are fewer alternatives within a five mile radius. It is recognised that more specific conversations with

the market local to Longfield may be needed, and with the wider market with regards to meeting the needs of individuals in Brook Unit at Park Hall.

Respite or temporary care:

Demand: Due to the nature of short or temporary stays, it is more helpful to refer to trends of usage rather than taking a snapshot of individual usage in one month. As such, the average number of users per month (over an 18 month period) and the number of frequent users of the service (three or more stays in an 18 month period) are listed below.

	Brockhurst	Cobgates	Dormers	Longfield	Park Hall	Pinehurst
Average no/month	3	5	6	2	4	11
No of frequent users	2	8	3	1	3	13

Alternative provision: Maps of respite placements made by the council on a block and spot basis identify a good spread of alternatives for each home. Block contract arrangements are in place for short stays, and are well used. As per permanent residential placements above, individual assessments of needs and consideration of preferences (including factors such as location) will inform the local picture as to exactly what is needed during each phase of implementation.

Day opportunities:

Demand: Day care is provided in three of the six in-house homes, namely Dormers, Park Hall and Pinehurst. In addition to this, one individual attends Cobgates care home for day services once per week. The total numbers of current users are listed below, alongside numbers of those using the service more than three times per week. Demand for day opportunities is changing, as increasingly individuals require more flexible solutions.

	Dormers	Park Hall	Pinehurst
Current no/month	7	14	6
No using more than 3/week	2	4	4

Alternative provision: Individual assessments of needs and consideration of preferences (including factors such as location) will inform the local picture as to exactly what is needed during each phase of implementation.

In support of ongoing commissioning activity, a tender for community opportunities will be published during late spring/early summer 2015. This will seek flexible community day opportunities across Surrey, and is likely to provide viable alternatives for current users of in-house services. Block contracts are also in place for day care within residential care settings as part of our residential homes block contracts. Grant arrangements support District and Borough day services to enable meeting of personal care needs, and in areas where personal care needs cannot be met in these services, discussion is underway as to how this

may change. Maps indicate a wide range of community provision which could meet the needs of those using in-house services. There is also a good range of residential care homes which offer day care on a spot placement basis, and these can be further explored on an individual basis as appropriate. At present there are potential gaps for the provision of dementia day care and day care that includes meeting personal care needs. This will be addressed through the ongoing engagement with the market.

Bed based reablement:

Demand: Bed based reablement is a short term service (up to 6 weeks) in a registered care bed, to enable people to regain skills before returning home. It is provided in four of the six in-house homes and the average numbers of users are listed below. The service has resulted in variable outcomes for users of the service, with the highest success rate ranging from 72 – 74% at Park Hall and Pinehurst.

	Brockhurst	Dormers	Park Hall	Pinehurst
Average no/month	3	3.5	3	2
Positive outcomes over 18 months	41%	60%	72%	74%

Alternative provision: This model does not support the wider commissioning strategy, of supporting people in their own homes for as long as possible. The council are working with Clinical Commissioning Groups (CCG's), through the Better Care Fund, on community based reablement and support for people in their own homes, and, where needed, temporary nursing bed capacity (such as to meet winter pressures). The in-house bed based reablement model cannot cater for nursing needs and this service therefore has limited value within the 'whole system'.

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