

**AGENDA MANAGEMENT SHEET**

<b>Name of Committee</b>	<b>Cabinet</b>
<b>Date of Committee</b>	<b>22<sup>nd</sup> July 2010</b>
<b>Report Title</b>	<b>Care and Choice Accommodation Programme – The Future of Warwickshire County Council’s Residential Care Homes for Older People</b>
<b>Summary</b>	Further to the Cabinet report of 22 May 2008, as part of the Care and Choice Accommodation Programme, and following a review of the costs associated with ‘in house’ residential care in Warwickshire, this report recommends that Warwickshire County Council undertakes a formal consultation programme relating to the future of its own Residential Care Homes for Older People, and considers the possibility of a planned programme of closure for some or all of these Care Homes over a specified period, e.g. 5 years.
<b>For further information please contact:</b>	John Bolton Interim Director of Adult Services Tel: 01926 742967 johnbolton@warwickshire.gov.uk
<b>Would the recommended decision be contrary to the Budget and Policy Framework?</b>	No.
<b>Background papers</b>	Care and Choice Accommodation Programme Partnership Framework Tender - mini competition sites and timelines – Capital Programme - 30 March 2010 Full Council Report  Care and Choice Accommodation Programme Partnership Framework Tender - mini competition sites and timelines – 25 February 2010 Cabinet Report  Care and Choice Accommodation Programme – Progress Report - 2 December 2009 Adult and Community Services Overview and Scrutiny Committee Report

Care and Choice Accommodation Programme –  
Future Delivery Options – 26 February 2009 Cabinet  
Report

Care and Choice Accommodation Programme –  
Phase 1 Progress Report - 27 November 2008  
Cabinet Report

Implications of the Property Market Downturn on  
Capital Receipts – 11 September 2008 Cabinet  
Report

Care & Choice: Delivering better care outcomes for  
older people [2008 – 2015] – 22 May 2008 Cabinet  
Report

**CONSULTATION ALREADY UNDERTAKEN:-**

Details to be specified

- |                          |                                     |                                                                                                                                                                                                                                                                      |
|--------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Other Committees         | <input type="checkbox"/>            | .....                                                                                                                                                                                                                                                                |
| Local Member(s)          | <input checked="" type="checkbox"/> | Not Applicable                                                                                                                                                                                                                                                       |
| Other Elected Members    | <input checked="" type="checkbox"/> | Councillor L Caborn, Councillor B Longden,<br>Councillor T May, Councillor K Rolfe                                                                                                                                                                                   |
| Cabinet Member           | <input checked="" type="checkbox"/> | Councillor I Seccombe, Councillor A Farnell                                                                                                                                                                                                                          |
| Chief Executive          | <input type="checkbox"/>            | .....                                                                                                                                                                                                                                                                |
| Legal                    | <input checked="" type="checkbox"/> | Alison Hallworth, Adult and Community Team<br>Leader                                                                                                                                                                                                                 |
| Finance                  | <input checked="" type="checkbox"/> | Chris Norton, Strategic Finance Manager                                                                                                                                                                                                                              |
| Other Chief Officers     | <input type="checkbox"/>            | .....                                                                                                                                                                                                                                                                |
| District Councils        | <input type="checkbox"/>            | .....                                                                                                                                                                                                                                                                |
| Health Authority         | <input type="checkbox"/>            | .....                                                                                                                                                                                                                                                                |
| Police                   | <input type="checkbox"/>            | .....                                                                                                                                                                                                                                                                |
| Other Bodies/Individuals | <input checked="" type="checkbox"/> | Kim Harlock, Head of Strategic Commissioning<br>and Performance Management<br>Ron Williamson, Head of Communities and<br>Wellbeing / Resources<br>Kathryn Downton, Interim Head of Local<br>Commissioning<br>Jon Reading, Strategic Commissioning Service<br>Manager |

**FINAL DECISION YES**

**SUGGESTED NEXT STEPS:**

Details to be specified

- Further consideration by this Committee  .....
- To Council  .....
- To Cabinet  .....
- To an O & S Committee  .....
- To an Area Committee  .....
- Further Consultation  .....

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<b>Covering Report</b>	Overview and Recommendations
Appendix A	CACAP Consultation & Engagement Strategy
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## Cabinet – 22<sup>nd</sup> July 2010

# Care and Choice Accommodation Programme – The Future of Warwickshire County Council’s Residential Care Homes for Older People

## Report of the Interim Director of Adult Services

### Recommendation

That Cabinet authorises a formal consultation programme relating to the future of Warwickshire County Council-owned Residential Care Homes for Older People in line with the Care and Choice Accommodation Programme Consultation & Engagement Strategy.

### 1. Introduction

In 2007, Warwickshire County Council (WCC) launched the Care and Choice Accommodation Programme (CACAP), which, with its partners, is aimed at significantly changing the emphasis on the care accommodation options for older people in Warwickshire. This is being achieved via two main development areas; firstly the introduction of Extra Care Housing to Warwickshire, and secondly, by supplanting traditional residential care with more specialist care, e.g. dementia residential care. This report seeks Cabinet approval to move to the next phase of these changes and to consider how we might consult on the possibility of closing the residential care homes run by WCC.

### 2. National Context

- 2.1 The Government’s publication *Use of Resources in Adult Care: A guide for local authorities*, offers the view “...that the most likely way that local authorities can release monies for investment in the future is to reduce the proportion of spend on residential care...”. The guide suggests that community-based options deliver services that both help people to remain in their local community and also at a lower cost. Current WCC estimates suggest that the cost of maintaining ‘in house’ residential care services is currently 40% more than the equivalent costs in the independent sector.
- 2.2 The recent Budget from the new Government (22 June 2010) indicates a probable 25% reduction in the funding available for local authorities for adult social care. This means that WCC has to look at how it spends its money in every way. WCC has considered the following approaches to how to reduce its expenditure on adult social care:

- Only deliver services that can demonstrate cost effectiveness. WCC must therefore consider the closure of some of its 'in house' services
- Focus delivery on keeping people out of the social care system and at lowest possible levels of care, e.g. reduce use of residential care and offer alternative housing based solutions such as Extra Care Housing whilst making better use of new assistive technology, e.g. telecare
- End subsidies for low level services, which do not target people with the highest needs and apply Fair Access to Care Services (FACS) criteria more strictly
- Focus on working with collaborative partners such as Health and Borough/District Councils to reduce cost and achieve better outcomes
- Withdraw subsidies that WCC currently offer to middle and high income earners for adult social care whilst assisting customers who can fund their own care to access the right services in line with the 'fairer charging' consultation that is currently taking place

2.3 In summary, the aim is to create an improved balance of care, which is more appropriate to individual needs, and is consistent with the general principles of social care reform within the resources available to WCC. One option for the Council to consider is if it can afford to continue to pay the large additional costs of running these care homes for older people when the money may be required to meet a larger number of people's care needs elsewhere.

### **3. Local Context**

- 3.1 The population of older people in Warwickshire will increase significantly over the next fifteen years. By 2025 the population of older people (people aged over 65 years) in Warwickshire is due to increase by 43% from 94,200 to 134,500. The number of people over the age of 85 will also significantly increase, and consequently, the incidence of dementia will also increase, with research by the Alzheimer's Society indicating that one in five people over 85 years of age will have a dementia related condition. In line with national trends, Warwickshire currently has a shortfall in service provision for people with severe dementia.
- 3.2 Demographic change will lead to a widening gap between existing supply and demand and this creates a real opportunity to remodel the balance of care towards more care at home and Extra Care Housing and away from care homes offering personal care only.
- 3.3 With life expectancy for everyone improving at national and local level, there is a general assumption that this will see an increase to the level of services that WCC will be required to both provide and fund. However, with the population getting older, it is also becoming wealthier, with people seeking to maintain both dignity in old age and their equity by choosing to remain either within their own homes or a home environment for life. This will mean that more older people with care needs will fund their own care services and will not require council financial assistance if the current government rules are maintained.

## 4. Cabinet

- 4.1 On 22 May 2008 Cabinet received a report, **Care & Choice: Delivering better care outcomes for older people [2008 – 2015]**, taking forward the CACAP vision for the future. The report provided a strategic framework against the context of demographic growth and the need to better understand care preferences. It built on the local approach to more responsive provision of care against national guidelines and best practice within a financially realistic and affordable framework. Cabinet endorsed a number of recommendations, including the need for a whole care economy approach focusing on need, supply and the future balance of care, the development of Extra Care Housing, and ongoing consultation and engagement with stakeholders.
- 4.2 On 27 November 2008, Cabinet received a further report, **Care and Choice Accommodation Programme – Phase 1 Progress Report**, which authorised the Strategic Directors of Resources, Performance and Development and Adult Health and Community Services to progress consultation for programme delivery with current and potential customers and other key stakeholders in line with the CACAP Consultation & Engagement Strategy [attached as Appendix A].

## 5. Current Use of WCC Residential Care Homes

- 5.1 WCC remains committed to a Transformation programme, which seeks to modernise services and challenge the traditional delivery of social care. CACAP is a building block of the strategy to deliver the Personalisation agenda. It is therefore our intention to seek approval from Cabinet to start a process of consultation with the residents of in-house (WCC run and owned) residential care homes. The consultation will focus on whether the Council could develop a programme of closures in a safe manner, continuing to meet the care needs of current residents.
- 5.2 The 10 WCC-run Residential Care Homes for Older People: 2 in North Warwickshire, 2 in Nuneaton & Bedworth, 1 in Rugby, 2 in Warwick & Leamington, and 3 in Stratford-on-Avon have been the subject of ongoing consideration as to their future usage for some time. Although all the homes are rated as either 'Good' or 'Excellent' by the Care Quality Commission (CQC), and are meeting the needs of current residents, they will not be required in the future, particularly as the overall cost of providing care in these homes is significantly higher than placements made in the independent sector, and there will be an over-provision of services available in Warwickshire when the development of 20 new Extra Care Housing schemes are completed circa 2014.
- 5.3 In 2009/10, of all WCC-funded placements, 32% of all permanent residents (not dementia or nursing care) were accommodated in WCC homes along with 63% of all respite placements and 33% of all short stay placements.
- 5.4 If the current service model is not changed and older people continue to be supported in traditional residential care homes, WCC will be obliged to continue providing care at a cost that can no longer be sustained in the future. Consequently, a different approach to care and housing for older people needs to

be considered, although it should be noted that WCC has a legal duty to ensure an adequate supply of good quality care home provision. Any future decisions will need to ensure that this duty is met.

5.5 Current Residential Care home usage in both the 10 WCC-run Residential Care Homes for Older People, 9 x Warwickshire Care Services (block contract) Care Homes for Older People and the Independent/External sector are summarised in the following tables:

5.5.1 **Total number of nights stay purchased by the Council in 2009/10**

	<b>WCC Homes</b>	<b>WCS Homes</b>	<b>External Block</b>	<b>External Spot</b>
<b>Residential</b>	79,500	56,200	10,700	103,600
<b>Residential Dementia</b>	6,800	11,000	31,800	89,200
<b>Respite</b>	10,700	2,000	600	2,900
<b>Respite Dementia</b>	400	0	400	700
<b>Short Stay</b>	3,800	400	600	5,500
<b>Short Stay Dementia</b>	100	0	500	700
<b>Total</b>	<b>101,300</b>	<b>69,600</b>	<b>44,600</b>	<b>202,600</b>

5.6 WCC spends a high percentage of its Older Peoples' social care expenditure on residential care. Even with the anticipated increase in the population of older people in Warwickshire over the next fifteen years, effective and efficient reablement services will reduce the need for residential care in the future, especially for people who are physically frail. Appropriate Extra Care Housing is capable of meeting the needs of people who are currently using residential care.

5.7 This is only a proportion of the total demand for residential care in Warwickshire where about 65% is purchased by people funding their own care. When the new Extra Care Housing schemes are completed we expect most older people will prefer to purchase accommodation in these schemes, which will also have an impact on a reduced use of residential care across the county.

## **6. Consultation Programme**

### **6.1 Duty to Consult**

6.1.1 Residents of homes have a right to be consulted about proposals which affect them. Where there is a proposal to close homes both the Local Government and Public Involvement in Health Act 2007, Part 7 Section 138, and Human Rights Act 1998 must be considered.

### **6.2 Human Rights Act 1998**

6.2.1 An important element of legislation is the incorporation into UK law of the European Convention on Human Rights, brought about by the Human Rights Act 1998.

6.2.2 In June this year, the European Court of Human Rights ruled that the transfer of residents is not unlawful if the decision making and transfer processes, followed

by a local authority were robust.

6.2.3 In the case of *Louisa Watts v United Kingdom* the Court ruled that; ‘it appeared, that the procedure for the closure of the home has been “*carefully managed in order to allow full consideration of residents’ views and, in respect of the transfer, their health and wellbeing*”.

6.2.4 The Court also stated that ‘it was within the local authorities powers to set out a general policy to rationalise care for the elderly in its area stating:

*“Closure would allow the council’s budget to be distributed in a more cost-effective manner. A requirement to keep the home open indefinitely would have a significant impact on the local authority’s ability to provide care to other users in the area and to manage its resources effectively.”*

(Solicitors Journal. 2 June 2010)

### 6.3 **Local Government and Public Involvement In Health Act 2007**

6.3.1 The Local Government and Public Involvement In Health Action 2007, Part 7, Section 183, sets out the duty, for local authorities, to involve and consult.

6.3.2 Again through case law, the Court of Appeal have identified four key requirements for consulting with permanent residents prior to any decision to close a home. These are:

- Consultation must be at a stage when proposals are still at a formative stage
- The local authority must give sufficient reasons for the proposal so as to ‘permit intelligent consideration and response’
- Adequate time must be given for consideration and response
- The outcome of consultation ‘must be conscientiously taken into account in finalising any statutory proposals’

### 6.4 **Consultation and Timescales**

6.4.1 This report is seeking Cabinet endorsement to commence a formal consultation programme relating to the future of WCC-owned Residential Care Homes for Older People, and for Cabinet to consider the possibility of a planned programme of closure for some or all of these Care Homes over a specified period, e.g. 5 years.

6.4.2. The outcome of the consultation will use the framework defined above to:

- Determine the impact on individuals and how we might mitigate against this in making our plans
- Determine the order in which we might consider closing homes
- Determine if all the homes can be closed and over which time period to ensure good alternative supply - including the additional option of extra care housing in the future

6.4.3. In undertaking consultation with regard to care homes where older people have

permanent accommodation, it is important that throughout the process all residents are consulted or given the opportunity to express their views, irrespective of their individual ability to engage in the process. This is especially important for customers who have reduced mental capacity and/or do not have relatives or friends to speak on their behalf. This is highly likely within the care home environment and is to be addressed through the use of independent advocates.

6.4.4. The advantage of a consultation programme at this time is that WCC will be able to determine both its medium term financial and service plans and to also use the care homes appropriately, e.g. using them for short-term intermediate care/ respite.

6.4.5. In 2007, WCC officers carried out an informal consultation programme by visiting 10 WCC-run Residential Care Homes for Older People and the 11 WCC-owned homes managed by Warwickshire Care Services. The purpose of the programme was to inform residents and their relatives and staff working within the homes of WCC future plans for the provision of care accommodation to meet 21<sup>st</sup> Century aspirations, e.g. Extra Care Housing.

6.4.6 The formal consultation plan [Attached as an Appendix B] will involve:

- One to one interviews with residents and any advocates
- A series of twilight meetings or separate one to one meetings with relatives or representatives where requested
- Meetings with staff and unions

6.4.7 A completed Equality Impact Assessment will also be undertaken to assess the impact that any proposed closures will have on diverse user groups. This will be attached to final report.

## 6.5 **Provisional Consultation Programme Timeline**

i). Consultation commences from 1 August 2010.

ii). Outcome of the Consultation presented to Cabinet at the end of the year with a final Cabinet Decision presented to Full Council (if necessary).

## 7. **Financial Implications**

7.1 As the recommendation of this report is to secure Cabinet authorisation to move to formal consultation, there are no specific financial implications at this stage. However, it should be noted that WCC currently spends a total of approximately £30m on residential and nursing care for older people of which £20m is for services in the independent sector.

7.2 The costs of care accommodation vary widely. Internal residential care costs approximately £524 per week – this being the average cost of the various types of care provided (e.g. long stay, emergency, respite, dementia, etc). External residential care costs £363 per week and external dementia residential care costs £400 - £420 per week. Therefore internal services may cost approximately £161

per week more than external services.

- 7.3 Extra Care Housing costs approximately £210 per week for any person living in a scheme who has a level of need that would otherwise require residential care (this assumes 13 hours of domiciliary care per week plus overnight care cover). This is £314 per week less than the gross cost of internal residential care; however after accounting for the impact of income from charges to customers, the difference in net cost is approximately £200 per week.
- 7.4 Internal services and external block contracts benefit from the economies of scale and security of generating revenue to the supplier resulting in lower unit costs and therefore prices than otherwise would be the case. But internal services and block contracts then also carry the risk of spending levels on empty beds and under-usage negating or even outweighing savings on prices.
- 7.5 For internal services and for block contract external services occupancy rates can have a significant impact on the true cost of residential care.
- 7.6 Occupancy depends upon the type of residential care (for example long stay residential care beds have high occupancy because they tend to be occupied for long periods but respite and emergency beds tend to have low occupancy rates because they are filled for short periods of time with frequent gaps between placements). Occupancy can also vary through the year and from year to year.
- 7.7 An external block contract bed is priced at £363 per week but occupancy can vary. For example where occupancy levels average at 80% for the year, the actual unit cost of the services received is £454.
- 7.8 Average overall occupancy in internal services is approximately 90% so overall the average unit cost after allowing for occupancy is around £582 per week rather than £524. However that is an average occupancy rate. Some beds such as long stay have high occupancy (often 95%+) and so have a unit cost of close to £524, while other beds such as emergency beds can have occupancy of 50% and therefore a unit cost of over £1,000 per week.
- 7.9 It should be noted that some types of residential care bed can have low occupancy by the nature of the service, i.e. low occupancy rates are not always due to avoidable under-utilisation of services.
- 7.10 Therefore, when looking at commissioning from the market, reducing expenditure on empty beds to a minimum is a high priority. 100% occupancy is not possible but there is for each type of care an achievable maximum occupancy level which should be pursued.
- 7.11 When making savings, reducing spending on empty beds creates immediate significant savings, and in addition to this, maximising use of external block contracts to minimise empty beds in those contracts would provide further significant savings by minimising the need to buy additional services.

## **8. Summary**

8.1 Authorisation by Cabinet for a formal consultation programme relating to the future of WCC-owned Residential Care Homes for Older People will enable WCC to build on strategic and collaborative partnerships in order to hit a number of key objectives including;

i). A reduction in the volume of residential care required in the future as alternative services are developed for the 21<sup>st</sup> Century that either maintain people in their own homes or Extra Care Housing rather than a residential care home.

ii). Ensuring that Warwickshire develops Social Care provision in line with the aspirations of its citizens.

iii). Responding appropriately to future demographic pressures.

iv). A reduction in proportion of total spend on residential care.

John Bolton  
Interim Director of Adult Services

Shire Hall  
Warwick

June 2010

*Working for  
Warwickshire*



# Care & Choice (Accommodation) Programme

## Engagement Programme 2008 - 2012

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## 1. Introduction

The Care & Choice (Accommodation) Programme focuses on the implementation of a model of care and support for older people that reflects the demographic and societal changes of a growing population of older people within Warwickshire that is fit for the 21<sup>st</sup> century.

This Consultation & Engagement Strategy sets out the Directorates approach to full engagement with:

- Residents and their families
- Staff (both providers and local commissioners) and the unions
- Providers of services
- Councilors and MPs
- And key stakeholders such as: District/Borough Housing, Health colleagues, Community & Voluntary Organisations

There is no one method for successful consultation. Local circumstances will influence how any consultation process is carried out. Factors such as the quality of ongoing relationships with partners, the local political context, the urgency of the service change, the relationship with the local media and the skills and interests of the staff involved will all impact on the consultation processes used.

The report to cabinet on the 22<sup>nd</sup> May 2008 made explicit that the consultation would be a two way process and that the 'aim should be to secure ongoing engagement at every stage to help ensure relevance of action in response to needs.' Councilors also agreed that there will be:

- Continued general consultation on the overall direction of the Care & Choice Programme
- Continued and specific consultation at the formative stage with residents and relatives at homes

The cabinet report also set out key principles of engagement. These are:

- Continued general consultation on the overall direction we have been exploring following the Cabinet of June 2007
- Continued and specific consultation at the formative stage with residents and relatives at homes identified for consideration for change prior to any decision about change to Cabinet
- Ensure arrangements embrace not only what is being proposed (this is what we are thinking of doing) but also the reasoning behind proposals (this is why we are doing it)
- Ensure that prior to making decision Cabinet has available to it information on the individual assessed needs of all residents and having taken these into account be satisfied that the proposals would be consistent with those needs in the future.
- Facilitate a range of opportunities to find out about and to comment upon change \and that information is available in appropriate format and through suitable mechanisms
- Ensure sufficient time to permit collation of consultation results
- Be clear that decisions on consultation feedback will be accompanied by reasons
- Keep people informed of any changes in proposals and timeframes
- Treat all residents equally and irrespective of whether they are publicly funded or not.

## 2. Duty to Consult

The introduction of the Health and Social Care Act, 2001, section 11, builds on previous legislation and makes clear that health and social care must involve and consult at the beginning and throughout all stages of any service changes, from: planning services, developing and considering proposals for changes in the way services are provided, to the final decisions made that affect how the service will be delivered in the future. The Local Government and Public Involvement in Health Act, 2007, clarifies and strengthens this further and places a duty on NHS bodies to involve and consult patients and the public in the planning and provision of services and makes explicit the health service and local authorities responsibility to:

- Promote and support the involvement of people in the commissioning, provision and scrutiny of local care services
- Obtain the views of people about local care services and
- Make those views known.

Case law is a useful vehicle that clarifies this even further for local authorities such as in the cases of R v Devon County Council, ex parte Baker and another; R v Durham County council, ex parte Curtis and another when the Court of Appeal set out that:

*‘... where a local authority proposes to [make changes] to a residential care setting as part of a general re-organisation of the provision of residential care, the authority owes the permanent residents of the homes a duty to act fairly in making any changes. This duty includes a duty to consult over any proposed changes.’*

It also states that:

- (i) the residents must be informed of any proposed changes well in advance of any final decisions being taken
- (ii) the residents have reasonable time in which to make any objections to the local authority
- (iii) and for those objections to be considered by the local authority.<sup>1</sup>

The courts approve the consultation processes which include the assessment of individual residents, A case in Camden indicates that a decision for change should only be made ‘in principle’ and not finally until a needs led assessment of each resident has been carried out.<sup>2</sup>

#### • Human Rights Act 1998

An important element of legislation is the incorporation into UK law of the European Convention on Human Rights, brought about by the Human Rights Act 1998. This will have an important contribution to make to rights-based provision, potentially empowering service users to question and challenge professional decisions that are not made with their participation.

It is therefore worth noting some of the regulations and duties that apply in relation to the Human Rights Act and to take note that it is unlawful for a public authority to act in a way which is incompatible with a Convention Right. The most relevant convention for the Care & Choice (Accommodation) programme is:

#### Article 8 Right to respect for private and family life

1. Everyone has the right to respect for his private and family life, his home and his correspondence.
2. There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.

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<sup>1</sup> All England Law Reports/1995/Volume 1/R v Devon County council, ex parte baker and another; R v Durham County council, ex parte Curtis and another. [1995]

<sup>2</sup> Paper produced by Alison Hallworth, Re; consultation requirements (A14419) September 2007.

## Working within the Corporate Consultation Framework

Warwickshire County Council have endorsed a Corporate Consultation and Engagement Strategy that sets out key principles of engagement. It states that consultation should be:

- **Needed**
- **Informed**
- **Based on evidence**
- **Well planned and timely**
- **Clear**
- **Inclusive**
- **Appropriate and well managed**
- **Acknowledged and fully considered**

Additionally the County has made a commitment that consultation will be carried out correctly, making sure residents are given the opportunity to consider, discuss and comment on any proposed projects.

To ensure Warwickshire works within a legal framework, Evershed Consultants have provided the council with valuable advice to ensure that the council's responsibilities are fulfilled. They endorse that:

- Consultation should be at a time when proposals are still at a formative stage.
- The consultation process must include sufficient reasons for particular proposals to allow those consulted to give intelligent consideration and an intelligent response.
- The consultation process should be as open and transparent as possible with residents (and their relatives) being informed of all of the proposals that may affect them and the reasoning behind those proposals.
- Any planned presentations need to be adequate to ensure that the residents are made fully aware of proposals and that they have sufficient information to comment properly on them.
- Presentations need to be accompanied by notices, newsletters and opportunities to discuss issues to ensure that all residents (and relatives) are aware of the details of the planned project
- The residents should be given a clear period of 8 weeks following the provision of the initial information to comment upon the proposals put to them.
- It is important that a timetable is established, shared with residents and followed by the Council during the course of the consultation. A failure to inform residents exactly when they need to comment can also lead to an inadequate consultation process. The Council needs to reconcile the consultation exercise with the overall project timetable and, in particular, the required planning applications. Consultation must be complete prior to contractual close.<sup>3</sup>

**It is important to note that these standards within consultation have a legal context and failure to carry out these processes correctly will leave Warwickshire County Council susceptible to challenge.**

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<sup>3</sup> Evershed Consultants. Reprovision of services for older people, consultation and communication paper. January 2008  
Page A5 of 12  
Final draft  
Dated: 8<sup>th</sup> June 2008

## Levels of Involvement

It is really important, in an engagement process, that there is clarity about the difference between information, consultation and participation. Often users and carers criticise Adult Health and Community Services for consulting and involving them in decisions that have already been made. So being clear about whether you are sharing information, or asking for opinions about something people can influence, or asking people to take an active role, working as an equal partner or even leading a piece of work is the first and most important step to ensure that involving users, carers and the wider public is both real and meaningful for all those involved.

Below is a summary of the three levels of engagement that may apply at different times throughout the Care & Choice Programme:

Levels	Description
<b>Level 1 - Informing</b>	At this level you are telling people about the decisions that have already been made. They cannot influence the decisions at this level.
<b>Level 2 - Consulting</b>	At this level you are asking users, carers and the wider public for their views and opinions so that they can influence the decisions made.
<b>Level 3 – Working Together</b>	At this level you are asking users, carers and the wider public to work with you and be an equal partner in all aspects of planning and decisions making.

### 5.1 Level 1 – Informing

Giving people information about decisions that have been made, for example, the way a service is going to change is an important first step. This information needs to be given in a way that makes sure people understand what is being talked about and how it will affect them as an individual or group of individuals.

### 5.2 Level 2 – Consulting

Any consultation should be open and clear so that people understand what they are being asked to give their opinions about. When organising a consultation event, staff should make sure that everyone is clear about the purpose of the event, that everyone is given clear information about what, when, how and why they are being consulted and how their opinions will make a difference. Feedback is an important element of this level. It shows people how their views and opinions have made a difference. It also tells people what will happen next. If people are not given feedback they often feel that their opinions have not been listened too or heard or that they have made any difference at all.

### 5.3 Level 3 – Working Together

By working together, people should be able to influence and exert control in a whole range of different ways. It is important to see that many people may not want to take part in formal groups, but instead want to influence the immediate service issues that affect their lives or the lives of the people they care for. We need to make sure that involvement starts from and supports these personal needs. It is sometimes too easy to believe that people are dependent on our decisions or are not interested in taking part in making them. We need instead to look for creative ways of supporting people to exercise control over the help they receive.

## What will we be consulting about?

The aim of the Care & Choice Programme is to make Warwickshire a place where people want to grow old. It is a programme about people and their lives - not just buildings.<sup>4</sup>

The objectives of the Care & Choice Programme are to:

- Reshape countywide provision for older people that are fit for the 21<sup>st</sup> century and that respond to demographic and economic changes
- Implement the five strategic commissioning intentions of the national, and local, agenda for social care reform by giving people; choice and control, seamless services, more community based preventative services, that promote independence, choice, and well being.
- Do something different that matches better to best practice, the changing needs and legitimate expectations and aspirations of older people and their relatives around personalisation and the diversity of care.<sup>5</sup>

This means that reshaping the Balance of Care would generate:

- Around 200 units of extra care housing of different tenure types
- Around 140 extra places in specialist care homes for older with dementia
- Nearly 120 fewer places in traditional residential care homes that do not always meet modern spatial minimum standards
- Some 70 new nursing home places

These aims and objectives form the core of this consultation and engagement strategy.

## What does all this mean for residents, relative/carers and the wider public?

To do this Warwickshire Adult, Health and Community Services need to make changes to the current care provision which means that some elements of the programme will involve:

- Development adjacent to existing care settings that may involve some disruption to amenity
- Changes to the accommodation of older people within existing care homes or sheltered schemes and
- Transfer of people to new and permanent or temporary care settings

Any change, particularly for those considered most vulnerable within society, is full of anxiety. Warwickshire Adult, Health and Community Services is fully aware of this and have, on the basis of initial feedback developed the 'Care Guarantee'. The Care Guarantee is attached as Appendix 1, but in summary sets out a clear commitment for anyone affected by the modernisation of residential care provision. It has three main guarantees:

- If someone has a place in a care home now, they will have a place in the future. No-one will be without a place to live.
- If a care home is to be replaced, residents have a right to return to it, after a temporary move if that is what they want to do – providing the new setting can still meet their assessed care needs.
- If someone has to move home permanently, they will not be asked to move more than once.

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<sup>4</sup> Cabinet Paper 22<sup>nd</sup> May 2008

<sup>5</sup> Cabinet Paper 22<sup>nd</sup> May 2008. pg 9

This modernisation programme is important to all residents of Warwickshire, both now and in the future. For this purpose wider consultation with the public will take place through public open meetings, on line questionnaires, community meetings and individual consultation meetings.

As firm plans/proposals for each site is clear and all appropriate consultation undertaken and responded to, we need to work with people to help them understand the impact there might be for them personally, and what options might best meet their needs and wishes. There will be a range of circumstances when this way will be warranted, including:

- An existing home is being replaced by another service
  - The service might be of a similar kind, so might be available to the person again once developed. The person will need to know of appropriate options both in relation to the temporary period whilst no service is available, and longer term as they may not wish to move twice.
  - The service may be of a different kind that the person cannot return to, so they will need to know of appropriate long-term options.
- There may be a change of service provider
  - People may wish to consider changing their service at this stage
  - Choosing an individual budget may be an option
- New opportunities are being developed in the locality that offer choice/ more appropriate service
  - If it is decided to decommission an existing service and relocate to a new one, people will need to consider the appropriateness of the new service in their circumstances, consider other options etc.
  - If existing services stay open, new services may still be appropriate for people to consider.
  - Individual budgets may be an option, and arranging own support.

Ultimately there needs to be genuine consultation with people about the impact of the proposed changes, and recognition that they may be losing their existing home/ service on a temporary or a permanent basis.

#### **Who will be consulted?**

For consultation to be effective, meaningful, and to fulfil legal and moral obligations, there are key groups who require consideration for communication, consultation and engagement. These include:

- Residents
- Relatives/carers
- Staff
- Stakeholders
- Provider services
- The wider public

We will also make sure that County and Local Councillors are kept informed as the programme progresses.

## How will we consult?

### Residents

Care and consideration will be given to any communication issues for each individual resident. The consultation officers, will prior to any engagement with residents, work with each home manager to identify the communication needs of each resident. Close collaboration with each home will be key and every effort will be made by the consultation team to foster good working relationships. During this process, other key factors that need to be considered for each resident will be recorded and taken into account as the consultation process progresses.

We will:

- Hold residents meetings to tell them about the overall proposals within the Care & Choices Programme
- Put questions to residents using a semi structured questionnaire and in a range of formats which will include the use of technology.
- Appoint an experienced consultation officer to carry out the consultation with individual residents
- Complete individual needs assessments on all residents
- Make sure that independent advocates are available throughout the consultation process
- Put communication boards with names and pictures of who's who, important news and dates and a central telephone number for queries in each home and place 'Tell Me' Boxes in each home.
- Use different formats and ways of communicating with people with complex needs,, eg; dementia
- Get residents involved in monitoring progress and being involved in planning, designing their new homes

Additionally and to fulfil legal requirements each resident will have their needs reviewed and/or assessed. A specific team of qualified staff have been appointed to the project to ensure that all residents affected by change have a thorough assessment of their needs before any key decisions are made.

### Relative/Carers

Providing relatives with good information and consulting them at each stage of the change programme will be a key component of the project. This is particularly relevant at the beginning of the process because relatives will become anxious if any formal consultation progresses without their knowledge. Every effort will be made, by the consultation officers, to establish clear lines of communication and engagement with relatives and to build their confidence and trust in the consultation process.

Ongoing communication is a factor so the County Council website will be central resource to keep relatives informed and involved.

We will:

- Hold relative/carer 'twilight' meetings
- Produce questionnaire with a freepost reply
- Have a website/discussion board/email address available throughout consultation stages
- Produce updates and information to keep relatives informed

- Invite representatives to join the advisory/monitoring group for each phase of the programme

### Staff

There will inevitably be anxieties amongst staff across both the WCC and WCS homes. This needs to be managed. Additionally, staff have a wealth of knowledge and expertise that needs to be incorporated in the change programme. This is a real opportunity to engage with staff to help shape and influence future care provision. To do this a staff stakeholder event will be held to enable them to inform how care will be delivered in the future.

The key messages of this change programme need to be consistently given to staff one of which is that ultimately this means 'more not less'.

We will:

- Hold a staff stakeholder event for staff
- Hold staff meetings followed through by staff focus groups
- Establish a line of communication; eg through email/discussion board/freepost/telephone
- Consult union representatives
- Identify future strategies for developing the workforce for the 21<sup>st</sup> century and how staff can engage in changing needs and expectations of the workforce.
- Produce a newsletter for staff (ask staff to be involved in editing this) to keep them informed of progress
- Support the development of HR surgeries (if required)

### Local communities and the wider public

This modernisation programme has the potential to impact on a large proportion of residents in Warwickshire either now or in the future. Local communities and the wider public should therefore have the opportunity to input into the modernisation programme. This will be achieved through open public meetings in each District/Borough. During each phase it is important that local communities are invited to participate and this will be done through visioning focus groups as the programme evolves.

We will:

- Hold open public meetings
- Engage the local community through visioning focus groups about the overall Care & Choices programme
- Use information/material about local issues to influence planning decisions
- Inform local communities about the difference their involvement has made and
- How they can continue to be involved eg; a local representative to work as part of the advisory group to the planning process

### Provider Services

Providers will receive technical information, with questionnaires, to enable a robust process for their engagement in the Care & Choice Programme. A copy of this is available on request.

Appendix 2 outlines the key activities of the consultation timetable.

### Engaging people with complex needs

Communicating with people with complex needs, for example people with dementia, is very difficult. We are keen to be as inclusive as possible. To make sure that we incorporate as many comments as possible we will be developing a range of ways of communicating with and consulting residents. These include:

- Any information available on tape, in large print, in Braille and in other languages.
- The use of pictures and images in discussions
- We will loan, or buy, a portable hearing loop
- We will make sure that we have equipment. Such as an amplifier so that those speaking can be heard.

Importantly we will engage with experts in the field of communicating with people with dementia, such as Alzheimer UK and the University of Bradford to explore better ways of communicating with and involving people with confusion and/or dementia.

### Method of Engagement

Given the range and complexities of the Care & Choice Programme, there will be a number of consultation methods that will be used to respond to each audience group. This will include the use of:

- Questionnaires, including on line questionnaire
- Semi structured interviews
- Groups Q & A sessions using specialist IT equipment – Keepad.
- Focus Groups
- Visioning Focus group
- Feedback Forms

### Generic Questionnaires

A general questionnaire will be used to consult with a wide range of stake holders and interested people; older people themselves, relatives and carers, local communities and the wider public. Appendix 3

### Site Specific Semi-structured Questionnaire

A semi structured approach to individual consultation meetings with residents and relatives/carers will be the basis of capturing key information at homes that will be affected by change. This will compliment the individual needs assessments that will be carried out by the local commissioning team. Appendix 4

The main focus of the consultation interviews will be to capture people's responses to the changes being made within individual homes. Each individual interview will be recorded, logged and interpreted using a quantitative and qualitative approach.

### Ethical issues

There are 3 main ethical issues that need to be given due consideration throughout the consultation programme;

- The health and well being of those taking part
- The cognition of some residents
- The role of the consultation officer (interview)

Seeking the views of older people within a residential setting needs to consider the health and well being of those taking part. Some may be feeling unwell or have deteriorating health. It will be important to ensure that they are not placed under undue pressure to take part in the consultation programme if they choose not to do so. Close collaboration with staff within the home will be key to determine those unlikely or unable to take part.

A second consideration is the ability of some residents to actively and meaningfully take part. This was discussed earlier but the consultation process must take account of the need to involve those with complex needs, such as residents with dementia. To ensure that the consultation process is meaningful to people with complex needs, further specialist advice will be sought to clarify and ensure that any approach used is meaningful to those taking part thus reducing the risk of tokenism.

A final consideration involves the role of the consultation officer. Listening to personal and emotional experiences of individuals can act as a 'pull in' for the consultation officer. Some individuals may ask the consultation officer to advocate on their behalf, some may confide in the consultation officer that they have/had experienced poor quality services.

These issues have been considered and regular and ongoing supervision will be used to ensure that the consultation officer maintains an objective approach throughout the consultation process.

### **Managing Risks and Challenges within a consultation process**

There are inevitably risks and challenges within any change programme. With such an extensive range of consultation any risks and challenges will need to be identified and managed throughout the lifetime of the programme.

Some of the anticipated risks and challenges include:

- The vulnerability and capacity of individuals to consider and engage meaningfully in a) the review programme and b) the consultation stage.
- Negative and/or sensationalist responses
- People's reluctance to embrace change
- Engaging positively with the wider public, in particular with local communities
- Time scales to ensure consultation is meaningful for all those involved

Many of the residents will be hard of hearing, sight-impaired or confused. Many relative themselves, will also be elderly. One-to-one sessions would seem to be the most appropriate approach. We will also make sure that 'advocates' are available for those who need them.

All identified risks will be logged within the overall programme risk register. A sub risk register will be administered through the consultation officer with their line manager and any exceptions will be reported to the project team.

Attached as appendix 3 is the risk register for the consultation strategy. Elements from this will be incorporated into each risk register for each site as the programme evolves.

### **Conclusion**

This Engagement Plan has been developed as part of the Care & Choice (accommodation) Programme. It embodies key principles of engagement and makes it clear what, when and how a wide range of people can be involved in the programme.

It incorporates the need to be mindful of working with and engaging older people, particularly those with complex needs, such as those with dementia and recognises the need to be mindful of ethical issues when working with older people.

Particular emphasis is being paid to involve as wide a range of people as possible. Given the complexity and range of this programme, it is recommended that an evaluation is completed as part of the programme so that key lessons can be taken forward into future work.

## CONSULTATION PLAN (Appendix B)

# Understanding resident and relatives views on the impact of any proposals to close Warwickshire County Council homes



**August 2010 – Draft V.01**

## Consultation Plan Outline

During the consultation we are seeking to;

- Understand the impact on individuals and how we might reduce this in making our plans
- Decide if some or all of the homes can be closed and over a specified period to ensure good alternative supply – including the additional option of extra care housing in the future.

We will make sure that all residents are consulted and/or given the opportunity to express their views, paying particular attention to those customers who have reduced mental capacity and/or do not have relatives or friends to speak on their behalf. We will appoint individual advocates, including Independent Mental Capacity Advocates to aid this process.

### With residents we will:

- Conduct one to one semi structured interviews with all residents
- Appoint independent advocates for those residents who need additional support to express their views
- Use talking mats (where picture cards and symbols are used as a visual method of communication) for residents with dementia

### With relatives we will:

- Inform relatives about the consultation process prior to any engagement with each individual home.
- Hold twilight (4.pm – 8.pm) meetings in all of the homes
- Use a questionnaire (based on the semi structured questions detailed below) including an on line questionnaire.
- Structured interviews (either in their own homes or via telephone) for those relatives who are unable to attend meetings or would prefer privacy in giving their views

## Consultation Approach

To do this we will:

- Produce a fact sheet setting out the proposals and an on line questionnaire (which will form the basis of a semi structured interview schedule)
- Produce a Question and Answer leaflet
- Appoint individual advocates

- Appoint Independent Mental Capacity Advocates (IMCA) for those residents who lack capacity
- Use Communication Boards in each home (these give details of officers involved in the consultation process; pictures, contact details and copies of any material used throughout the consultation).
- Place 'Views Boxes' in each home. (This is simply a box for individual residents to place their comments which may emerge throughout the consultation period.)
- Set up telephone query line
- Work with translation and interpreting team to ensure effective communication with diverse users groups.
- Produce a web page within Warwickshire County Councils website
- Use talking mats with people with dementia
- Produce information in range of formats and different languages where requested

### **Timetable of Consultation**

Once approval has been sought this section will be populated with the dates each home will be visited for residents, and for relatives, the date and times of the twilight meetings.

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# Consultation Framework including semi- structured questions

## Content for Fact Sheet (plain language will be used in final version)

Demographic pressure on the services that we provide and commission is a very important and national issue for adult social care and one which covers not only the increase in numbers of older people who are in need of support but the growing expectations of those customers.

The population of older people in Warwickshire will increase a great deal over the next fifteen years. By 2025 the population of older people (people aged over 65 years) in Warwickshire is due to increase by 43% from 94,200 to 134,500.

In order to address the needs of the growing older population, Warwickshire Council needs to change the way that it runs its services. The Council is striving to put in place more efficient personalised services which support customers to live more independently.

Warwickshire County Council currently owns and runs ten traditional residential care homes, most of which were built more than 30 years ago. Current figures suggest that maintaining the 'in house' residential services costs 40% more than homes run by the independent sector.

Warwickshire County Council needs to find a much better approach to care and housing to meet the needs of older people in the future.

Warwickshire County Council spends a high percentage of its Older Peoples social care expenditure on residential care. Even with the anticipated increase in the population of older people in Warwickshire over the next fifteen years, effective and efficient reablement services will reduce the need for residential care in the future especially for people who are physically frail.

In order to meet 21<sup>st</sup> century aspirations Warwickshire County Council needs to change what it commissions in the future. Warwickshire County Council needs to:

- Develop a programme of change that reframes current provision to better meet current and expected future needs
- Create a model of provision with flexible services
- Create accessible care alternatives closer to home
- To have better outcomes at lower costs
- To be ready for the demographic changes with an ageing population
- To build capacity to meet the rising expectations around personalised care
- To have a system where older people are able to retain the equity on their own homes so that their care needs can be met without resorting to selling their own homes in order to fund their ongoing care costs.

Following a review of the costs associated with 'in house' residential care in Warwickshire and the need to change the model of care that is fit for the future as described above, Warwickshire County Council wants to better understand what the impact will be on any current residents and their relatives on any possibility of a planned programme of closure of some or all of Warwickshire County Council residential homes over a specified period; e.g. 5 years.

## How do I make my views known?

There are several ways to give your views:

### Website:

Online questionnaire available at: [Warwickshire.gov.uk/.....???](#)

### Email:

[customerfirst@warwickshire.gov.uk](mailto:customerfirst@warwickshire.gov.uk)

### Telephone Queryline:

01926 74?????. (Staff will be available to answer your queries Monday to Friday from 9.30am to 5.00pm)

### Meetings:

Twilight meetings (4 p.m.-8 p.m.) will be held in all council owned residential homes for relatives or representatives to attend and give their views.

### Post:

If you prefer to write to us, the **address** is:

Carer & Customer First Team  
Adult Health & Community Services  
Warwickshire County Council  
Saltisford Office Park  
Ansell Way,  
Warwick  
CV34 4UL

The questionnaire and supporting information can be made available in different format and language on request. Please use the contact details above if you would like information in a different format or language.

## What will happen with all of the information gathered?

All comments and feedback received will be recorded and included in a detailed report that will be presented to Cabinet for inclusion in their considerations before any final decision is made.

## Questions to be used for the Questionnaire and the Semi-Structured interviews with residents

Below, is the proposed framework for the consultation with residents and relatives. Some will be more relevant to residents than relatives and vice versa.

Warwickshire County Council wants to better understand what the impact will be on any current residents and their relatives on any possibility of a planned programme of closure of some or all of Warwickshire County Council residential homes over a specified period; e.g. 5 years.

We want to know how these proposals might impact on you.

**What are your first thoughts and feelings about this?**

**Tell me what concerns you the most about these proposals?**

**How does this make you feel?**

**If these changes were to go ahead, what impact would this have on you as an individual?**

**What would we need to do to reduce any impact on you?**

Is there one key message about these proposals that you would like to give to councillors?

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**ADDITIONAL QUESTIONS FOR RELATIVE/REPRESENTATIVE:**

**Q: As a relative, what are your first thoughts about these proposals?**

**Q: What are your main concerns?**

**As a relative, what would the impact be on you?**

**What would we need to do to reduce any impact on you as a relative?**

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Please tell us if you are responding to this consultation mainly as a:  
(please tick as many as apply)

- Resident** living in a council owned residential home
- Part of an organisation working with people in Warwickshire
- A relative or representative of a resident living in council owned residential care
- None of the above/member of the public

**Which of these groups do you consider you belong to?**

- White- British*
- White- Irish*
- White - Any other white background*
- Mixed- White and Black Caribbean*
- Mixed- White and Black African*
- Mixed- White and Asian*
- Mixed- Any other mixed background*
- Asian or Asian British- Indian*
- Asian or Asian British- Pakistani*
- Asian or Asian British- Bangladeshi*
- Asian or Asian British- Any other Asian Background*
- Black or Black British- Caribbean*
- Black or Black British- African*
- Black or Black British- Any other Black Background*
- Chinese or other ethnic group - Chinese*
- Any other Ethnic Group*

**Are you?**

- Male*  *Female*

**How old are you?**

- Under 18*  *18 - 29*  *30 - 44*  *45 - 59*  *60 or over*

**Do you have any long-term illness, health problem or disability which limits your activities or the work you can do?**

No

Yes

*Please state:*

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**Which District / Borough area do you live in?**

North Warwickshire

Stratford -On-Avon

Nuneaton & Bedworth

Warwick

Rugby

None of the above

**Thank you for completing these questions.**

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