

Options for Dolwen

1. Introduction

This document provides an analysis of the options for Dolwen in Denbigh. This means the two distinct options put forward by the council, and also any other options put forward during the consultation process (Option 3).

2. The current provision in the Denbigh area

Denbigh and the surrounding area is currently served by the following care provision:

- 61 standard residential care beds (23 at Llanrhaedr Hall, 10 at Vale View, 28 at the Old Deanery)
- 32 EMH residential care beds (13 at Llanrhaedr Hall, 19 at Bryn Derwen)
- No standard nursing beds
- 52 EMH nursing beds; 18 at Llys Meddyg, 34 at Plas Eleri
- No Extra Care Housing facilities.

3. The options for Dolwen

Taking into account the current provision available in the Denbigh area (highlighted above), the council developed 3 options in relation to Dolwen which became the subject of the formal public consultation:

Option 1 (the council's preferred option): To enter into a partnership with an external organisation and transfer the whole service to them, while registering for EMH care.

Option 2: To lease or sell Dolwen for another purpose. The home would close and the service users and their families would be supported to find suitable alternative provision.

Option 3: The council is open to any other alternative option you wish to put forward that would meet the demands for residential and day care places within the available resources.

- The only alternative option put forward during the consultation was for the council to continue to own and run Dolwen. This was only explored in detail within the UNISON response, so this is the option that is considered within this paper as being Option 3.

4. The rationale for Option 1:

- 4.1 The demand for standard residential care in Denbighshire is declining year on year, and Dolwen is not sustainable as a standard residential care home in the long-term.
- 4.2 There is growing demand for EMH residential care in the Denbigh area, and Option 1 would address that.
- 4.3 There is strong financial argument for Option 1 because there is potential for a significant financial saving if the council did not own or run Dolwen. This saving would

be £148,658 if based on the current occupancy levels (24 beds). The actual savings to the council depend on the occupancy level, with a smaller number of residents resulting in a larger saving to the council. As the occupancy levels in Dolwen fluctuate, it can be said that the projected annual saving on the cost of buying care is up to £148,658 (based on current occupancy levels, i.e. 24 beds). However, as the demand for standard residential care is reducing year on year, it is reasonable to suggest that the savings may be even greater in future. In addition to any savings to the council on the cost of care, it is also very likely that there would be additional maintenance costs if we were to retain ownership of Dolwen. This is because only the minimum, essential maintenance requirements have been met over the last few years. There is currently a maintenance backlog of approximately £76,000 for Dolwen which we would need to spend if we kept the building, and this adds weight to the financial case for Option 1. Furthermore, the council has incurred more than £40,000 of capital expenditure on the Dolwen building over the past three years, and further capital investment will be needed if the Council was to retain the building.

- 4.4 Despite the apparent widespread interest in the consultation, only 20 people submitted a consultation response expressing a preference for an alternative to the council's preferred option for Dolwen. Furthermore, taking into account all of the information gathered during the consultation, very little was received in terms of a clear rationale for opposing the council's preferred option for Dolwen. The main rationale was Dolwen would be as cost effective as the independent sector if it were operating at full occupancy, and that the council had been intentionally refusing entry to Dolwen in order to make the independent sector a more attractive financial option. However, no evidence was submitted to support this position, and the council has made it very clear throughout the consultation that the council has had no policy of refusing entry to Dolwen. The number of vacancies simply reflects the reducing demand for standard residential care.

5. Consequences of Option 1:

- This would ensure that individuals currently living in Dolwen could continue to do so, supported by the same staff as they currently are and accessing the local community as much as they do now. The current day care offer would continue and could potentially be extended in future.
- Staff would be transferred (via TUPE transfer) to the partner organisation. Although this may be seen by some as a potentially negative impact, it would have some tangible benefits, such as safeguarding jobs and protecting the terms and conditions of staff. If the decision was made to transfer the unit, a transfer plan would be agreed, subject to consultation and approval. Statutory consultation with staff would take place.
- There would be an annual revenue saving of £148,658 on the cost of care (based on current occupancy levels, i.e. 24 beds)¹ because, from April 2016, it will cost the council £483.46 per person per week to commission standard residential care from the

¹ The consultation document stated that the annual revenue saving would be £92,000, based on an occupancy level as of 1st September 2015 and costs which were correct at the time the papers were finalised for the consultation.

independent sector, whereas it will cost £854.61 per week (from April 2016) to support one person in Dolwen (see tables below). **Note:** we have updated the financial information to take account of the current number of residents in Dolwen and the revised costs of running Dolwen versus the cost of purchasing the equivalent amount of standard residential care from the independent sector from April 2016. This revised calculation is required because of new employer regulations and additional employer costs from April 2016, which will alter the cost to the council of both running its own residential care homes and purchasing residential care from the independent sector.

- If Dolwen was at full capacity (30 beds), the council would not save money on the cost of care by buying residential care from the independent sector. However, Dolwen does not run at full occupancy because the demand for standard residential care is reducing year on year.

Unit cost to the council of providing care in Dolwen:

<i>Residential home:</i>	<i>Employee Costs</i>	<i>Premises Costs</i>	<i>Transport</i>	<i>Supplies and other services</i>	<i>GROSS TOTAL</i>	<i>Full Occupancy (Beds)</i>	<i>Gross Unit Cost Per Week</i>	<i>Current Occupancy (29/02/16)</i>	<i>Gross Unit Cost Per Week</i>
	£	£	£	£	£		£		£
Dolwen	637,478.00	67,271.00	70.00	47,197.00	752,016.00	30	482.06	24	602.58

Calculation of potential savings on the cost of care:

Unit weekly cost of purchasing standard residential care from independent sector	£483.46
Unit annual cost of purchasing standard residential care from independent sector	£25,139.92
Total annual cost of purchasing standard residential care from independent sector for 30 people	£754,197.60
Total annual cost of purchasing standard residential care from independent sector for 24 people	£603,358.08
Total cost of running Dolwen	£752,016.00
Annual saving on cost of care for 30 people (compared to cost of running Dolwen)	£-2,181.60
Annual saving on cost of care for 24 people (compared to cost of running Dolwen)	£148,657.92

- In addition to the savings on the cost of care, it is also very likely that there would be additional savings in relation to maintenance costs that the council would incur if it were to retain ownership of Dolwen. This is because only the minimum, essential maintenance requirements have been met over the last few years, and there is currently a maintenance backlog of approximately £76,000 for Dolwen which would need to be spent if the Council retain ownership of the building. This would be avoided if Option 1 was implemented.
- The council has incurred more than £40,000 of capital expenditure on the Dolwen building over the past three years, and further capital investment will be needed if the Council was to retain the building. This would be avoided if Option 1 was implemented.
- The council would be unlikely to receive a capital receipt for the Dolwen site because any new provider would need to invest significant amounts of money to ensure that the building met the minimum standards that are likely to be required by CSSIW of any new owner.

- It would develop a level of EMH provision in the area, a growing area of demand, and enable local people with specialist EMH needs to remain in the Denbigh area.
- Plans for the development of Extra Care Housing within the town will continue, and this would be complemented by the other provision (including Dolwen becoming an EMH residential care home) to create a balanced offer of support for older people in the Denbigh area.

6. Consequences of Option 2:

- There would still be a revenue saving of £148,658 on the cost of care¹ (as there would be with Option 1) because the new provider would be commissioned using standard rates.
- The council would still avoid any additional maintenance costs and any necessary capital expenditure on the Dolwen building (as it would with Option 1).
- The cost of current vacancies within residential care centres means that current resources are not being used as effectively as possible. This option would resolve this problem.
- The council accepts that this option would mean disruption for current residents and their families. The council would carry out further individual assessments of every service user and find alternative provision in a sensitive and timely manner with the involvement of service users and families where possible. The council would ensure that it complies with all its legal duties to its service users. The views of attendees would be sought and they would be helped to find suitable alternative provision that meets their needs. Dolwen would not close until all the service users' needs had been fully reviewed and suitable alternative provision found. Furthermore, the council has already agreed that no individual service user will be required to move from their current home unless they wish to do so (as long as their current home is still able to meet their needs).
- Existing staff would be at risk of redundancy, but would be able to have a planned progression from working for the Council due to the likely timescales involved. A closure plan would be agreed, subject to consultation and approval, and statutory consultation with staff would take place.

7. Consequences of Option 3:

- The council would continue to own and run Dolwen as a residential care home and day care centre.
- Staff would continue to be employed by the council, which they would prefer.
- The council would not realise the available revenue saving of £148,658 on the cost of care, and would continue to incur additional maintenance costs and capital expenditure because it would still own the building. The existing maintenance backlog of approximately £76,000 would remain as a council liability.

- As proposed by UNISON, the revenue shortfall could be mitigated (at least for 2016/17) by an additional increase in council tax. However, it could be argued that this would have a negative impact on citizens within the community who would be effectively subsidising relatively expensive council-run services for a minority of service users from Dolwen.
- Unless the council was able to register to provide EMH residential care from Dolwen, there would continue to be an unmet demand for EMH provision in Denbigh.
- Unless the council was able to register to provide EMH residential care from Dolwen, this proposal would do nothing to address the issue of a reducing demand for standard residential care. It is therefore likely that vacancies would continue to increase in Dolwen, and the service would become increasingly less sustainable.

8. Summary of the consultation responses relating to Dolwen

106 consultation questionnaires returned	<ul style="list-style-type: none"> • 34 paper questionnaires • 72 online questionnaires
Other submissions from individuals	<ul style="list-style-type: none"> • 5 letters • 7 emails
Public meetings	<ul style="list-style-type: none"> • 2 public meetings in Denbigh • 54 attendees in total
Meetings / focus groups	<ul style="list-style-type: none"> • 1 meeting with Denbigh Member Area Group • 1 meetings with Denbigh Town Council • 1 meeting with Cysgodfa and Llys y Faner tenants through Age Connects • 4 Community Support Service staff engagement events
Petitions	<ul style="list-style-type: none"> • 1 petition specifically relating to Dolwen, with 72 signatures. • 30 identical letters received during the consultation period opposed to any changes to any of the 3 residential homes. • 1 petition submitted prior to the consultation period (November 2014) opposed to changes to any of the residential homes (approx. 5000 signatures).
Union responses	<ul style="list-style-type: none"> • One formal report from Unison

8.1 Responses from consultation forms

Option	Number of people expressing a preference for this option
Option 1	7
Option 2	0
Option 3	20

Unfortunately, only a small percentage of those who responded using the consultation forms indicated which option they would prefer. Of the 106 returned questionnaires relating to Dolwen, 7 respondents specifically expressed a preference for Option 1; nobody

expressed a preference for Option 2; and 20 expressed a preference for Option 3. The comments submitted with the responses forms indicate that several more respondents expressed a desire to keep Dolwen in the ownership of the council. Although this could be considered as support for an alternative option (i.e. an “Option 3”), few of the comments elaborated on how that could be done whilst making the service sustainable for the future. The only exception is that a number of people highlighted that Dolwen would be more cost effective if it were full. The financial calculation used by respondents here is technically correct, but the argument is not. The council’s *Case For Change* document does state that Dolwen (at full occupancy) would cost the council £479.09 per person per week². However, the argument overlooks the fact that the demand for standard residential care has been reducing year on year for a number of years now, and the demand therefore does not exist to run Dolwen at full occupancy as a standard residential care home.

A number of respondents also suggested that there are only vacancies in Dolwen [and Awelon and Cysgod y Gaer] because the council has had a policy of stopping people moving into its care homes. As mentioned in other appendices, this is something that came up repeatedly during the public consultation meetings, prompting to council to issue a press release in December 2015 (Appendix E), which contained the following response:

“Is it true that the real reason why there are vacancies in your three care homes is that the council has had a deliberate policy to block or reduce admissions? No, the council does not have a policy of stopping people from moving into our care homes. The reason we have vacancies is simply that the demand for standard residential care has been reducing for several years. Generally speaking, people do not want to live in residential care homes when they get older. They want to be supported to remain independent within their own homes or within alternative settings, like extra care housing”.

Other respondents queried the cost savings available if the independent sector were to run Dolwen, particularly in the light of new legislation regarding the national minimum living wage (and other employee responsibilities) which are due to be introduced in April 2016. This is something that has developed since the council started to look at the future of its in-house care services, and we have therefore investigated the probable implications of this further in order to help Members to consider the impact. The figures have been re-calculated and have been included above in section 4. The revised expected annual savings (based on current occupancy levels) are £148,658 on the cost of care.

While it is acknowledged by many respondents that a need for EMH provision exists in Denbigh, many query whether Dolwen is the place for this. For example, one respondent commented that the provision of EMH care:

“...is not best achieved by dispensing with a sector of care provision which is needed to address the needs of those for whom 4 daily visits is not enough. The latter cohort do not necessarily have adult mental health issues. Their issues revolve more around independence and Dolwen has addressed these needs peerlessly for many years...” (Consultation respondent).

² Again, this information was correct at the time the papers were finalised for the consultation.

The council would counter the above argument by saying that residential care is not designed to support independence, and that people who require 4 or more visits per day (but do not have specialist EMH needs) would achieve much better outcomes in Extra Care Housing.

A few respondents also complained that some the evidence in the council's *Case for Change* document is based on a national rather than local survey, and that some of the research is several years old. The council would respond to this challenge by saying that we used the most relevant and appropriate research available to support the review. There has been some very good national research which just hasn't been replicated at the county area level. Furthermore, a lot of the issues (for example, the reduction in demand for residential care) are national phenomena and not at all limited to Denbighshire. All of the research used to inform the review is relevant and valid.

Several respondents took the opportunity to comment on a wide range of topics which, whilst having a bearing on the experience of older people in the area, were not directly related to the consultation. These included comments expressing disappointment at proposed or actual cuts to the bus services and cottage hospitals.

Other suggestions for saving money made by respondents included the following, some of which depend on saving money in other departments:

- "...I believe that funding should be spent on the elderly who have contributed to society and paid their taxes rather than on 2 and 1/2 year olds being funded to go to pre-school when a few years ago the funding was not provided until 3 and 1/2! Allocation of funding within the council should be moved from education of babies to social care for the elderly"
- "...Keep Dolwen open by reducing provision of free sporting activities; summer play schemes..."
- "link with a charity to increase subsidy for maintenance cost",
- "Raise rents on DCC owned flats",
- "... reduce payments to staff from the 'bank' by having your own list"
- "make use of empty buildings for Council Tax".
- "DCC currently owns farms with an estimated value of £30 million whose income could be much higher if rents were increased. How much have DCC gained in capital investment for these farms in recent years e.g. new slurry tanks etc.?"
- "County Councillors who fail to attend more than 75% of meetings should have salary deducted to be used for Dolwen."
- "Joined up thinking between departments. Less money spent on administrative costs and new office buildings, more community involvement in schemes like planting on roundabouts and community support groups."
- "Sell some council-owned farms and stop paying gagging orders and put a limit on mileage expenses for councillors and council staff."

In addition a number of respondents suggested reducing the number of senior management officers/Elected Members and/or reducing their wages.

One respondent *“was under the impression..., that Dolwen was not available to self-funders”*. He felt that health professionals might be under the same impression and thought that more people might ask to be assessed for a referral to Dolwen if they knew this.

Most respondents comment on the high quality of care currently offered at Dolwen both in the home and day care centre and some refer to the good CSSIW reports, which they say are generally better than those of other residential care homes in the area. The importance of the respite offered there is also referenced frequently and several mention what an important role the home has in the community, mentioning, for instance how they helped in the St Asaph floods. There seems to be some concern that their profile might not be the same if run by the independent sector,

It is clear that many people do not fully understand Extra Care Housing. One respondent writes:

“There isn't enough detail regarding the structure of the Extra Care Housing, i.e. staffing levels etc, my understanding is that they are not regulated and therefore they could be downgraded to suit the Council's financial targets rather than the needs of the residents. (Consultation respondent).

During the public meetings, council officers explained that this provision, and their staff, are indeed regulated and that the new act ensures that support care workers will be overseen by the same regulatory body as social workers.

Concern is also expressed for the staff, and some expressed concern that there would be a higher turnover of staff if the independent sector were to run Dolwen, which could be confusing or distressing for residents. One respondent writes:

“I would suggest Dolwen staff are invited to join with officers and social work staff to 'brainstorm' the way the service is provided.” (Consultation respondent).

8.2 Summary of other submissions from individuals

Most people stressed how important it is to them, and those they represent, that Dolwen stays open. One of the key messages put forward by the council during the public consultation meetings was that it also wants Dolwen to stay open. The council's preferred Option 1 would achieve that outcome.

However, distrust of the private sector is cited in the majority of the submissions relating to Dolwen. This seems to be why the majority of people would prefer Dolwen to remain in the ownership of the council.

The fact that the home provides a Welsh medium service to residents of a Welsh speaking area is also highlighted by many people as being crucially important. One respondent writes:

“...there is no expectation on the private sector to provide care in the mother tongue of the residents that live in their homes. We know that a provision in your mother tongue makes a person feel more at home and comfortable...”
(Respondent).

The fact that the majority of the current staff come from Dolwen’s cultural circles, and that the residents there knew a number of them before going to live there, is cited as important:

“This consistency gives assurance and peace of mind for care home residents that cannot be obtained in other homes.” (Respondent).

It seems that many respondents fear that if an independent sector provider were to take over, whilst they would have an obligation to take on our staff under TUPE arrangements, they might add their own staff who might not be local.

Many people expressed concern that residents of the residential home and day centre should keep the links with the community, and fear that this might not be maintained with a different provider.

Many respondents clearly believe that there is still demand for standard residential care homes and it is very apparent that many do not understand the distinction between sheltered housing and extra care housing, or that people can receive 24-hour care in an extra care housing environment. This comment is fairly typical of many others received:

“... there is a percentage of the population that require care in a care home environment, where the staff there can ensure that everyone has enough food, keeps warm, has a drink and in sporadic cases, when the need arises, takes their medication. This care provision is not available in a sheltered housing environment.” (Respondent).

Many respondents cite recent developments in the Care Home sector which ‘have shown how vulnerable the sector is’ and refer to the closure of Maes Elwy and other homes in recent years. Mabon ap Gwynfor writes:

“This uncertainty...means that the Authority’s provision of care for the elderly should not be compromised. I know that officers and the County’s portfolio holder will say that the private sector already provides 90%+ of care to the elderly in the county. But this is not a reason in itself to justify the county providing even less care”. (Mabon ap Gwynfor).

Terms and conditions are the main reasons for the difference in price for care in the private sector and care in the County homes. Some respondents suggest that;

“...ensuring better terms and conditions for the workforce means a better, happier and contented workforce that provide a better service.” (Respondent).

In addition to this, they refer to the new pay level which will come into effect for the private sector workforce in April with the new living wage. A number ask if this has been considered with the viability of private care homes in the county. As stated earlier (in section 4 of this appendix), we have re-calculated the financial figures to take new employer costs and

current occupancy levels into account. The revised expected annual savings (based on current occupancy levels) are £148,658 on the cost of care.

Almost all respondent say that the existing arrangement at Dolwen is excellent as evidenced by the most recent inspection report. Many praise the staff there and describe the care as ‘*second to none*’.

Some individuals suggested that the type of plan that is the preferred option for Cysgod y Gaer, should also be developed for Awelon and Dolwen. Mabon ap Gwynfor states:

“I’m confident that such a plan can be a breakthrough in care for elderly people in Wales and set a bench-mark for providers and other authorities”. (Mabon ap Gwynfor)

8.3 Summary of views from the public meetings

Essentially, very similar points/concerns were raised during the public meetings as are outlined in the sections above. These include concerns about:

- The capacity/capability of the independent sector;
- The reduced referrals into standard residential care;
- The costs, including the implications of the national living wage;
- The potential impact on residents, day centre service users and their families;
- Access to the community; and
- Welsh language

Discussions were held as to who would own the building under Option 1, and what would happen if the new owner went bankrupt. Officers explained that they envisage transferring the facility as a leasehold arrangement, with a clause to ensure that the property could only pass back to the council in future.

In response to suggestions to the contrary, council officers clarified that there has not been a council policy to stop people entering residential care, and that the number of vacancies in Dolwen reflects the reduction in demand for standard residential care. This assertion was met with some scepticism, and it is clear that many people simply do not believe this.

The proposed new Extra Care Housing development in Denbigh (on the Middle Lane site), was discussed, and it was asked whether we could wait until this was open before making decisions about Dolwen. It was explained that it would probably be around 2 years before the Extra Care Housing development was open, and that there was a clear rationale for Option 1 for Dolwen which does not depend on the Extra Care facility being open.

One of those who attended sent in the following submission:

“We wish to express that the discussion was well-managed and fair with everyone being respectful of the other person's views. We are of the opinion that serious consideration should be given to all feed-back from Staff at the Residential Homes as shown in the documents on the web-site, which were not available at the Consultation, as many of these ideas are practical and sensible. We believe that insufficient attention has been given to these constructive comments made by hands-on staff at the Homes.

We are also of the opinion that any partnerships with regard to the running of the Homes and maintenance of properties should be supported by adequate scrutiny investigations and due diligence tests, and any other adjustments should be covered by firm covenants to secure the establishments for the future”.

The feedback from staff (referred to above) is attached at Appendix P to the report, and was published on the council’s website to support the consultation process. The feedback was collected during the pre-consultation phase and informed the development of the options included in the consultation stage. In addition, Appendix Q summarises views expressed in the staff engagement events during the formal consultation stage. These form an important part of information presented to support the decision-making process.

One attendee was concerned that it is not possible to be a tenant in an extra care housing apartment unless one is on benefits, and officers explained that this is not the case.

Many of those who attended suggested closer working with the Health services and asked why the model suggested under Option 1 for Cysgod y Gaer could not be replicated with Dolwen. Officers explained that Option 1 for Cysgod y Gaer has primarily been developed due to the lack of other services available in the Corwen area, and that the situation was very different in Denbigh.

Attendees also asked if it would be possible to have dual registration so that Dolwen could accept some residents for standard residential care and some for specialist EMH care. It was confirmed that this is indeed possible within Option 1.

A rumour was dispelled about two companies outside Wales being in discussion with the council about taking over Dolwen. It was stressed that no decision has been made about which Option (if any) to pursue in relation to Dolwen, and therefore no discussions have taken place with any provider.

Officers were asked how much it is likely to cost to bring Dolwen up to national minimum standards to enable the council to register as an EMH residential care home. Although this has not been quantified, officers provided a view that it would require significant building work and would be likely to cost hundreds of thousands of pounds.

8.4 Summary of views from other meetings & focus groups

The views expressed in the Member Area Group, Denbigh Town Council and other meetings and focus groups largely echoed the issues already mentioned above.

People asked why it costs more for the council to run Dolwen and asked if it because quality is poorer in the independent sector. Staff described how CSSIW regulate all providers who all have to meet minimum standards. All providers are inspected by CSSIW and monitored by the council. Conditions of service were noted as contributing to the additional costs. Members were assured that there would be safeguards in the contract to ensure that quality would be maintained.

Some people referred to a public meeting organised by Plaid Cymru and Denbighshire Voice in which counter-arguments were put forward, for example that Dolwen would be viable if it were full, and the independent sector is not robust enough. That financial argument is discussed in section 4 above. In relation to the other point, officers referred to

a recent Wales Audit Office report which concluded that the independent care sector is robust in Wales and that a “Southern Cross” situation isn’t likely to happen in Wales.

Many asked about the monitoring role of the council and were pleased to hear of the council’s plans to add two staff to the team which monitors the quality of care provided and would keep an overview of the homes in addition to the CSSIW inspections. Many were pleased to know that all options for working with the independent sector would be considered, including social enterprises and charities.

Judging from the general Community Support Services staff engagement events (see Appendix Q for further details) and meetings held with Dolwen staff throughout the pre-consultation and consultation phases, there appears to be a lot of support for Option 1, particularly for the development of further provision for residents with mental health needs, ideally dual registration. Many staff speak of the value of the day care and respite services offered at Dolwen. Although most Dolwen staff would undoubtedly prefer to continue to work for the council, they appear to be somewhat reassured by TUPE legislation. A number of staff are keen to develop community support services at Dolwen alongside the proposed new Extra Care Housing development on the Middle Lane site. Several people suggested that Social Care and Health should join forces, and that Dolwen and Cysgodfa could work together more closely, perhaps by making Cysgodfa into Extra Care Housing and using Dolwen as a base.

8.5 Summary of petitions relating to Dolwen

We received 72 signatures of a petition *saying:*

“We the undersigned oppose the DCC plans to take Dolwen out of local authority control and move the emphasis on elderly mental health”

In July 2015, we also received 30 identical copies of letters from people saying:

“DCC intends to close Awelon, ‘privatise’ Dolwen & develop Cysgod y Gaer as a ‘support hub’. I am utterly opposed to the plans to change the current status of the above named care homes. This means that I am opposed to the closure of Awelon, I am opposed to the transfer of Dolwen to an external organisation and I’m opposed to Cysgod y Gaer being changed from its current status”.

In addition, a petition relating to all 3 residential care homes, opposing any changes was submitted in November 2014 containing nearly 5000 signatures.

8.6 Summary of UNISON response relating to Dolwen

The full response submitted by UNISON is attached at Appendix K, and this is an important document because it does set out a genuine alternative to the council’s preferred options. It is a difficult document to summarise, and doing so may do the document an injustice, so we would strongly recommend that the document is examined thoroughly by Members. However, in general terms, UNISON set out a case for keeping all of the existing services under council control. UNISON (on Page 5) argues that:

“The retention of in house options within a broad range of providers allows us the flexibility we need to offer sustainable solutions”.

In order to make the services affordable, and therefore sustainable, UNISON (on Page 5) argues that:

“The wisdom of investing in sustainable public sector provision is clear in any financial scenario but we feel compelled in the current circumstances to request Elected Members to revisit the size and extent of the reduction they have applied to the Community Support Services budget. In doing so they should consider the possibility of utilising the opportunity afforded by the better than expected settlement”.

UNISON continue by arguing that the better than expected settlement enabled the council to reduce its original proposal for increasing council tax for 2016/17 from 2.75% to 1.5%, and that the difference between the two proposals (an estimated £551,430 in income) represents the *“degree of leeway which could be used to reduce the impact of the cut in the Community Support Services Budget”.*

Page 13 of the document notes:

“Under option 1 of ‘Future of Denbighshire County Council’s in-house care services’, we find the statement that ‘Plans for the development of Extra Care Housing within the town will continue’. We welcome this but is really misleading since suggestion in the consultation is about the future of facilities at the Dolwen site and plans to develop Extra Care at the Middle-Lane site are quite separate”

Page 13 goes on to say:

“An expansion of Extra Care is to be welcomed as part of the mix of provision for the growing number of older people in the area which demographic processes will produce. However, it is not an alternative to the Dolwen [and Awelon] facilities and it is unhelpful to conflate these two distinct demands.

Unison believe that we are correct to emphasise the impact of increases in dementia cases, but go on to say (on page 15):

“Both specialist EMI and residential services are important provisions in order to meet the needs of people appropriate to their particular life-stage and provision for these should be made in the mix of care provision on offer”.

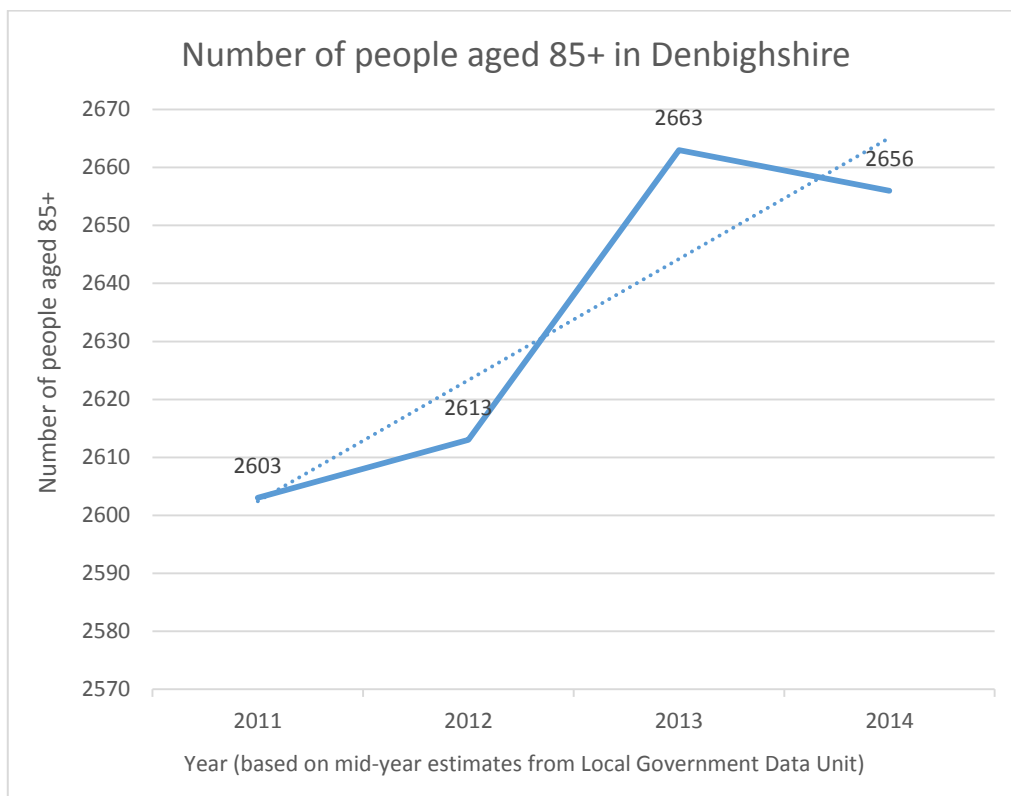
It is not clear at this stage the role that Dolwen [or Awelon] may have in supporting those with dementia under any of the proposals and additional provision may be required and that direct in-house provision of EMI services should be considered alongside other proposals in a separate process to this review.’

UNISON contend that many of the arguments made in its “case for change” document (Appendix C) are flawed. There are two main points made by UNISON in this respect. The first one is that Extra Care is not a suitable replacement for residential care, and that we need both. However, the council strongly disagrees with this argument. Extra Care can be, and should be, put forward as an alternative to standard residential care. The only real difference between the two is that people rent or buy an apartment in extra care housing, and therefore live in their own apartment, with their own front door, rather than just having a room. Care staff are on-site for 24 hours a day in extra care housing, just as they are in a residential care home. Extra Care Housing can (and does) support people who have the

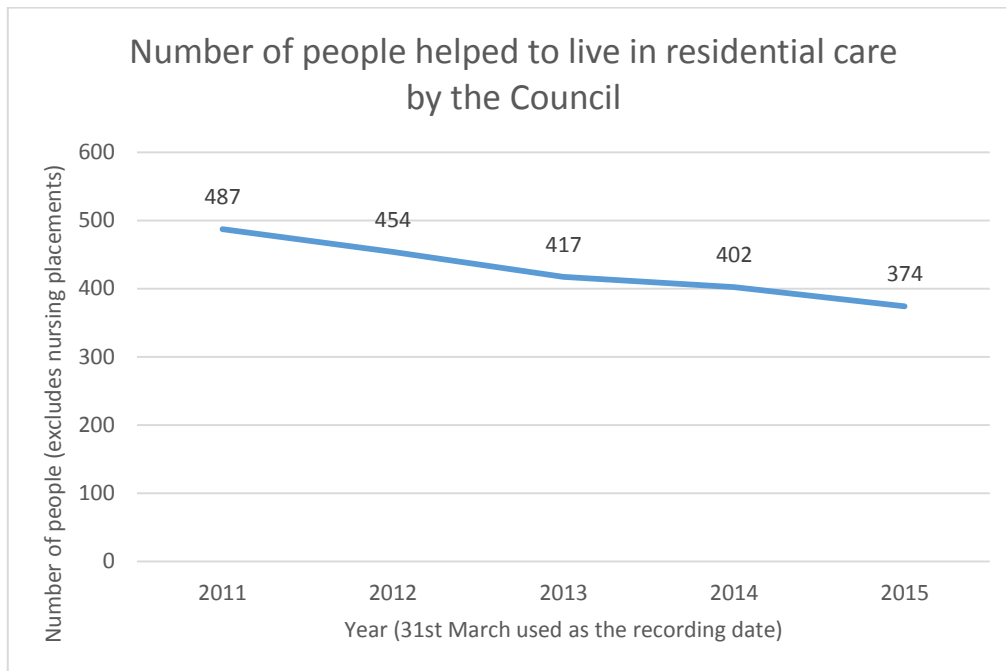
same level of social care needs you would find in a standard residential care home. However, research shows that there are many benefits to extra care housing over residential care. Extra care housing tends to be a more enabling environment, and people have better outcomes and are able to live more independent and fulfilling lives. People can also be better off financially in extra care housing because they do not have to sell their own property to pay for care home fees. People may have to sell their property in order to buy an extra care apartment, but they can then retain ownership of a property. A couple can also move into extra care housing together, even if one partner does not have social care needs.

The second UNISON argument is that demographic change, in particular the projected continued increased numbers of older people in Denbighshire, will necessarily result in an increase in demand for standard residential care. Again, the council does not share this view. Whilst it is true that the number of older people in Denbighshire is projected to rise over the next 15 years, this is not a new phenomenon. The first graph below shows that the number of people aged 85 and over in Denbighshire (the expected age for someone entering residential care) has been rising for some time. The second graph shows that the number of people supported by the council to live in residential care homes has been decreasing steadily during the same period. This suggests that there is not necessarily a consequential link between the two factors. Part of the explanation for this lies in the development of better alternatives to standard residential care, such as Extra Care Housing.

Graph 1: shows the increase in the 85+ population in Denbighshire between 2011 and 2014. Note: the figure for 2015 has not yet been released by the Local Government Data Unit.



Graph 2: shows the decrease in the number of people supported by the Council to live in residential care homes between 2011 and 2015. This reflects the decrease in demand for standard residential care in Denbighshire, and indeed across Wales.



UNISON do make some interesting and important points within their response document, and the option of raising council tax to subsidise the current arrangements is a genuinely alternative which Cabinet could consider supporting. However, the UNISON response is based on a number of assumptions and arguments which the council does not agree with. Most fundamentally, the council firmly believes that Extra Care Housing is a better alternative to standard residential care. In fact, the council's vision is that:

*“Where an individual’s needs can only be met by support from social services; **and** an individual cannot be cared for safely in their existing home; **and** the person does not need specialist nursing and/or mental health service...the Council will provide domiciliary care services within an Extra Care Housing development”.*