

Report To: Cabinet
Date of Meeting: 24 May 2016
Lead Member / Officer: Cllr Bobby Feeley / Phil Gilroy
Report Author: Phil Gilroy
Title: **In-House Care Services Review and Consultation**

1. What is the report about?

In July 2015, Cabinet requested that a consultation on the future of our in-house social care services for older people be undertaken. This report summarises the information gathered from that consultation process and the views of Performance Scrutiny Committee in considering the report of the Member Task & Finish Group appointed to analyse that information and recommend a way forward.

2. What is the reason for making this report?

- 2.1 To provide Cabinet with the information gathered and analysed by the Elected Member Task & Finish Group in relation to the consultation on the future of the council's in-house social care provision for older people.
- 2.2 To ask Cabinet to agree that officers explore all of the options in the recommendations in relation to each of the four care establishments (i.e. Hafan Deg; Dolwen; Awelon; and Cysgod y Gaer) with a view to making final decisions about which options should be implemented when the information has been analysed.

3. What are the Recommendations?

It is recommended that Cabinet consider this report and associated appendices, including the views of Performance Scrutiny, and make a decision to allow officers to explore the options for each of the four establishments in more detail. Full details of the original options consulted upon in relation to each site, and any proposals put forward as part of the public consultation, are included within appendices F - I. Performance Scrutiny, at their meeting of 12 April 2016 (minutes attached at Appendix T), considered all of the information and suggested the following recommendations, which were agreed by the Lead Member and Lead Officer:

That Cabinet approve the following:

- 3.1 Hafan Deg (Rhyl) – The council explores a potential partnership with an external organisation with a view to transferring the building to them, commissioning a day care service within the building and, in addition, enabling 3rd sector agencies to provide early intervention activities for older people that reduce social isolation, support independence and promote resilience. The work in relation to this option should include comparative cost, quality of care and Welsh language provision analysis between the current provider and any potential future service.

- 3.2 Dolwen (Denbigh) – The council explores a potential partnership with an external organisation with a view to transferring the building and the whole service to them, whilst ensuring that Dolwen is registered to provide EMH day and residential care. The work in relation to this option should include comparative cost, quality of care and Welsh language provision analysis between the current provider and any potential future service.
- 3.3 Awelon (Ruthin) – that the Council explores in detail the three options put forward in relation to this establishment and that the work in relation to these options include comparative costs, quality of care and Welsh language provision analysis between the current service and each of the three options;

The options are:

Option 1 (Cabinet’s preferred option): *The council will enter into a partnership with the owner of Llys Awelon to develop additional Extra Care apartments on the site, replacing the existing residential and community provision. However, it should be noted that Cabinet has agreed that no resident will be required to leave if they don’t want to and their needs can still be met in the residential provision.*

Option 2: *To work in partnership with a registered social landlord, health services and the 3rd sector to develop a range of services, transferring half of the building to develop additional extra care flats, possibly as an extension to Llys Awelon, while using the remainder as a small residential unit which could be used to meet the need for respite care and to ensure that no existing resident would need to move unless they chose to.*

Option 3: (Suggestion from some Members) *The council should engage with BCUHB to investigate the feasibility of developing additional nursing care capacity in Ruthin which would then enhance the offer for older people in the Ruthin area.*

- 3.4 Cysgod y Gaer (Corwen) – The council explores entering into a partnership with relevant stakeholders (including BCU and the 3rd sector) to develop the site into a ‘support hub’ offering both residential and extra care type facilities as well as an outreach domiciliary care and support service to the tenants of local Sheltered Housing Schemes and the wider population of Corwen and the surrounding area; and
- 3.5 That upon completion of the above, an analysis of each of the options in relation to each establishment is presented to Performance Scrutiny Committee for examination prior to a decision by Cabinet, with each being presented as it is developed.

These options are recommended for the following reasons:

- a) The rationale for the preferred option for each service is presented in Appendix C (“the case for change”). The consultation did not provide any compelling rationale or evidence to justify amending Cabinet’s preferred options for the future of the in-house care services. Therefore we remain confident that the original assertion that care and support services for older people in Denbighshire will be better, and more sustainable, if the preferred options are implemented is still valid.
- b) Despite the apparent widespread interest in the consultation, we received surprisingly few consultation questionnaire responses, and very few people expressed a preference for any of the options presented (with fewer still favouring an alternative to

Cabinet's preferred options). Furthermore, taking into account all of the information gathered during the consultation, very few people provided any meaningful rationale for opposing the preferred options, and very little (if anything) was submitted in the way of evidence to support any rationale offered. As the number of questionnaires submitted was surprisingly low, Appendix A contains a list of all the activities undertaken to promote the consultation. This is to assure Members that all reasonable efforts were made to encourage participation in the consultation.

- c) Even though the numbers of consultation responses were low, there was overwhelming support for Cabinet's preferred option for Cysgod y Gaer within the consultation questionnaire responses that were submitted.
- d) In general, the resounding message from the people who responded to the consultation was not to change our in-house care services. However, we believe that we have adequately demonstrated why that is not desirable or practical within the "case for change" document (Appendix C) and Appendices F – I.
- e) Although staff in Awelon, Dolwen and Hafan Deg are generally opposed to the preferred options (and would generally prefer to remain as employees of the council), it seems that the Council's preferred options have support among the wider staff group in Community Support Services, which includes the social care professionals. (Appendix Q)
- f) Although some potential negative impacts have been identified for existing service users, staff and people who share certain protected characteristics, the council is able to mitigate against all of these in some way. The Task & Finish Group is therefore clear that care and support services for older people in Denbighshire will be better, and more sustainable, if all the preferred options are implemented.
- g) Very few potential alternative proposals were put forward during the consultation, and those that were put forward have been evaluated as being less practical and/or sustainable than Cabinet's preferred options (see Appendices F – I for further details). However, it is important to note that alternative proposals were put forward, including from UNISON and from Members (Ruthin Member Area Group and Performance Scrutiny). While these should be considered by Cabinet as part of the decision-making process, it is not recommended that they are taken forward for further in-depth consideration for the reasons outlined below.

UNISON: Unison submitted alternative options for Dolwen, Awelon and Hafan Deg. These can be summarised (at a very high level) as increasing council tax to enable the council to retain the current services. This would equate to approximately an additional 2% increase in Council Tax and would not address the fundamental reasons for modernising our services, i.e., citizen expectations resulting in reduced demand and the need to develop more enabling alternatives to existing services.

Some Members: The council should engage with BCUHB to investigate the feasibility of developing additional nursing care capacity in Ruthin which would then enhance the offer for older people in the Ruthin area. This is an action that will be taken forward regardless of the decision on the future of Awelon and therefore is not a relevant recommendation in relation to this report.

- h) There is a strong financial case for Cabinet's preferred options for Hafan Deg and Dolwen, and an overwhelming financial case in relation to Awelon, where the savings

(based on current occupancy) would be in the region of £350,000 per year on the cost of care alone. However, it should be stressed that potential savings are not the only (or even necessarily the main) rationale for the options put forward by the Task & Finish Group.

- i) In the case of Awelon, there was a view expressed by the Performance Scrutiny Committee that there was not sufficient information available to make a sound judgement on which of the options would be the most feasible and the recommendation acknowledges the Committee's view.

4. Report details

4.1. Background

The Council has been conducting an exercise to look at the future of its in-house social care services since March 2014, when the Performance Scrutiny Committee requested that an Elected Member Task & Finish Group¹ be established to “examine value for money options for delivering high quality social care services in the County”. This Task & Finish Group was supported by an officer Project Team (referred to in the document as ‘we’) which included a senior manager from the Central Area Team for Betsi Cadwaladr University Health Board.

In early 2015, we began a ‘listening and engagement’ exercise to help us develop proposals which could be tested if Cabinet approved a formal public consultation. We had discussions with each individual service user (and their families/advocates) who might be affected by any potential changes, and this included an assessment of their needs and the potential availability of suitable alternative provision to meet those needs in the event that the council decided to change the existing services. Proposals for each of the four establishments were then developed and agreed by the Elected Member Task & Finish Group, before being scrutinised by Performance Scrutiny. Finally, on 28th July 2015, Cabinet approved the proposal to go to public consultation on the future of the in-house services, and agreed its preferred option for each establishment. The public consultation opened on 16th October 2015 and closed on 24th January 2016. A full description of the activities undertaken during the consultation is attached at Appendix A.

4.2. Information presented to the public

The council issued a number of documents to support the consultation process. We worked with the Consultation Institute to ensure that the information we issued was both accessible and sufficiently detailed to enable the public to engage in a meaningful way. However, as the consultation progressed, we continued to issue additional information where we felt it would assist the consultation process. For example, it became clear during the public consultation meetings that a small number of similar questions/challenges were being raised, and that some of these were based upon myths or misunderstandings. We therefore issued a document in December 2015 to respond to the seven key questions that were being raised repeatedly during the public meetings. The rationale for this was that, although we were able to answer these questions directly with attendees at the public meetings, we felt it would be useful to share those responses with the wider public who had not attended a public meeting. This document (which was issued as a press release, placed on our website, and published regularly via social media) is attached at Appendix E.

¹ Minutes of all the Task & Finish Group meetings are attached at Appendix S

This is a key document because it addresses a number of the main challenges presented to the council's "case for change" document. In addition, newsletters were published regularly on the consultation page of the Council's website to provide a summary of the activity undertaken and feedback received during the consultation.

4.3. The information / evidence considered during the review

There has been a lot of information considered as part of this review, and it is difficult to present this in a way that is both concise and meaningful. The information has therefore been presented as a set of appendices which can be easily referenced as required to assist Members to make an informed decision. The full list of appendices included is as follows:

Appendix A	Summary of the promotion and participation activities undertaken
Appendix B	The public consultation document
Appendix C	The case for change (issued alongside the public consultation document)
Appendix D	The consultation response form (available as paper or on-line form)
Appendix E	Press release: 7 key challenges raised during public consultation meetings
Appendix F	Analysis of options for Hafan Deg
Appendix G	Analysis of options for Dolwen
Appendix H	Analysis of options for Awelon
Appendix I	Analysis of options for Cysgod y Gaer
Appendix J	Equality Impact Assessment document
Appendix K	Formal response from Unison
Appendix L	Summary of petitions received
Appendix M	Summary of political submissions
Appendix N	"The Case for No Change": document from Denbighshire Voice
Appendix O	Example of care provider quality monitoring report
Appendix P	Feedback from staff (published on website to support the consultation process)
Appendix Q	Summary of feedback from Community Support Services staff engagement events
Appendix R	Demographic Profile of Consultation Respondents
Appendix S	Minutes of the Elected Member Task & Finish Group meetings
Appendix T	Draft Minutes of Performance Scrutiny Committee

4.4. Summary of feedback received from public consultation

The table below summarises the volume of responses received via the various methods. It should be noted that there were effectively four consultations (one for each establishment), but we designed one response form to cover all four consultations. This enabled people to respond by submitting only one form. While some people had an interest in all four, others only had an interest in a specific establishment. The total number of responses is therefore greater than the number of consultation forms received. The number of responses about each establishment is included in the analysis of each consultation (Appendices F - I).

Consultation questionnaires ²	<ul style="list-style-type: none"> • 64 questionnaires sent to Customer Connections Team • 104 online questionnaires
Other submissions from individuals	<ul style="list-style-type: none"> • 14 letters (2 accompanying petitions) • 7 feedback forms from care homes • 23 emails / 3 telephone messages
Public meetings	<ul style="list-style-type: none"> • 8 public meetings in 4 towns • 137 attendees in total
Meetings / focus groups	<ul style="list-style-type: none"> • 5 Member Area Group meetings • 2 Town Council Meetings • 4 staff engagement events • 25 meetings with interested groups
Petitions	<ul style="list-style-type: none"> • 9 petitions submitted (5 before the consultation period) • 7240 signatures in total
Union responses	<ul style="list-style-type: none"> • One formal report from Unison

The table below shows the popularity of the various options for each individual establishment from the consultation response forms (paper and online). Unfortunately, the vast majority of respondents didn't select a preference for any of the specific options presented. However, from the comments submitted, it is clear that the majority of responses were in support of "no change", i.e. keeping things as they currently are. The responses relating to each individual establishment are analysed in greater detail in Appendices F - I.

	Hafan Deg	Dolwen	Awelon	Cysgod y Gaer
Option 1	10	7	0	24
Option 2	0	0	12	0
Option 3	0	20	4	0

5. How does the decision contribute to the Corporate Priorities?

This decision will directly contribute to three of the council's corporate priorities:

- i. Vulnerable people are protected and are able to live as independently as possible;
- ii. Ensuring access to good quality housing; and
- iii. Modernising the council to deliver efficiencies and improve services for our customers

The recommended options will support all three of these corporate priorities because:

- i. It will reduce our reliance on traditional residential care services, and provide more enabling alternatives (e.g. Extra Care Housing) which can meet the same levels of need, but are proven to produce better outcomes for citizens, including in relation to increased independence.

All the individual consultation responses are available on the council's website via the following links:

English: <https://www.denbighshire.gov.uk/en/your-council/consultations/closed-consultations.aspx>

Welsh: <https://www.sirddinbych.gov.uk/cy/eich-cyngor/ymgyngoriadau/ymgyngoriadau-wedi-cau.aspx>

- ii. It will enable investment in facilities that the council cannot afford to provide, and the result will be better quality housing for older people who have substantial care needs. For example, Dolwen would need to be brought up to current minimum standards in order for a new owner to register as an EMH provider. Furthermore, the ageing Awelon residential care home would be replaced by modern, extra care housing.
- iii. Denbighshire will benefit from having more Extra Care Housing schemes, and the council will realise efficiencies by ensuring that we don't pay more than the market rate for care services.

6. What will it cost and how will it affect other services?

It is likely that some of the options presented will require Community Support Services to obtain legal and/or procurement advice in order to implement successfully. For example, any decision to transfer ownership of council assets to the independent sector would require legal expertise in order to safeguard the interests of the council and community.

7. What are the main conclusions of the Equality Impact Assessment (EqIA) undertaken on the decision? The completed EqIA template should be attached as an appendix to the report

There is a need to distinguish between the immediate impact on those people who currently use these services (and their families and friends), and the impact on the community as a whole. The council has already pledged to mitigate against much of the potential impact on current services users (and their families and friends) by stating, that nobody would have to move from their existing home unless it was not possible for that place to meet their needs anymore. Overall, we believe that the long-term offer provided by the stated preferred options would result in a positive impact on people who share protected characteristics, particularly older people. An equality impact assessment document is included at Appendix J, which examines the potential impact of all options for each site.

8. What consultations have been carried out with Scrutiny and others?

This paper (and associated appendices) detail the various consultation activities undertaken in relation to this issue. The proposals contained within the report have been developed by an Elected Member Task & Finish Group, and all proposals have been scrutinised by Performance Scrutiny Committee prior to any decisions being made by Cabinet.

9. Chief Finance Officer Statement

Although the financial implications are a secondary consideration, the preferred options should provide more cost effective solutions to the current operating models. Clearly, there is a financial benefit on a unit cost basis but the total cost will ultimately depend on the type of model implemented and will vary with demand.

10. What risks are there and is there anything we can do to reduce them?

There is a risk that any decision made by Cabinet is challenged by a person/group, and that this could lead to a judicial review of the decision. This has happened with other decisions made by other local authorities and public sector organisations in recent years. Such challenges are generally made on the grounds that due process has not been followed during the consultation process. The Project Team feels that this risk has been minimised as much as possible by the rigorous process undertaken to manage this review and

subsequent consultation. For example, we undertook a significant (pre-consultation) “listening and engagement” exercise which shaped the options which became the focus of the public consultation. The Project Team has also done everything that is reasonable to enable and encourage participation in the consultation process. We have carefully considered the 1985 Gunning Legal Principles around consultation to ensure that the consultation process was sufficiently robust and fair. A thorough Equality Impact Assessment has also been undertaken to ensure that due consideration has been given to the duties of the Equality Act. Finally, we have worked with the Consultation Institute who have helped to guide us through the consultation process and have also provided advice and challenge throughout the project.

11. Power to make the Decision

The National Assistance Act 1948, the NHS & Community Care Act 1990 and the Social Services & Well-being (Wales) Act 2014 detail Local Authorities’ responsibilities for meeting the needs of vulnerable individuals, including the ability to meet needs as the Local Authority sees as appropriate. This includes the power to commission services from external providers.