

## Options for Awelon

### • Introduction

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

### • The current provision in the Ruthin area

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

- 45 standard residential care beds (23 at Llanrhaedr Hall; 12 at Trosnant; 10 at Vale View)
- 26 EMH residential care beds (13 at Llanrhaedr Hall; 13 at Valley Lodge)
- 51 standard nursing beds (30 at Plas Gwyn; 21 at Valley Lodge)
- 52 EMH nursing beds (18 at Llys Meddyg, 34 at Plas Eleri)
- 21 Extra Care Housing apartments (Llys Awelon)

### • The options for Awelon

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

**Option 1 (Cabinet's preferred option):** The council will stop new admissions and work with the individuals and their families, at their own pace, to move them to suitable alternatives (as appropriate) and to enter into a partnership with the owner of Llys Awelon to develop additional Extra Care apartments on the site. However, it should be noted that Cabinet has agreed that nobody will be required to leave if they don't want to and their needs can still be met there.

**Option 2:** To work in partnership with a registered social landlord, health services and the 3<sup>rd</sup> 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:** 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.

Two alternative options were put forward during the consultation, and these are referred to as Option 3a and Option 3b:

- **Option 3a (UNISON):** The UNISON proposals are explored/explained in detail within the full UNISON response (Appendix K), but essentially their proposal is for the council to continue to own and run Awelon, and for this to be funded with an additional increase in Council Tax.

- **Option 3b (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.

#### 4. The rationale for Option 1:

- 4.1. The demand for standard residential care is declining year on year, and Awelon is therefore not sustainable as a residential care home in the long-term.
- 4.2. Option 1 would enable the demand for additional Extra Care Housing in Ruthin to be met, and people with 24-hr care needs generally achieve better outcomes in an Extra Care Housing environment than they do in a residential care home.
- 4.3. Despite the apparent widespread interest in the consultation, only 16 people submitted a consultation response expressing a preference for an alternative to the council's preferred option for Awelon. 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 Awelon. Two main arguments were put forward for opposing Option 1 for Awelon. First, that Awelon would be more financially competitive (with the independent sector) if it were operating at full occupancy, and that the council had been intentionally refusing entry to Awelon 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 Awelon. The number of vacancies simply reflects the reducing demand for standard residential care. The second argument was that Extra Care Housing cannot provide for the same level of care needs as a residential care home, and that Extra Care Housing should therefore not be seen as a replacement for Awelon. Again, no evidence was submitted to support this argument, and the council is very clear that Extra Care Housing can (and does) meet the needs of people with 24-hour care needs (i.e. the level of needs that you would expect to result in a standard residential care home placement).
- 4.4. The alternative options considered as part of this review, although all regarded as feasible, do not fully address the underlying issue about the reducing demand for standard residential care. This makes them less attractive options for the council compared to Option 1, which offers the most sustainable solution to providing high quality and cost-effective care for older people. Option 2 would result in a small (e.g. 10-bed) residential or nursing care unit based on the site. This facility would have a very high unit cost, even if it ran at full capacity at all times, which is by no means guaranteed. Option 3a (Unison) does not recognise that demand in standard residential care exists, and argues instead that the reducing numbers of residents is due to "the historic lack of investment" and "the threat of closure" making Awelon "an undesirable option". Option 3b (Elected Member) is one that needs to be considered as part of the general population needs analysis and subsequent commissioning strategy as required by the Social Services & Well-being Act but, as it relates to nursing care, not the same services provided by Awelon, it can be considered separately.
- 4.5. There is an overwhelming financial argument for Option 1, with an annual saving on the cost of care of between £146,274 and £347,393. The council would also avoid

additional maintenance costs and capital expenditure on the Awelon building which would be very likely to occur if it retained ownership of the building.

## 5 Consequences of Option 1:

- 5.1. Individuals currently living in Awelon would have plenty of time to find appropriate alternative provision. 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).
- 5.2. Awelon would not close until all the service users' needs had been fully reviewed and suitable alternative provision found for all current residents.
- 5.3. At the point at which the council was able to give notice of the closure of Awelon, existing staff would be at risk of redeployment or redundancy. However, this option would enable staff to have a planned progression from their current role 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.
- 5.4. It would enable the demand for additional Extra Care Housing in Ruthin to be met. There are currently 35 people on the waiting list.
- 5.5. There would be a requirement on the landlord to ensure that the community activities currently provided at Canolfan Awelon would continue.
- 5.6. There would be an annual revenue saving of £347,393 on the cost of care (based on current occupancy levels, i.e. 18 beds)<sup>1</sup> because, from April 2016, it will cost the council £483.46 per person per week to commission standard residential care from the independent sector, whereas it will cost £854.61 per week (from April 2016) to support one person in Awelon (see tables below). **Note:** we have updated the financial information to take account of the current number of residents in Awelon and the revised costs of running Awelon 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.
- 5.7. Even if Awelon was at full capacity (26 beds), the council would save £146,274 per year on the cost of care by buying residential care from the independent sector. 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 Awelon fluctuate, it can be said that the projected annual saving on the cost of buying care is likely to be somewhere between £347,393 (based on current occupancy levels, i.e. 18 beds) and £146,274 (based on full capacity). 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.

### Unit cost to the council of providing care in Awelon:

<sup>1</sup> The consultation document stated that the annual revenue saving would be £280,000, based on an occupancy level as of 1<sup>st</sup> September 2015 and costs which were correct at the time the papers were finalised for the consultation.

<i>Residential home:</i>	<b>Employee Costs</b>	<b>Premises Costs</b>	<b>Transport</b>	<b>Supplies and other services</b>	<b>GROSS TOTAL</b>	<b>Full Occupancy (Beds)</b>	<b>Gross Unit Cost Per Week</b>	<b>Current Occupancy (29/02/16)</b>	<b>Gross Unit Cost Per Week</b>
	£	£	£	£	£		£		£
<b>Awelon</b>	690,504.67	57,235.00	4,050.00	48,122.00	799,911.67	26	591.65	18	854.61

**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 26 people	£653,637.92
Total annual cost of purchasing standard residential care from independent sector for 18 people	£452,518.56
Total cost of running Awelon	£799,911.67
<b>Annual saving on cost of care for 26 people (compared to cost of running Awelon)</b>	<b>£146,273.75</b>
<b>Annual saving on cost of care for 18 people (compared to cost of running Awelon)</b>	<b>£347,393.11</b>

- 5.8. 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 Awelon. 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 £165,000 for Awelon which we would need to spend if we kept the building. Furthermore, the council has incurred more than £25,000 of capital expenditure on the Awelon building over the past three years, and further capital investment will be needed if the Council was to retain the building.

## **6 Consequences of Option 2:**

- 6.1. Option 2 relies on the existing owner of Llys Awelon (Grŵp Cynefin) being interested in extending the extra care housing facility to include part of the existing Awelon residential care home. It would not make sense to work with another social landlord because such a small extra care housing development would not be financially viable on its own. Prior to the Performance Scrutiny Committee on 12<sup>th</sup> April 2016, officers had not entered into formal discussions with Grŵp Cynefin about their willingness to participate in any of the options presented in this paper. This is because we did not wish to give the impression that any decisions had been made prior to the Cabinet meeting on 24<sup>th</sup> May 2016. As prescribed by the Gunning Principles, “consultation must take place when the proposal is still at a formative stage”, and officers believed that developing detailed proposals with Grŵp Cynefin prior to consultation would imply that the council had already decided to make changes to Awelon. However, following the request by the Performance Scrutiny Committee (on 12th April 2016), we have approached Grŵp Cynefin to ask them whether they would be interested in Option 2, i.e. adapting the existing Awelon building for extra care housing, whilst retaining 10 residential/nursing home beds. We stated that our preference would be for all new provision to be within the existing building, and that the solution should not require all existing residents to move out of Awelon in order to develop the building. At the time of submitting this report to Cabinet, Grŵp Cynefin had not finished their feasibility study, but officers will continue to explore this option in more detail, as per recommendation 3.3 of the Cabinet paper.
- 6.2. It would enable some of the existing demand for additional Extra Care Housing in Ruthin to be met.

- 6.3. Only a proportion of the annual revenue saving (highlighted for Option 1) would be realised, and the council would continue to incur additional maintenance costs and capital expenditure because it would still own at least part of the building.
- 6.4. The unit cost of providing small residential homes is very high. This could keep a question mark hanging over the service, especially as people's preference is likely to be for the Extra Care Housing.
- 6.5. The cost of residential care per person in Awelon will increase even further, due to economies of scale being lost and the cost of any vacancies becoming more significant in a smaller unit.

## **7 Consequences of Option 3a (UNISON):**

- 7.1. The council would continue to own and run Awelon as a residential care home and day care centre.
- 7.2. Staff would continue to be employed by the council, which they would prefer.
- 7.3. The council would not realise the potential annual revenue saving of between £146,274 and £347,393<sup>2</sup> 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 £165,000 would remain as a council liability.
- 7.4. As proposed by UNISON, this financial pressure could be mitigated 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 Awelon.
- 7.5. The proposal does nothing to address the unmet demand for additional Extra Care Housing in Ruthin.
- 7.6. The proposal does nothing to address the issue of a year-on-year reduction in demand for standard residential care. However, it is clear that this is because UNISON do not agree that this reduction in demand exists.

## **8 Consequences of Option 3b (put forward by some Members):**

- 8.1. The proposal would deliver additional nursing care in Ruthin, which would meet the increasing demand for this level of service.
- 8.2. The provision of such a facility has no bearing on the services provided at Awelon as the new service would be providing nursing care, meeting a higher level of need than Awelon can.
- 8.3. This action will be taken forward regardless of the decision on the future of Awelon.

## **9 Summary of the consultation responses relating to Awelon**

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<sup>2</sup> The consultation document stated that the annual revenue saving would be £280,000, based on an occupancy level as of 1<sup>st</sup> September 2015 and costs which were correct at the time the papers were finalised for the consultation.

70 consultation questionnaires returned	<ul style="list-style-type: none"> <li>• 13 paper questionnaires</li> <li>• 57 online questionnaires</li> </ul>
Other submissions from individuals	<ul style="list-style-type: none"> <li>• 15 letters</li> <li>• 10 emails</li> <li>• 3 telephone messages</li> </ul>
Public meetings	<ul style="list-style-type: none"> <li>• 2 public meetings in Ruthin</li> <li>• 54 attendees in total</li> </ul>
Meetings / focus groups	<ul style="list-style-type: none"> <li>• 1 meeting with Ruthin Member Area Group</li> <li>• 1 meetings with Age Connect Ruthin Hubbub forum</li> <li>• 4 Community Support Services staff engagement events</li> </ul>
Petitions	<ul style="list-style-type: none"> <li>• 2 petitions opposed to the closure of Awelon specifically: <ul style="list-style-type: none"> <li>➤ 1 via Plaid Cymru (1242 signatures)</li> <li>➤ 1 from English Presbyterian Church (15 signatures)</li> </ul> </li> <li>• 2 petitions against closure of all residential homes: <ul style="list-style-type: none"> <li>➤ 1 with approx. 5000 signatures</li> <li>➤ 30 identical letters</li> </ul> </li> <li>• Total of 6282 signatures opposing the closure of Awelon</li> </ul>
Union responses	<ul style="list-style-type: none"> <li>• One formal report from Unison</li> </ul>

### 9.1 Responses from consultation forms

Option	Number of people expressing a preference for this option
Option 1	0
Option 2	12
Option 3	4

Unfortunately, only a small percentage of those who responded indicated specifically which option they would prefer. Of the 70 returned consultation questionnaires relating to Awelon, none explicitly expressed a preference for Option 1; 12 expressed a preference for Option 2; and 4 expressed a preference for Option 3. The 12 people indicating a preference for Option 2 seemed to favour the idea of joint working with health and other agencies.

Several respondents commented about how greatly valued the services at Awelon are, including reference to the importance of day care and respite provision. It is important to note that extra care housing can, and does, provide respite care. One respondent refers to the advantages, currently, of having extra care and residential care facilities on the same site.

Another respondent outlines what she sees as the advantages of option 2 thus:

*“Option 2 would be very beneficial so that people can still stay in their local community even if they have greater needs, giving them the opportunity for more visits by friends and family, and staying in touch with their own churches and chapels, GPs, dentists, opticians, podiatrists etc. Extra Care residents could move seamlessly from that to Residential Care should their needs increase owing to physical or mental frailty” (Consultation respondent).*

One respondent suggested that:

*“... DCC already owns a large area of land that Awelon Community Centre stand on, this could easily be used for Extra Care Housing without interfering with the structure and running of Awelon Care Home”. (Consultation respondent).*

We also received other queries from those stressing the value of this community centre. We assured those who raised similar concerns during the public meetings that there will continue to be a community centre where the current activities can continue.

Some respondents referred to the need for nursing care beds, a point with which the council agree with.

Some respondents suggested that savings could be made, or could have been made in, other departments rather than in Social Services. One suggests that senior officer wages should be cut. Other comments included:

*“... Maybe councillors should consider the dramatic overspend on their headquarters in Ruthin. A recent article in "Private Eye" highlighted this. To build it in 2004 it cost £12.1million, but the total cost spent via the PFI scheme, allowing for compensation, was £42.1million- £30 million extra”. (Consultation respondent).*

*“...Perhaps the council should be disbanded to save money, or cut back on their subs to save old people's homes, or become a voluntary organisation”. (Consultation respondent).*

Many respondents mention concern for staff and their future if Awelon is closed.

## **9.2 Summary of other submissions from individuals**

We received 28 letters, calls and e-mails, most of which showed support for keeping Awelon in the ownership of the council. Although this would have to be considered as support for an alternative option (i.e. an “Option 3”), none of the comments elaborated on how that could be done whilst making the service sustainable for the future. The only response which does this is the response from Unison (Appendix K).

All respondents were positive about the services currently provided at Awelon. It is clear that many families find its presence reassuring having known a number of local people who have lived there over the years. However a number also suggest that it is being run down by the council, for example:

*‘.... with a large number of empty beds to be seen on the floor where my relative was. This did not provide any kind of support for my relative who wanted to have some kind of contact with other people during his stay. I was very sad to see the decline in the lack of opportunities to communicate in general except for*

*mealtime. This in my view is a situation that has been created by the Council, which appears to be slowly closing the centre, even during the consultation period.'* (Consultation respondent).

This is something that came up repeatedly during the public consultation meetings, prompting the council to issue the press release (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”.***

Some refer to the greatest challenge facing older people being loneliness, and the importance of the location and culture of Awelon. Many people also believed that the council has topped GPs from referring people to our care homes, including Awelon. One respondent went on to say:

*‘...The recent experience of my relative shows this clearly, and that is basically because it is probably more difficult for doctors to send people to receive care at Awelon, therefore the number who go there has fallen considerably. I don’t think there are less people using the centres, it’s just more difficult these days to be referred there....’.* (Consultation respondent).

This was another theme which came up repeatedly during the public consultation meetings. Again, we responded to this challenge within our press release in December (Appendix E), which contained the following response:

***“Is it true that the council has stopped GPs from referring people to its care homes? No, GPs have never been able to decide whether someone can move into one of our residential care homes. GPs can only refer people to the council so that we can undertake an assessment of their social care needs. If that assessment shows that a person needs residential care, they are free to move into one of our homes if that home can meet their needs. Different people have different needs, and not every home can meet the needs of each person. For example, some people need to be supported in homes that are registered to deal with complex dementia-related needs. The registered manager of a care home makes the final decision about whether that home can meet the specific needs of each person”.***

Issues of the importance of location and of the Welsh speaking staff are often referred to. Although many respondents refer to all 3 residential homes and day care centres in their comments, it is clear that many people in the community are alarmed at the idea of Awelon turning from a residential care centre to an extra care scheme. The following sentiments can be found within many submissions:

*‘...The three homes in question have provided excellent care for local people for as long as I can remember and has been the centre of the community. It’s hard to*



*believe how closing these centres could lead to anything else but worsen the situation tremendously. The bilingual service is also an extremely important factor for older people who have lived in the Vale of Clwyd all their lives, and feel much more comfortable communicating in Welsh. The Welsh experience is not something that is always considered by all private home...’ (Consultation respondent).*

*‘...with so few options in the nearby area. There is not enough capacity in private care homes to deal with the demand, especially a demand which inevitably is going to increase over time with the ageing population. Having to move to an unfamiliar area at that time of their life adds to the feeling of loneliness I have already referred to. It would also make it harder for families to visit, where visiting Awelon and Dolwen is very convenient, even with public transport.’ (Consultation respondent).*

Many respondents cite reports in the local and national press on private care homes either closing or offering a poor quality service. They refer to the reported inability of private care homes across the UK to continue with the provision in the future due to additional staffing costs and other issues. They also refer to recent care home closures, and a perceived increase in demand for residential care due to the increasing numbers of older people in the community. One said:

*“One would expect the number of people over 65 years to grow over 50 percent in the coming years, therefore, in my view it would be complete nonsense to close the 3 centres”. (Consultation respondent).*

We also had submissions from those who use and value Canolfan Awelon, including the indoor bowling club, who said:

*“We as a club meet every Monday afternoon from Oct to Easter. We are disappointed to learn that you intend to close the home and thinking of building more flats like Llys Awelon. What will happen to the Centre? Is the Centre going to be demolished and build a hall for the community? The Centre is used regularly by a number of the groups within the town and it would be of a great loss to them. Yes Llys Awelon has been an asset but it would be a loss for the people of Ruthin if the home is closed. It is a shame that this is causing such a lot of anxiety for the people in the local area”.*

A letter, too was received on behalf of the Chapels of Ruthin and the area saying:

*“In our recent meeting it was with some concern that you were thinking of closing Awelon. Care is required for the elderly in the area who cannot look after themselves. Praise was given to Llys Awelon but what will happen when the tenants will no longer be able to look after themselves and family maybe living far away? There’s a shortage of quality homes in Ruthin and the elderly are worrying about the future”.*

### **9.3 Summary of views from the public meetings**

A significant proportion of both public meetings was spent in explaining the differences between standard residential care; EMI residential care; nursing care; and Extra Care Housing. Staffing levels in extra care housing were discussed, as many of those who attended were not aware that tenants in these settings receive different amounts of care, dependent on their assessed needs, and could receive 24-hour-a-day care.

Many of those who attended both meetings expressed concern about the quality of care provided by the private or independent sector. Officers explained that 95% of all care in Denbighshire is already provided by the independent sector. All care homes where Denbighshire residents live are inspected by CSSIW and monitored by the council.

Details of Option 1 were discussed including how many extra care flats could be provided if the residential home were to change into extra care. In response, it was stated that we could see an additional 29 apartments, or up to 58 additional beds).

Attendees asked why extra care housing is cheaper for the council. It was explained that for residents in care homes, the council pays for everything whilst in extra care housing, the responsibility for paying for food, heating, rent, etc., lies with the tenant.

Many of those who attended were worried about the effect that it would have on their relatives/friends if they were asked to leave Awelon where they are happy and feel safe. It was reiterated that the council has said that no one will need to be moved unless the needs of the individual have changed such that the care home can no longer meet their needs.

Some expressed concern about those people still being admitted to the homes under consultation, worrying that changes might be disruptive. The council confirmed that, until a decision is made by Cabinet, we will continue to operate as normal which is why new residents and day care users are still being accepted. However those present were assured that the council was explaining the current situation regarding the review with any prospective new residents and service users.

On the other hand a rumour was referred to that Awelon is being 'wound down'. One attendee said that he had heard that GPs have been told not to refer people to Care Homes in Denbighshire. These two points have been covered previously (in section 5.2 above, and in Appendix E).

Many spoke of the importance of respite care that is offered in many care homes. Council officers responded to say that respite care is already offered in extra care housing schemes, and that it was hoped in the future that this could be developed further.

Attendees were assured that the community facilities at Canolfan Awelon would remain in future, either in its current form, or as a new or re-furbished facility.

Scepticism was expressed as to whether decisions have already been made. Again, this was a challenge that was raised in many of the public meetings, and prompted the council to include this in its press release in December (Appendix E):

***“Has the council already made up its mind what to do? Although we have preferred options, no decisions about the future of any site have been made. The reason for our public consultation is to gather views about the options currently being considered, but also to explore whether any other options exist”.***

An Elected Member raised a question of whether we were missing an opportunity in relation to schools sites that might be potentially available for development. This followed on from a discussion about the lack of potential sites in Ruthin for developing additional Extra Care Housing (hence our proposal to re-develop the Awelon site to provide more ECH). The question was raised as to whether an alternative proposal could be to develop ECH on one of the school sites that will be made available when the new school is built in Ruthin. Council officers committed to investigating this as a potential alternative option, and it is referred to as Option 3b in this paper.

#### **9.4 Summary of views from other meetings & focus groups**

The views expressed at various other meetings and focus groups largely echoed those expressed in the public meetings (noted above). Indeed many of those who attended the Ruthin Member Area Group and the Ruthin Hubbub also went on to attend the public meetings. In the Age Connects meeting, tenants of Llys Erw were interested in hearing the difference between sheltered and extra care housing and wanted to find out more, with a view to joining the waiting list for Llys Awelon.

Judging from the general Community Support Services staff engagement events (see Appendix Q for further details) and meetings held with Awelon staff throughout the pre-consultation and consultation phases, there appears to be a substantial amount of support for Option 1. However, it should be said that staff working at Awelon are understandably concerned about their jobs and also about the wellbeing of the service users they currently support. The existing Awelon staff group are therefore less favourable towards Option 1 than the wider staff group in Community Support Services. Some staff have suggested developing the provision of reablement within the extra care facility, and some have suggested developing a provision for EMH residents at Awelon. Some staff are concerned about how Option 2 might affect people remaining there whereas others suggest that it would be a good opportunity to develop a step-up/step-down facility, offering respite and rehabilitation from hospital discharge patients.

#### **9.5 Summary of petitions relating to Awelon**

Two petitions were submitted during the consultation period which expressed opposition to the closure of Awelon specifically. One petition, which had 1242 signatures, was organised through Plaid Cymru, and was presented at County Hall on 14<sup>th</sup> January 2016. The other petition was received from the English Presbyterian Church, and had 15 signatures.

A further petition was received which expressed opposition to the closure of all three residential homes. This had nearly 5000 signatures but came in before the start of the consultation period in November 2014. In August 2015, we also received 30 identical letters which say:

*“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”.*

We have been advised that these 30 letters represent a petition due to the fact that they are identical.

## 9.6 Summary of UNISON response relating to Awelon

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”.*

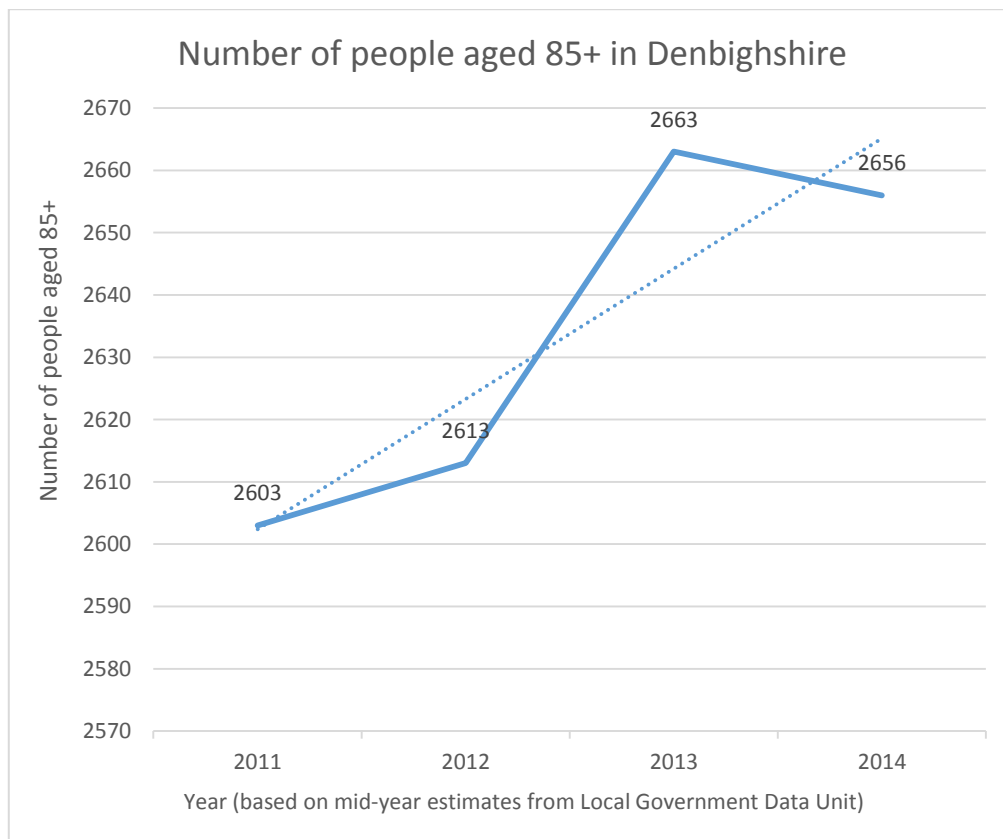
UNISON continue by arguing that the better than expected settlement enabled the council to reduce its original proposal for increasing council tax for 2016/17 from 2.75% to 1.5%, and that the difference between the two proposals (an estimated £551,430 in income) represents the “*degree of leeway which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

UNISON also 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.

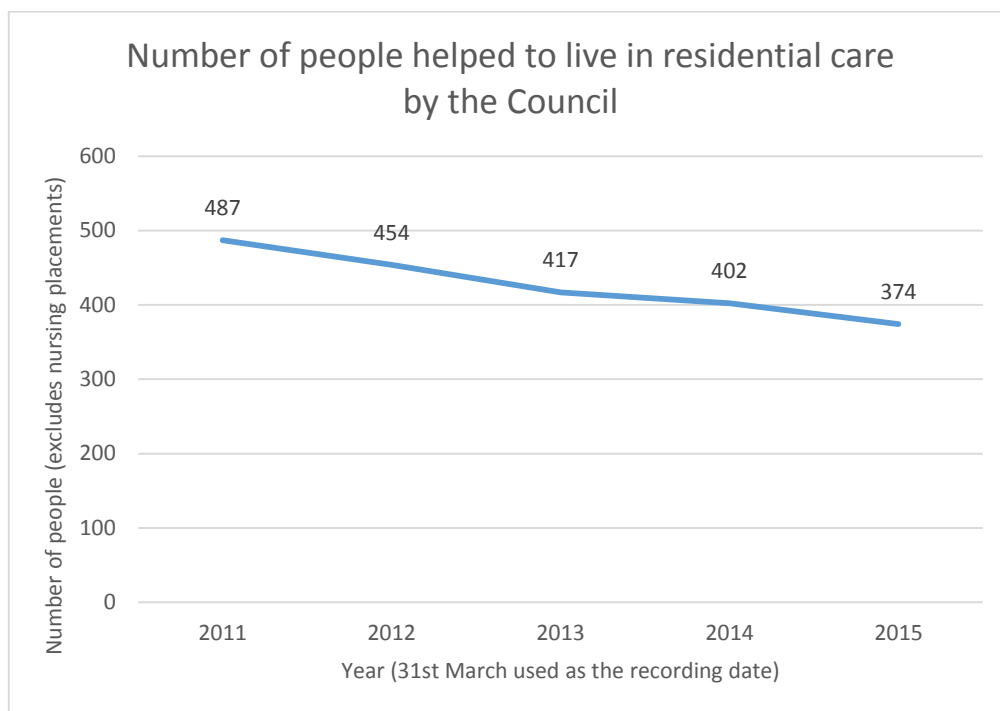
The second UNISON argument is that demographic change, in particular the projected continued increased numbers of older people in Denbighshire, will necessarily result in an increase in demand for standard residential care. Again, the council does not share this view. Whilst it is true that the number 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".*