

REPORT TITLE: Future arrangements for the council-run long stay dementia care homes.

Meeting:	Health and Adults Social Care Scrutiny
Date:	28/02/2024
Cabinet Member (if applicable)	Cllr Jackie Ramsay
Key Decision Eligible for Call In	Yes Yes
Purpose of Report 1.1 To present cabinet with findings from the recent dementia care homes consultation.	
Recommendations <ul style="list-style-type: none"> • Cabinet to understand the consultation process followed, feedback and impact from the consultation. • Seek cabinet approval to explore potential opportunities to transfer the homes to an independent sector provider. 	
Reasons for Recommendations <ul style="list-style-type: none"> • Following approaches made to the Council by independent sector operators, we would wish to explore potential opportunities to transfer the homes into the independent sector. The council will continue to operate the homes during this time, and thereafter if it is not successful in transferring them. 	
Resource Implications:	
Date signed off by <u>Strategic Director</u> & name.	Give name and date for Cabinet / Scrutiny reports. Richard Parry – Strategic Director of Adults and Health – 09/02/24
Is it also signed off by the Service Director for Finance?	Give name and date for Cabinet reports. Isabel Britton - TBC
Is it also signed off by the Service Director for Legal Governance and Commissioning?	Give name and date for Cabinet reports. Julie Muscroft- TBC

Electoral wards affected:

The following are the wards where the buildings are situated, however the residents are from all wards across Kirklees:

- Heckmondwike
- Newsome

Ward councillors consulted:

Ward Councillors (Cllr Viv Kendrick, Cllr Steve Hall, Cllr Aafaq Butt, Cllr Andrew Cooper, Cllr Susan Lee-Richards, Cllr Karen Allison)

Public or private: Public

Has GDPR been considered? Yes

1. Executive Summary

There are 57 long stay care homes for older people in Kirklees of which 44 are registered to provide care for people living with dementia. Kirklees Council operates 2 of the 44 homes at Claremont House, Heckmondwike and Castle Grange, Newsome.

On 26 September the Council's Cabinet approved proposals for consultation on the proposed closure of Castle Grange and Claremont House. The consultation ran from 11 October 2023 to 03 January 2024.

This report summarises the findings of the consultation; the impacts of the proposals on affected residents, family / carers, staff, and the wider local communities; and the proposed mitigating options.

1.1 Context

1.1.1 The Vision for Adult Social Care is the Council's strategy for people with care and support needs, setting out the strategic aim for social care services to support people to remain in their own homes and as independent as possible for as long as possible.

1.1.2 This is reflected in the significant expansion in reablement and home care capacity and delivery across Kirklees and the Council's investment in services such as the new build dementia day service at Knowl Park House.

1.1.3 For some people, they will reach a point where they will need accommodation with support such as Extra Care Housing, Residential Care and Nursing Care.

1.1.4 Alongside the challenging financial context, we recognise the need for the most efficient and effective model of services to ensure value for money and optimal use of resources. As such, it is also timely to review in-house service provision and consider future options as part of the Council's medium-term financial strategy and the breadth of activity that the Council needs to undertake over the next few years.

1.2 Castle Grange and Claremont House

1.2.1 Castle Grange is situated at the junction of Ing lane and Dawson Road in Newsome.

1.2.2 Claremont House is situated at the junction of Brighton Street and Claremont in Heckmondwike.

1.2.3 Both Care Homes:

- Are owned and run by the Council, providing twenty-four-hour residential care and support for older people with dementia.
- Have provision for forty beds (mix of long stay and short stay beds).
- Provide bedrooms which are single occupancy with ensuite shower facilities.
- Are two-storey buildings with use of either a lift or stairs to access the first floor. Each floor is divided into two self-contained suites that consist of ten personalised ensuite bedrooms, one open planned lounge and dining area, one kitchen with facilities to promote independence and one assisted bathroom.

1.2.4 Castle Grange is temporarily accommodating a Dementia Day care service (The Homestead) prior to its move to Knowl Park House in the summer of 2024. This has reduced the home's provision to thirty beds in total, twenty-three beds are currently

occupied by long stay service users and seven beds are used for short stay/emergency placements.

1.2.5 Claremont House was undertaking a series of upgrades to facilities, works that have since been paused pending the outcome of the future of the service. These works have reduced the homes provision to thirty beds in total, nineteen beds are currently occupied by long stay service users and ten beds are used for short stay placements.

1.2.6 There are currently 37 residents across both care homes – with 16 residents at Claremont House and 21 residents at Castle Grange.

1.2.7 The following sections are considered important factors as part of the Council's strategic considerations for providing dementia residential care as presented in this report, alongside the following:

- The Council's investment in modern and dementia designed day services is as part of wider efforts to invest in services that enable people to live a good life at home for as long as possible.
- A recognition that some people living with dementia will ultimately need residential or nursing care, but many people already receive this through the independent sector.
- Opportunities to utilise the available capacity in the wider independent sector.
- Consideration to the quality of care across the wider independent sector

2. Information required to take a decision.

2.1 Kirklees Council sought views on proposals for the future of Claremont House and Castle Grange care homes. The consultation ran for 12 weeks from 11 October 2023 to 03 January 2024.

2.2 The consultation was based on the preferred option of closure of both Claremont House and Castle Grange, with a view to supporting the safe reassessment and relocation of existing service users.

2.3 The proposal of closing both homes has anticipated annual savings of £1.247m net.

2.4 As this report has demonstrated the consultation was extensively promoted throughout the period leading to good levels of engagement.

2.5 In total, there were 399 responses to consultation. Of this, 366 responded to the consultation questionnaire and all other submissions were made via emails, letters or in a face-to-face meeting. This consultation ran parallel with the overall budget consultation and multiple other consultations on specific proposals.

2.6 Emails and letters were received by local MPs and Councillors on behalf of concerned residents, setting out MP and Councillor concerns about the proposed closure of the care homes.

2.7 Unison and GMB completed a joint campaign against the home closures. Trade Unions were also consulted as part of the consultation process and a detailed statement from GMB on the proposals to close Claremont House and Castle Grange was received.

2.8 Due to the number of queries raised through the consultation, the proposal was discussed on 22/11/2023 at the Health and Social Care Overview and Scrutiny Panel.

2.9 Several deputations were also raised at formal Council meetings including Cabinet meetings 21/12/23 and Full Council meetings 18/10/23 and 13/12/23.

2.10 The families directly impacted by the proposals were engaged on a regular basis through a range of engagement approaches to keep them up to date with the consultation.

2.11 Family meetings were attended by most families (both in person and virtually). All communication and presentations were followed up with emails and letters.

2.12 Ward Councillors have been engaged and included throughout the consultation process. This includes involvement in consultation meetings with family members, Councillor Briefings to ensure ward councillors are kept updated on progress with the consultation, specific Ward Councillor Briefing Sessions led by the Cabinet Member and Lead Council Officer held on 04 January 2024

2.14 The Council commenced a voluntary consultation process and there is no legal requirement to consult on alternative options in the context of voluntary consultation. In the spirit of transparency and openness Council Officers have responded promptly to requests for additional information from consultees where appropriate. The Council has provided sufficient information and sufficient reasons to justify the Council's proposals upon which the Council is consulting.

2.15 Care home operating cost

2.15.1 The operating costs for both care homes are set out below in Table 1. These costs are predominantly fixed i.e. there is little variance linked to the level of bed occupancy or income.

Fig 1: Care Home Operating Costs

	Castle Grange	Claremont House
Direct Costs	£2,079,684	£2,066,901
Indirect Costs /Overheads	£382,173	£391,933
Total	£2,461,857	£2,458,834

2.15.2 Alongside the overall £4,920,691 annual (2023/24) operating cost for the care homes the council is also responsible for the capital repair costs required at each home. When considering the proposals in this report, it is important that the Cabinet also considers the estimated level of capital funding which was identified for 2024/25 for essential repairs at the homes - £550,000 of expenditure which would need to be spent on the properties if they remained open.

2.15.3 It has been suggested that the Council should consider the 20-year financial implications of any decision. Such a time frame introduces a few uncertainties but there is no evidence to suggest that the cost of providing the service in-house will move to being equal to or less than the cost of purchasing the service in the independent sector over that period.

2.16 Care Home Staffing

2.16.1 Staffing costs for the care homes form a significant proportion of the operating costs for these Council run homes (as they do in the independent sector). These costs include the cost of care staff, catering, cleaning and laundry staff, as well as management and administrative staff.

2.16.2 There are currently approximately 119 staff (81.14 FTEs) across both establishments, primarily grade 5 support workers.

2.16.3 Staffing levels are reviewed both operationally and strategically to ensure safe operating levels, compliance with regulatory standards and service effectiveness.

2.16.4 In respect of the Council run homes, each care home has capacity for 40 beds, however currently there are 37 residents across all 80 beds which represents a 46.25% occupancy. Reasons for this level of occupancy are:

- 10 beds at Castle Grange are being used as the temporary decant solution for The Homestead team pending completion of works at Knowl Park House in Mirfield
- 10 beds at Claremont House were retained as vacant capacity pending significant facilities management works to be undertaken during 2023/24
- Limited demand for short term respite beds following the pandemic - the service currently has capacity for up to 20 short term respite beds, this service offer has been under-used which led to the Council reviewing the bed mix across the homes (following consultation sessions with families, a wing of 10 respite beds was opened up at Claremont House from 26 October 2023).

2.16.5 Whilst occupancy has an impact on unit cost it is not the overriding factor in determining the overall financial position for these homes. As set out in the Cabinet report dated 26 September 2023, should the homes operate at 100% occupancy, it would still remain value for money for the Council to secure alternative placements and support service users through maximising the capacity in the independent sector.

2.17 Unit Cost Comparisons and Care Home Fee Rates

2.17.1 Further to the information presented above in section 2.15 (Care Home Operating Costs) the unit cost of providing a bed at Claremont House equates to £1,178.89 per bed per week, with the cost of a bed at Castle Grange equating to £1,180.34 per bed per week (unit costs based on the full operating costs to the Council)

2.17.2 The above unit costs are based on an assumed level of occupancy of 100%, additional occupancy scenarios are also presented below for consideration and to highlight the impact of lower rates of occupancy on the costs per bed.

Fig 2: Care Home Unit Costs

	Castle Grange	Claremont House
Direct Costs	£2,079,684	£2,066,901
Indirect Costs / Overheads	£382,173	£391,933
Total	£2,461,857	£2,458,834
Based on the above operating costs, the cost per bed per week is:		
At Current Occupancy Levels (58%)	£2,052.76	£2,481.87
At Current Market Occupancy (87%)	£1,356.71	£1,355.05

At Full Occupancy (100%)	£1,180.34	£1,178.89
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2.17.3 The current average dementia residential fee rate in the independent sector is £865.32 per bed per week – this is the average cost to the Council based on the full range of contracted dementia residential beds in the independent sector.

2.17.4 Figure 3 below provides a comparison of unit costs between the Council run care homes and the average independent sector unit cost for a dementia residential bed.

Fig 3: Care Home Unit Cost Comparisons

	Castle Grange	Claremont House
Internal cost per bed/week	£1,180.34	£1,178.89
External cost per bed/week	<u>£852.69</u>	<u>£852.69</u>
Difference (per bed/week)	£327.65	£326.20
Or difference of	£683,384 per year	£680,361 per year

2.17.5 Based on the above calculations, alternative placements for the equivalent of 80 beds (based on 100% occupancy of 80 beds) in the independent sector would cost the Council £3,556,945. This is £1,363,746 less than the current Council costs presented above.

2.17.6 It would be prudent to note that all independent sector care homes in Kirklees state they accept council rates. Some residential care homes do request a top up for the care they provide, this is based on individual circumstances, we are therefore unable to advise on the number of homes that would require a top up payment.

2.17.7 The amount of the top up is agreed between the third-party payer and the residential home at the time the person goes to live in the home. This amount can be changed by agreement with the person paying the top-up.

3 Implications for the Council

3.1 Working with People

3.1.1 All relevant stakeholders were consulted as part of the non-statutory consultation process. The consultation has been about listening to the views of our citizens, which the Cabinet is asked to consider when deciding about the future of Claremont House and Castle Grange.

3.2 Working with Partners

3.2.1 All relevant partners were consulted as part of the non-statutory consultation process. Through the consultation, Adult Services and the council have been approached by other potential care providers with an interest in exploring potential purchase or transfer options for the care homes. This is being explored further as part of the Commercial Partnership process.

3.3 Place Based Working

3.3.1 Claremont House and Castle Grange support residents and families from across Kirklees.

3.4 Climate Change and Air Quality

3.4.1 No impact.

3.5 Improving outcomes for children

3.5.1 No impact.

3.6 Legal Implications

3.6.1 The Care Act 2014 imposes a general duty on local authorities to promote an individual's well-being (section 1 Care Act 2014).

3.6.2 Section 2 of the Care Act 2014 imposes a general duty to provide or arrange services to reduce, prevent or delay the development of needs.

3.6.3 Local authorities had a duty to provide residential accommodation for adults who needed care and attention not otherwise available to them under section 21 of the National Assistance Act 1948. This was repealed and replaced by a duty to meet needs for care and support (section 18 Care Act 2014).

3.6.4 Section 19 of the Care Act 2014 gives a local authority the power to meet needs for care and support, where it is not under a duty to do so. Unlike the National Assistance Act 1948, the Care Act 2014 does not specify separate duties for the provision of residential and non-residential care. Section 8 of the Care Act instead gives examples of the different ways that a local authority may meet needs under section 18, and the list includes "accommodation in a care home or premises of some other type" (s.8(1)(a)), or "care and support at home or in the community" (s.8(1)(b)).

3.6.5 An assessment of needs must be carried out where it appears to the local authority that a person may have needs for care and support. The assessment must identify whether the adult has any needs for care and support. If there are, the assessment must state what those needs are. (Section 9(1), Care Act 2014.) A Local authority must also assess any carer (current or prospective) where it appears they may have need for support. Section 10(1) Care Act 2014.

3.6.6 After assessing what the needs of an adult or carer are, a Local Authority must consider whether the needs meet the eligibility criteria for a provision or service (section 13(1), Care Act 2014). The criteria do not specify the types of care and support that a Local Authority must provide to meet eligible needs. Prior to any individual moving accommodation, their needs assessment and care and support plan should be reviewed. In offering alternative accommodation the Local Authority should have regard to the Care and Support and After-care (Choice of Accommodation) Regulations 2014.

3.6.7 The council has a market shaping duty under section 5 of the Care Act 2014 and must exercise its duties in accordance with the Department of Health Care and Support Statutory guidance (updated June 2023).

3.6.8 The Council also has responsibilities under the Care and Support (Ordinary Residence) (specified Accommodation) Regulations SI 2014/2828 which specifies

supported living accommodation (reg 5) whereby if an individual's needs can only be met in supported living accommodation, the council where the individual is ordinarily resident immediately before being placed is responsible (section 39 Care Act 2014).

3.6.9 The Council will also comply with all relevant mental health legislation, amongst other things, in relation to capacity issues.

3.6.10 The Council is required to carry out a non-statutory consultation process regarding proposals to reconfigure services and to carefully consider responses before reaching any decision regarding reconfiguration of care services. The consultation process should be done at a formative stage in line with criteria laid out in R v Brent LBC Ex parte Gunning [1985] and endorsed by the Supreme Court in R (Moseley) v Haringey LBC [2014].

3.6.11 The criteria are:

1. The duty to act fairly.
2. The requirement of fairness is linked to the purpose of the Consultation, and sufficient reasons given so that the proposals enable an intelligent response.
3. The features of the consultees are relevant in deciding the degree of specificity required in the information provided.
4. Where the proposals involve the denial of a benefit, fairness demands will be higher.
5. Where there are no statutory restrictions on the content of the consultation, fairness may require that interested stakeholders be consulted on preferred and rejected options. Consultation in this case will be non-statutory.

3.6.12 Article 8 of the Human Rights Act 1998 - right to a private and family life, may be engaged. Following completion of the consultation, the council will need to ensure the needs of residents have been properly assessed and individual service user reviews in line with the Care Act 2014 will be carried out.

3.6.13 The council must comply with its Public Sector Equality Duty in section 149 Equality Act 2010. An Equality Impact Assessment (EIA) of the proposed options is advisable. The Council when exercising its functions must have "due regard to the need to":

- a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act.
- b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it. Section 149(7) sets out 7 protected characteristics namely: age, disability, gender reassignment; pregnancy and maternity, race, religion or belief, sex or sexual orientation. It follows that age and disability will be most relevant in taking decisions about the future of the Council's care homes and an EIA will show how the proposals impact on people.

3.7 Other (e.g. Risk, Integrated Impact Assessment or Human Resources)

3.7.1 Informed by the consultation, an Integrated Impact Assessment has been completed to assess the impact of the proposed changes to the care homes. This considers the equality impact, covering the nine protected characteristics as set out in the Equality Act 2010. This is available to support decision making here: [Integrated Impact Assessments - IntegratedImpactAssessment \(kirklees.gov.uk\)](https://www.kirklees.gov.uk/IntegratedImpactAssessment)

3.8 Overall Impact Summary

3.8.1 Based on the Council's initial proposals to close the care homes, a literature review of the impact of moving care homes was undertaken by a member of the Public Health team, and a summary of which is provided below:

- **The evidence within the past 10 years is limited** - evidence from the past 10 years reveals a paucity of research into the impact of care home closures and relocation on dementia residents.
- **The understanding of impact is mixed** - the health effects of any relocation of older adults suffering from dementia were negative. The research highlights a decline in physical, mental, behavioural, and functional well-being. It is important to note that the research also examines how relocations can be managed to reduce the negative impact on residents. This includes involvement of patients, careful planning and preparation and creating a similar environment for the resident in their new home.
- **The way in which the process of relocation is managed is important** - studies show that the way in which a relocation process is managed for residents, staff and family can have a significant impact on the outcomes for care home residents. The research suggests care home closures may be a "tale of two halves", with inevitable distress during the closure but, if done well, with scope for improved outcomes for some people in the longer term.

3.8.2 The consultation asked people what they would consider to be the impacts of the proposals. The submission responses showed key themes, with key issues and messages relating to each theme. These are detailed in full in Appendix 1 - [Survey – Summary Report](#).

3.8.3 The proposals are the subject of an IIA which has been updated throughout the consultation process and used to inform this report. Identified impacts arising from these assessments are also summarised below.

3.8.4 Health and Wellbeing Impact

3.8.4.1 Concerns were raised through the consultation as to the impact on the mental and physical health and wellbeing of long stay residents having to leave their home, with additional worry created for residents, families / carers and staff around settling into a new environment or in finding alternative employment.

3.8.4.2 A literature review was undertaken by a colleague in Public Health as set out in 3.8.2 above.

3.8.4.3 In drawing up the initial proposals, conducting the consultation and in making any formal recommendations, officers have been acutely conscious of the depth of feeling aroused among service users, families, carers, staff, and local communities.

3.8.4.4 Officers have responded to the above through: regular and ongoing communications; dedicated web site with key information for families; dedicated email address for all care home related correspondence and queries; face to face briefing sessions and meetings with resident families, staff and stakeholders; enhanced leadership visibility at each care home; one to one meetings offered to resident families and staff.

3.8.4.5 The commitment and quality of care provided by staff at both homes is fully recognised and acknowledged. It is also fully acknowledged that hearing that your workplace is subject to a consultation can create uncertainty and worry. It is therefore

important that staff are made aware of any recommendations affecting the future of their workplace directly and at the earliest opportunity.

3.8.5 Quality and availability

3.8.5.1 Both Castle Grange and Claremont House are rated 'Good' performing homes by the Care Quality Commission (CQC), with Castle Grange achieving an improved rating in March 2023 compared with the previous 'Requires Improvement' rating issued by CQC following inspection in April 2019.

3.8.5.2 The context within Kirklees is that there is a well-developed independent sector care home market.

3.8.6 Community Impact

3.8.6.1 Concerns were raised about the impact on the ability of family / carers (including young children) to visit relatives easily within their local community based on the original proposals to consider closure of these care homes. Concerns were also raised in that closing the homes would limit people's choices of quality provision in their local area, leading to insufficient provision compared to demand in the future.

3.8.7 Strategic Impact

3.8.7.1 The reputational impact on the council was voiced should the decision to close the two homes be made when money is being spent on other services viewed by the respondents as of less value than keeping council-run care home provision.

3.8.7.2 The impact on the quality and availability of long and short stay residential care and support in the future if a reliance is placed so heavily on the private sector, with a need for long term strategy.

3.8.8 Methodology Impact

3.8.8.1 The impact of the timing of the proposals, particularly the way the initial cabinet proposals dated 26 September 2023 were presented to Cabinet with limited pre-consultation with families and staff, were raised as adding an additional burden on residents, families and carers, and frontline workers.

3.8.8.2 Whilst it is acknowledged that the uncertainty created by the proposals on the future of the two care homes creates worry for those affected, it is also important that people are made aware of any recommendations affecting the future of their home, services they use and their workplace directly and at the earliest opportunity. Officers therefore commenced an early engagement process with resident families and staff, allowing sufficient time for a non-statutory consultation of this nature to take place.

3.8.8.3 Families of residents in the care homes also reported the lack of information on the alternative options considered by the Council for making the necessary savings.

3.8.8.4 The Council have a wide margin of discretion as to what it decides to consult on and there is no legal requirement to consult on alternative options in the context of voluntary consultation.

3.89 Financial Impact

3.8.9.1 Concerns were raised about the cost of alternative provision and the impact of this on residents, resident families and carers financially. The 1:1 meetings offered to all families provided the opportunity to discuss this issue in more detail in the context of their individual family member.

3.8.9.2 Social care across England is means tested and individuals in receipt of care services must pay towards the cost of their service up to a limit based on their income and assets/savings. There are a number of residents of Claremont House and Castle Grange who have been assessed as being able to pay the full cost of their care. Other residents have been assessed as being able to afford a partial contribution towards the cost of their care and the Council pays the balance of the cost. For the latter group, subject to individual financial review and circumstances, this is likely to remain the case if an individual is placed in an independent sector care home that accepts placements at the Council's placement rates.

3.8.9.3 The financial position of the Council position cannot be escaped. The Council therefore has to consider the opportunities this presents in reviewing the Council's role as a provider of long stay resident care beds.

4 Consultation

4.0.1 The council carried out a comprehensive consultation for a period of 12 weeks between 11/10/23 and 03/01/24 on proposals for the future of Castle Grange and Claremont House.

4.0.2 As part of the consultation process a dedicated email account was set up to deal with any enquiries from all stakeholders. The email address was promoted widely and was shared via letter to the families, on any briefings to stakeholders and was on the web page for the Care Home consultation.

4.1 Face to Face Meetings and Feedback

4.1.1 Face to face meetings have been held with family members of residents of Castle Grange and Claremont House before and during the consultation.

4.1.2 In total there were five separate face-to-face meetings with families of residents, eight staff meetings and 30 stakeholder/1:1 meetings where feedback was received to support the consultation process. The range of engagements are outlined below:

Date	Topic	No of Attendees
5th September 6th September 18th September 19th September	Pre-consultation Session	Claremont House Staff team Castle Grange Staff Team Claremont House families Castle Grange families
19th September 20th September	Staff teams/Trade Union Meeting	Claremont House Castle Grange
23rd October 24th October 8th November 13th November 14th November	First Consultation Session	Castle Grange Families Claremont House Families Castle Grange – Senior Team Claremont House – Senior Team Castle Grange Staff Team

15 th November		Claremont House Staff Team
20 th November	Second Consultation Session - Finance	Family representatives from both care homes.
29 th November to 29 th December	1:1 meeting with families. All families were offered the opportunity for a 1:1 meeting	13 family members representing 9 residents attended the meetings.
14 th – 21 st December	1:1 meeting with stakeholders	17 individual conversations were held.

4.1.3 At the pre-consultation briefing families were made aware about the proposals and how they could get involved with the consultation as early as possible.

4.1.4 Subsequent meetings have focussed on understanding the Council's preferred model, understanding the cost and benefit of options explored, impact of proposals on resident wellbeing and family wellbeing, identifying and appraising alternative options etc.

4.1.5 High level themes emerging from these sessions include:

- Concern about the proposed review of these settings with a view to closure of the in-house dementia care homes and alternative options to be explored in the private sector.
- Seeking assurance that the private sector can deliver the same high level of quality care and specialism in dementia care.
- Identifying Council savings and/or efficiencies through other initiatives to help protect social care services, questions about the Council's investment in other services.
- An open dialogue about options explored and financial models used to arrive at the proposed Council model.
- Impact of the proposals on resident (and family) health, wellbeing and relationships, both short term and long term
- Challenge of the report presented to Cabinet 26 September 2023 and the subsequent consultation process.

4.1.6 A detailed Questions and Answers document shaped in collaboration with family members was produced and shared.

4.2 Petitions, questions at Council meetings and deputations

4.2.1 There were two petitions on the proposals for the future of the care homes. The Stop the Closure of Claremont House petition had over 4,500 signatures (both online and paper signatures) hence triggered a debate at Full Council on 13 December. The second petition entitled Stop the Closure of Castle Grange had 2,629 signatures and therefore fell below the threshold of 3,000 signatures to trigger a debate at Full Council.

4.2.2 Deputations from family members were presented at Full Council on 18 October and 15 November and at Cabinet on 21 December 2023.

4.2.3 Public Questions were asked at the above meetings and at the Health and Adult Social Care Scrutiny committee meeting on 22 November 2023.

4.3 Other material submitted:

4.3.1 In addition:

A request for information was received from Irwin Mitchell on 28/11/23.

A report from Avalon Rawling was received on 22/12/23.

4.4 Summary of the consultation

4.4.1 399 respondents participated in the consultation, of which 366 either completed the online or paper version of the survey and 33 participated in face to face/telephone consultation.

4.4.2 People who took part in the survey:

- 43% General public, 31% Care/family member, 10% Friend of a care home resident, 10% Other, 6% Staff member and 1% Care home resident.
- The care home that people lived at or associated with most:
 - 29% Claremont, 24% Castle Grange, 23% Both and 24% was not applicable.
- The information on the web site was read by 97% of the respondents and understood by 65%.
- Of the respondents 2% strongly agreed, 2% agreed, 4% Not sure / didn't know, 14% Disagreed and 78% strongly disagreed with the proposals.
- The respondents were able to select four responses of their biggest concerns if the Council progressed with a closure programme for Castle Grange and Claremont House:
 - 23% Negative impact on residents' health / wellbeing
 - 19% Receiving the same quality of care.
 - 14% Identifying somewhere suitable to live.
 - 8% Getting used to new staff.
 - 7% Losing friendships.
 - 7% Increased pressure on other local care services
 - 6% Additional costs / expense
 - 5% Increased travel time to visit loved one.
 - 5% Staying in the borough.
 - 4% Potential job losses
- In relation to what other care services people felt would benefit them / their community in the future and select all that applied:
 - 28% Residential care
 - 20% Dementia Day Services
 - 15% Home Care
 - 12% Reablement
 - 10% Assistive technology
 - 10% Independent Sector
 - 5% Other.

4.4.3 Further information about those who participated includes:

- 69% Females, 18% Males, 1% Non-Binary/Intersex and 3% preferred not to say.
- 51% under 54 and under, 46% over 55s and 2% preferred not to say.
- 6% BAME, 88% White British, white other, 6% preferred not to say.

4.4.4 Potential impacts highlighted through the consultation are:

- Recognition of the good quality care provided through Castle Grange and Claremont House

- Impact of the proposals on resident (and family) health, wellbeing and relationships both short term and long term
- Identifying equivalent high-quality choices in the wider care home independent market taking and accounting for location, travel and distance.
- Financial impact of the proposals for families
- Suggested Council savings and/or efficiencies through other initiatives to help protect social care services.
- Impact of the Council no longer providing residential care for older people with dementia
- Balancing the need for financial savings and Council strategy with the human impact of the proposals
- Challenge of the report presented at Cabinet 26th September 2023 and the subsequent consultation process.

5 Engagement

5.1 A wide range of residents have engaged through the consultation process, including the families and representatives of existing service users, non-users and citizens with protected characteristics.

5.2 Alongside the online consultation, paper copies were provided to consultees where requested, with support provided through face-to-face drop-in sessions or telephone support to complete the consultation survey.

5.3 Drop-in sessions and focus groups to support engagement with the consultation were held. This enabled those with protected characteristics or those who did not want to engage online or were unable to, to have their voices heard.

5.4 An analysis of the views submitted by citizens and key stakeholders is highlighted in Appendix 1 – [Survey summary report](#).

5.5 Ward Councillors have also been engaged and included throughout the consultation process. This includes involvement in consultation meetings with family members, Councillor Briefings to ensure ward councillors are kept updated on progress with the consultation, specific Ward Councillor Briefing Sessions led by the Cabinet Member and Lead Council Officer held on 4th January 2024.

6 Options

6.1 Options considered.

6.1.1 To help inform the Cabinet Report, officers have considered a number of options for the Council run care homes. A summary of this information is presented below:

1. **Close both homes** (the preferred option at the start of consultation). Other providers would continue to provide dementia residential care where this is needed, whilst the council focused on supporting people at home. For people who currently live in the two homes, this would mean that alternative care and support would have to be put in place. Thorough assessments would be undertaken of each individual resident of the homes to determine their needs and how they could best be met in future. These would consider the views and preferences of the person, as well as their families, carers and where appropriate their independent advocates.

2. **Maximise bed occupancy** – this option would mean both care homes would remain open as they are now, and the council would try to ensure the homes had as few vacancies as possible by marketing them to people who pay for their own care. To ensure flexible and safe working practices we would normally aim for 95% occupancy. Nevertheless, should both homes be fully occupied the unit cost of each bed at Castle Grange/Claremont House (£1196 per bed per week) would remain above the average market rate for a dementia bed (£852.69 per bed per week). Other factors such as income through client charges were also considered in this context. The nature of charging for social care means that most current residents only pay a part of the cost of their care and so, increasing the charge would not increase the level of income received. The only potential increase in income if the Council charged more would come from those who pay the full cost of their care. This group of residents are in a minority in the care homes. Even at full occupancy, there would still be a shortfall and an increase in charging would not lead to the income levels required.
3. **Close one home/retain one and relocate all residents into the retained home** – Whilst this would maintain some stability for one home, this introduces the complexity of which home would be put forward for closure and the impact of displacement this would create for residents and families. If it was Claremont House that closed, Castle Grange would be considerably further away than many alternative independent sector providers and vice versa. It would therefore not address the concerns about not relocating residents. In addition, the current total number of residents means that some would still need an independent sector placement.
4. **Secure funding from the NHS** - Castle Grange and Claremont House are residential care homes providing long term care and support placements in a residential setting. The funding of this sort of care, whether in-house or in the independent sector is the responsibility of a local authority.

Whilst there is a tangential benefit to the NHS through the provision of high-quality residential care in that this might reduce some demand on healthcare services, the benefit is very limited and indirect. There are many services that the Council provides or commissions which could be argued as providing some benefit to the NHS through reduced demand.

The NHS can only provide funding to a care home where:

- There is provision of nursing care by a registered nurse for those assessed as eligible for NHS-funded nursing care
- Ongoing medical/health care needs provided alongside social care support for a temporary period (usually up to 4 weeks), usually following a stay in hospital, as part of intermediate care.

Castle Grange and Claremont House do not fit the above criteria and therefore legally cannot be funded via the NHS in the way Ings Grove House and Moorlands Grange are.

The Council has, additionally, raised the question of NHS funding with local NHS organisations and they have confirmed that they are not able to fund the care homes.

If an individual has eligible needs that fit the criteria for Continuing Health Care, then they may, as an individual, receive some NHS funding for the cost of some aspects of their care.

7 Next steps

Cabinet to approve for Officers to formally explore the Commercial Partnership model to work with a private provider (or with a range of providers) as the delivery partner(s).

8 Contact officer

Saf Bhuta

9 Background Papers and History of Decisions

- Presented and approved at Cabinet 26.09.23 - [UPDATEDCabinetReport2026.09.23CHCGexitfinal2018.09BM.pdf \(kirklees.gov.uk\)](#)
- [Have your say on dementia residential homes in Kirklees consultation | Kirklees Council](#)
- Presented at Scrutiny Panel 22.11.23 - [\(Public Pack\)Agenda Document for Health and Adult Social Care Scrutiny Panel, 22/11/2023 14:00 \(kirklees.gov.uk\)](#)
- [Information for families | Kirklees Council](#) [Integrated Impact Assessments - IntegratedImpactAssessment \(kirklees.gov.uk\)](#)

10 Appendices

Appendix 1 - Consultation Survey Summary Report

11 Contact Officer

Saf Bhuta, Head of In-House Care Provision

13. Service Director responsible

Michelle Cross, Service Director

Appendix 1 - Survey - Summary Report

Following approval at the Cabinet meeting held on 26th September 2023, a public consultation has been undertaken on the proposals for the future of Castle Grange and Claremont House. The care home consultation was launched on 04.10.23 and ran for a period of 12 weeks with a closing date of 03.01.2024.

The consultation consisted of an online survey which asked for views on the proposals to potentially close Castle Grange and Claremont House, and to gather views on further support the council could offer residents and their families should the potential closures happen.

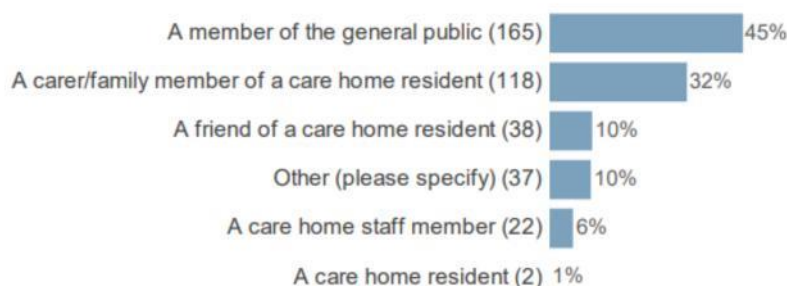
The online survey was also supported with a number of in-person one-to-one sessions which gave respondents the opportunity to complete the survey face to face.

This report shows the results of all the survey closed questions along with a discussion of a number of themes which have emerged from the open responses.

Who has taken part?

The survey has received 366 responses – 360 online and 6 face to face. Respondents were firstly asked in what capacity they were taking part in the survey, with the ability to select more than one answer to this question:

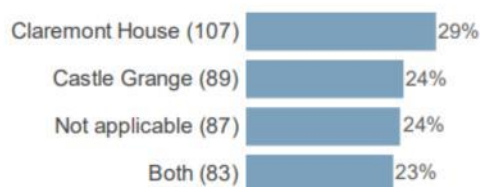
Are you completing this questionnaire as... (Please select all that apply):



The largest groups of responses (77%) were received from members of the public and carers/family members of a care home resident.

Respondents were asked which of these two care homes they either lived at, or associated with the most?

Which of these two care homes do you live at, or associate with the most?



Over three quarters of respondents selected that they associated with at least one of the care homes with 24% selecting none were applicable.

Respondents were also asked several other demographic questions such as their age, gender, ethnicity and if they had a disability. Results of these can be seen in the appendix.

Respondents' understanding/agreement of the Proposal.

Respondents were asked a series of questions to help the council better understand how much they understood/agreed with the proposals to close Castle Grange and Claremont House. None of the questions were set as mandatory so results will not always add up to the full sample size for each question.

The first question was asked to see if people taking part in the consultation had read the information available on the Kirklees website detailing the reasons for the proposals to close Castle Grange and Claremont House.

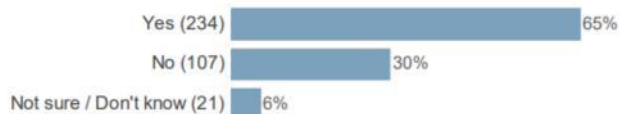
Have you read the information available on the Kirklees website detailing the reasons why we are proposing to close Castle Grange and Claremont House?



Results showed that 97% of respondents had read the proposals with 3% selecting they had not.

The second question was asked to see if respondents understood the reasons why Kirklees are proposing to close Castle Grange and Claremont House and to relocate residents to homes in the independent sector.

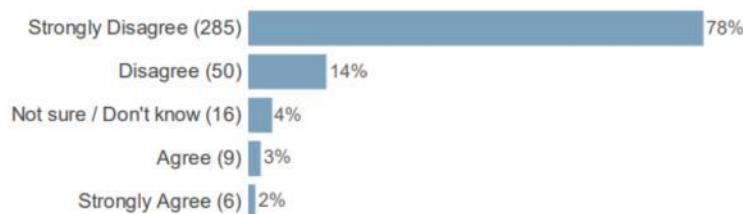
Do you understand the reasons why we are proposing to close Castle Grange and Claremont House and relocate residents to homes in the independent sector which meet their needs?



Results showed that 65% understood the reasoning behind the proposals with almost a third saying they did not and 6% saying they were unsure.

Respondents were then asked to what extent they agreed with the proposals.

To what extent do you agree with these proposals?



Results showed that 92% of respondents disagreed/strongly disagreed with the proposal, 5% of respondents agreed/strongly agreed and 4% said they were unsure.

To understand the reasons people did not agree with the proposals, respondents who had selected 'disagreed or strongly disagreed' were then asked an open question to provide their reasons for this view.

There were 295 comments received on this question.

The comments submitted have been reviewed and categorised based on the topic being discussed. Many of the comments received covered multiple points so cover multiple categories.

The four most common themes that were discussed amongst the comments can be categorised in the following way:

- Negative impacts on health and wellbeing of residents and their families (153)
- Accessibility/suitability of alternative specialist care (121)
- Quality of care for the residents (119)
- Current and future demand for specialist residential dementia care (75)

Negative impacts on health and wellbeing of residents and their families

- Over half of the comments expressed that closing the care homes and relocating the residents would result in a direct negative impact on resident's health and wellbeing, with a number stating a move could result in their loved one's death.
- Many spoke about how people who suffer with dementia take time to settle and how a possible move would unsettle them and impact their health and wellbeing.
- Respondents also discussed how a move would affect the mental wellbeing of family members and staff with the importance of familiar relationships highlighted as an essential support for residents who suffer advanced dementia.

Accessibility/suitability of alternative specialist care

This theme covered a number of accessibility/suitability issues when considering alternative specialist care which included lack of availability, concern of increasing distance and adequacy of alternative accessible care provisions.

Many people spoke about how few places at dementia specialist care homes were available for their loved ones to move to in their condition and how they were concerned that they could be moved out of the borough which would result in confusion for the residents alongside less visits for their loved ones.

Respondents mentioned they had already struggled to find any other homes when searching for a specialist care home and that closing these would result in them having to move their loved ones out of the area.

A number discussed how care at home was not an adequate option as their family members needed 24-hour care and care visits/day centres were not a suitable substitute for their care needs.

Quality of care for the residents

Many people spoke positively about how the specialist care given to their family members at the 2 care homes was of high quality and how this support comforted families knowing that their loved ones were receiving the care they needed.

Concern was raised that care was not deemed of the same standard in the private/independent sector with much lower standards and poorer working conditions for staff resulting in lower levels of care provided to their residents. Several people suggested that in the private sector profits came before care.

Current and future demand for specialist residential dementia care

Many people spoke about how dementia care homes were not only needed right now in the borough but also ongoing in supporting the aging population alongside the growth of dementia rates.

People raised concern that removing a service that was already in high demand would create a long-term problem which would also contribute to added pressure on other local health services and create future financial problems. Respondents challenged that the council should not be considering closing provision but rather that the council should be investing in more of these services for the future.

Other topics discussed from the responses included:

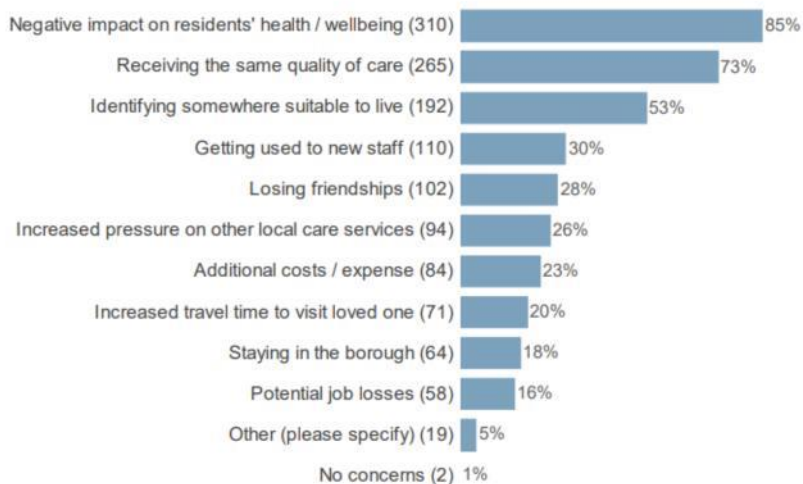
- Recognition that the council would be moving vulnerable people from their homes.
- Longer term financial implications for council and service users
- Not enough/unclear information shared regarding the proposals.
- Focus on proposals being financial rather than on impact the closures would have on individuals.
- Residents unable to speak for themselves.
- Increasing pressure on other local health care services
- Concern for job losses.

Impact of proposed closures

All respondents were then asked a series of questions to understand the impact closing the care homes would have and what support could be put in place should the proposal go ahead.

People were firstly asked what their biggest concerns would be if they were closed. Respondents were asked to select up to 4 answers.

Which one of the following would be your biggest concerns if we closed Castle Grange and Claremont House? (You can select up to 4 answers)



Results showed that the **highest four concerns** selected from the list by people were:

- Negative impact on residents' health / wellbeing (85%)
- Receiving the same quality of care (73%)
- Identifying somewhere suitable to live (53%)
- Getting used to new staff (30%)

Results showed that the lowest four concerns selected from the list by people were:

- Increased travel time to visit loved one (20%)
- Staying in the borough (18%)
- Potential job losses (16%)
- No concern (1%)

There were 19 people who selected other with concern further raised for the wellbeing of the residents and their families along with asset stripping and poorer quality/availability of alternative services.

All respondents were asked an open question to understand what support could be offered if the care homes closed.

There were 214 comments received on this question.

The comments submitted have been reviewed and have been categorised based on the topic being discussed. Many of the comments received covered multiple points so fell into multiple categories.

A number of respondents provided written comments stating that they did not wish to comment or that they did not have relatives in the care homes so would not personally need any support.

The four most common themes discussed in this question can be categorised in the following way:

- Alternative options needed for same standard of care (53)
- Keeping the care homes open (44)
- Health and wellbeing concerns (40)
- Full support needed for transitioning each resident (17)

Alternative options needed for same standard of care.

The most commented upon theme in this question was from respondents who spoke about the need for the same quality of specialist dementia care for residents. People highlighted the importance of the standard of care needing to be as good if not better than the 2 care homes, whilst also staying within a close distance for friends/relatives to ensure they can continue to visit their loved ones.

Several respondents spoke about the need of ensuring no cost increases would be passed onto the residents for the same care – including moving costs or potential increases in care home fees. In order to ensure the same quality of care was provided a number of respondents suggested ensuring quality standards are fully reviewed and monitored of alternative care options. The importance of ensuring that there are enough community health care staff was also discussed. Support in the community was deemed as not appropriate or not an adequate enough replacement for the specialised care residents currently receive in the care homes.

Keeping the care homes open

Many respondents expressed the need to keep the care homes open and that closing them was not an option, with some suggesting at least one should remain open.

Several spoke about how no support other than keeping the homes open would help the residents and their families with this stage of their care needs.

A suggestion was made to open up respite care and fully opening the homes to help them run at a profit.

Health and wellbeing concerns

Many comments were received highlighting the effect that the closures would have on the resident's health and wellbeing with the worry of impending mortality raised by a number of family members.

Several spoke about the importance of familiarity and relationships with dementia sufferers and how moving them would significantly impact their health. A number of people suggested keeping residents and staff together was important in any potential move to help mitigate the negative impacts on the resident's wellbeing.

It was also suggested that those making the decision need to have a clearer understanding of the direct impact of moving dementia patients who are fully settled and the effect this would have on their health and wellbeing.

Full support for transitioning each resident.

Ensuring social workers have enough time to do a proper care and risk assessment to make sure alternatives meet the resident's care needs was raised in a number of comments.

Respondents expressed how important it was to have enough time and choices to support them with their loved one's potential moves should the proposal go ahead.

Other themes discussed in the comments included:

- Supporting the family of loved ones in the homes
- No increase in costs to residents
- Keep residents/staff together.
- Council needs to provide support options.

The final question asked what other care services would benefit them in the future. Respondents were able to select as many as applied.

**What other care services do you feel would benefit you / your community in future?
(Please select all that apply)**

248 (77%)	Residential care
109 (34%)	Reablement (this is a short term intervention provided by the council to help people over 18 rebuild their skills, abilities and confidence)
85 (26%)	Assistive technology (sensors and alarms)
137 (42%)	Home Care
173 (54%)	Dementia Day Services
88 (27%)	Independent Sector (Residential and Nursing Care)
47 (15%)	Other (please specify)
	Please specify:
41 (100%)	

The highest three selected by respondents were:

- Residential care (77%)
- Dementia day services (54%)
- Home care (42%)

The lowest three selected by respondents were:

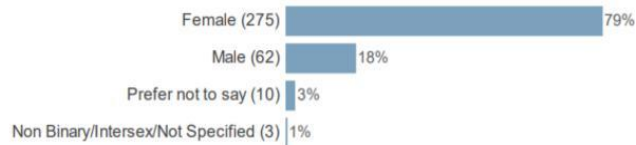
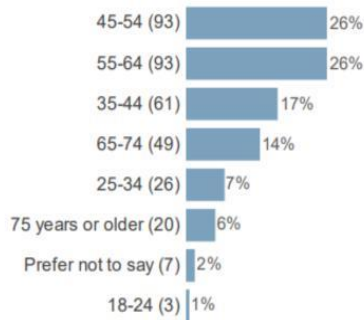
- Reablement (34%)
- Independent sector (Residential and Nursing Care) (27%)
- Assistive technology (sensors and alarms) (26%)

Those who selected other mentioned keeping them open, respite care, specialised dementia residential care, volunteer befriending, direct payment, assisted living and home care.

Demographics of respondents.

Which age category do you fall into?

Are you...



What is your ethnic group?

