

**REPORT TITLE: Long Stay Dementia Residential Homes**

<b>Meeting</b>	Cabinet
<b>Date</b>	11 February 2025
<b>Cabinet Member (if applicable)</b>	Cllr Beverley Addy
<b>Key Decision</b>	Yes
<b>Eligible for Call In</b>	No
<p><b>Purpose of Report</b></p> <p>To provide Cabinet with further details on the future of Council operated dementia care home provision (Castle Grange and Claremont House) following the Call In decision at the Health and Adult Social Care (H&amp;ASC) Scrutiny Panel held on 10 January 2025.</p> <p>This report includes detailed multi-year financial analysis which has helped inform the proposal to identify new operators for these care homes.</p>	
<p><b>Recommendations</b></p> <p>The Cabinet are asked to:</p> <ol style="list-style-type: none"> <li>a. Note the outcome and recommendations from the H&amp;ASC Scrutiny Panel call in on 10th December 2024 in respect of the Future of Council operated Dementia Care Home Provision (Castle Grange and Claremont House).</li> <li>b. Note the detailed financial analysis provided (appendix 3) which includes:             <ul style="list-style-type: none"> <li>▪ A 5-year summary of actual direct and net direct costs of operating these care homes under Council control (direct costs are service costs from operating the asset e.g. salaries, building costs such as cleaning, energy etc. Net Direct Costs are those costs after income from client contributions).</li> <li>▪ Historical and future comparisons of budgeted and actual direct costs (deficit) of operating the care homes</li> <li>▪ Historical and future comparisons of budgeted and actual income for both care homes</li> <li>▪ Historical and future comparisons of budgeted and actual net costs (deficit) and the real term potential saving to the Council for 2025/26</li> </ul> </li> </ol>	

- c. Reaffirm the decision made by cabinet at its meeting on 10<sup>th</sup> December 2024 to progress with the sale / business transfer of Castle Grange and Claremont House as going concerns.
- d. Delegate authority to the Executive Director for Adults and Health, in consultation with the Cabinet Member for Adult Social Care, the Service Director - Finance, and the Service Director – Legal, Governance & Commissioning, to select and finalise negotiations and agree the terms of the freehold transfers and Business Transfer Agreement with a preferred bidder and instruct the Service Director -Legal, Governance and Commissioning to execute and enter into all necessary documentation to effect the transfer of the care homes as going concerns .
- e. Note the contents of the Integrated Impact Assessment including mitigating actions

### **Reasons for Recommendations**

- The detailed financial analysis reaffirms the financial business case and wider benefits of the sale of Castle Grange and Claremont House as going concerns.
- The savings have been modelled on the prudent budgeted cost for each care home based on high level occupancy and full staffing levels. The Council can only save in budget terms what is already stated in the budget.
- The running costs have been higher, and the real terms benefit would therefore be higher with the following additional factors included: avoidance of the overspend against budget, avoided obligations of capital investment, as well as the benefit of the potential capital receipt to the Council.
- The previous consultation (between 10/10/24 to 21/11/24) provided no substantial or significant reasons why the homes should be retained as directly operated facilities.
- Whilst the Best and Final Offers process with potential providers has been paused pending Cabinet decision, the process has secured competitive bids from four potential operators.
- This decision aligns with the council's strategic objectives to ensure financial sustainability while maintaining high-quality care for all residents in Kirklees. It meets the council's strategic objective of shaping the Kirklees' care market for the long term, which Adult Social care has the legal duty to do.

### **Resource Implications:**

- Whilst pursuing the option of sale will involve substantial officer time, both relating to Adult Social Care, Finance, Legal, HR, Corporate Landlord and communications, internally and externally, the potential revenue cost savings of more than £0.8m each year along with the avoidance of potential overspend against budget, a potential capital receipt and mitigated capital borrowing

continues to make this an attractive option financially. The Cabinet are asked to note the risk of reputational issues that will require resources to address.

- The transfer/sale of the care homes as going concerns will allow the Council to focus resource on specialist activity where there are market gaps or where only the Council can play a market facilitating role (e.g. Knowle Park House, the new dementia day service facility).

<b>Date signed off by <u>Executive Director</u> &amp; name</b>	Michelle Cross Executive Director Adults and Health 20/01/2025
<b>Is it also signed off by the Service Director for Finance?</b>	Kevin Mulvaney – Service Director, Finance 20/01/2025
<b>Is it also signed off by the Service Director for Legal Governance and Commissioning (Monitoring Officer)?</b>	Samantha Lawton – Service Director, Legal and Commissioning 31/01/2025

**Electoral wards affected:** All/ Newsome & Heckmondwike

**Ward councillors consulted:** None

**Public or private:** Public

**Has GDPR been considered?** Yes

## 1. Executive Summary

1.1 The Health and Social Care Scrutiny Panel requested a call-in on the decision taken by Cabinet on 10th December 2024 in respect of the future of Council Operated Dementia Care Home Provision (Castle Grange and Claremont House).

1.2 The decision of the Scrutiny Panel was to refer the decision back to Cabinet for further review, supported by a detailed multi-year financial analysis to help inform Cabinet considerations.

1.3 This report provides further information and assurance to Cabinet and to the Health and Social Care Scrutiny Panel of robustness and transparency in the financial business case and that the decision aims to secure the long-term sustainability of our care services, ensuring that the Council can continue to provide high-quality care to service users while managing the financial challenges the Council faces.

## 2. Information required to take a decision

### Financial Analysis – Key Points

Key points from each of the tabs in Appendix 3 are provided below:

#### 2.1 Budgeted Savings

2.1.1 The proposed savings to the Council of £0.867m have been modelled on the budgeted cost for each care home based on high level occupancy and full staffing levels. The savings calculation is based on the equivalent external provision costing less than the current in-house cost of running the homes.

	Castle Grange £'s	Claremont House £'s	Total £'s
<b>2025-26 MTFS budget</b>			
ASC Service budget (direct cashable)	1,938,417	1,908,142	3,846,559
Building/site budget (direct cashable)	121,226	100,760	221,986
<b>Direct cost budget saving (cashable)</b>	<b>- 2,059,643</b>	<b>- 2,008,902</b>	<b>- 4,068,545</b>
<b>Alternate external provision</b>			
	<b>1,600,625</b>	<b>1,600,625</b>	<b>3,201,250</b>
Based on	90% occupancy (36 beds each site)		
	@ £852.69 per bed/per week		
	-36 * £852.69 * 52.143		-36 * £852.69 * 52.143
<b>Cost budget saving</b>	<b>- 459,018</b>	<b>- 408,277</b>	<b>- 867,295</b>

2.1.2 The figures in the table above show the direct cashable revenue savings level. It is important to note that the savings estimates have not changed. The figures referenced in previous Cabinet reports represent different views of the same analysis but with or without non-cashable overheads (non-cashable overheads are typically support services such as HR, Finance and service management costs).

#### 2.2 Actual Historical Overspend

2.2.1 A full five-year summary of actual expenditure is provided in the 'Summary – actuals' tab of Appendix 3.

2.2.2 For the financial year 2023-24, the total direct cost for Castle Grange was £2.388m and for Claremont House was £1.954m.

2.2.3 The net direct costs, after accounting for income, were £1.880m for Castle Grange and £1.665m for Claremont House.

2.2.4 The care homes have historically operated at a level of overspending against budget as highlighted in the 'variances - direct cost' and 'variances - net' tabs of Appendix 3. For example, the net deficit across both care homes for 2023/24 equates to almost £400k creating an unbudgeted pressure for the Council (which had to be funded from Council Reserves as part of the overall Adult Social Care overspend).

2.2.5 The decision to sell both care homes as going concerns would mitigate this pressure and would be a 'benefit' in addition to the £0.867m saving.

## **2.3 Income**

2.3.1 Please refer to the 'variances - income' tab of Appendix 3

2.3.2 Income from resident fees and contributions has been offset against the costs of running the homes and therefore reduces the net budget. However, whilst resident contributions help, they do not cover the full cost of care. The Council therefore must cover the shortfall between contributions and actual costs.

2.3.3 The Council uses a financial assessment, also known as a means test, to work out how much people should pay for their care home costs. Whether the care was provided by the Council or via a private provider – the service users would continue to contribute to their care at the assessed levels.

## **2.4 Avoided Obligations of Capital Investment**

2.4.1 The care homes require significant capital investment to maintain and upgrade facilities. It is estimated that £1.4m would be needed for capital improvements over the next 5 years. These costs have been calculated based on Vendor Surveys for both care homes as well as information the Council holds on the fabric, conditions and defects of corporate properties.

2.4.2 By selling the homes, the Council avoids this capital and borrowing obligations, which would equate to a revenue borrowing cost of £112k per annum over 20 years. This further enhances the financial benefits of the proposed sale.

## **2.5 Capital Receipt**

2.5.1 While the exact amount of the capital receipt from the sale cannot be disclosed at this stage, as work on the potential transfer of both care homes has been paused pending Cabinet decision, it is important to note that this receipt is not included in the £0.867m annual saving. Should a capital receipt be generated, this would be used to repay existing Council debt.

## **2.6 Conclusion**

2.6.1 The detailed 5-year financial analysis reaffirms the financial viability and benefits of selling Castle Grange and Claremont House as going concerns. This decision aligns with the Council's strategic objectives to ensure financial sustainability while maintaining high-quality care for residents.

2.6.2 The saving of £0.867m have been modelled on the prudent budgeted cost for each care home based on high level occupancy and full staffing levels. The Council can only save in budget terms what is already stated in the budget.

2.6.3 In reality, the operating costs for both care homes have been higher than budget, and the real terms benefit would therefore be higher with the following additional factors included: avoidance of the overspend against budget, avoided obligations of capital investment, as well as the benefit of the potential capital receipt to the Council.

2.6.4 The Cabinet are recommended to consider the additional information in this report and reaffirm the decision to progress with the sale / business transfer of Castle Grange and Claremont House as going concerns.

2.6.5 Note that the information used to inform this analysis is based on the 2025-26 proposed budget values at the point of the savings proposals being drawn up. There may be slight variations to this due to subsequent technical adjustments, however, it is unlikely that the values will materially change.

## **3. Implications for the Council**

Disposal of care homes is a typical action by local authorities in financial difficulties, or those which wish to transfer resources for other priorities. The Council would retain a role in providing more specialist services for both older people living with dementia and for people with a learning disability as well as working jointly with the healthcare system to provide residential step-down beds that support discharge.

### **3.1 Council Plan**

This proposal relates to the priorities outlined in the 24/25 Council Plan as per the above (3) and supports the Council's aim to transform services to become more efficient, effective and modern working towards a new operating model for Adult Social Care Services. [Council priorities - Council Plan 2024/25 | Kirklees Council](#)

### **3.2 Financial Implications**

The proposal will generate substantial ongoing savings if approved. It presents an ability to save revenue costs of more than £0.8m each year, avoid unbudgeted

pressures brought about by levels of overspends, avoid future potential capital and borrowing costs as well as benefiting from a potential capital receipt through the sale of both assets (albeit the Council will have two fewer assets)

### **3.3 Legal Implications**

3.3.1 Local authorities had a duty to provide residential accommodation for adults in need of 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 of the Care Act 2014). Section 19 of the Care Act 2014 gives the local authority power to meet needs for care and support, where it is not 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 2014 gives examples of the different ways that a local authority may meet the obligations 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)).

3.3.2 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 and Social Care’s “Care and support statutory guidance” (updated 27<sup>th</sup> September 2024).

3.3.3 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. A lawful consultation should be in line with the ‘Gunning Principles’. To comply with these principles, a fair consultation is one undertaken when: 1) the proposals are at a formative stage; 2) sufficient reasons are given for the proposals to allow intelligent consideration by consultees together with criteria which will be applied when considering proposals and which factors will be considered decisive or of substantial importance; 3) adequate time must be given for responses; and 4) the product of consultation must be conscientiously considered before any final decision is taken. Members should carefully consider the outcomes of the consultation when considering the recommendations of officers including the Integrated Impact Assessment and all other relevant matters.

3.3.4 While some consultation has been previously carried out, this was in relation to a closure option and so further consultation is required in relation to the transfer of a going concern.

3.3.5 The Council has a duty of Best Value under section 3 of the Local Government Act 1999 to secure continuous improvement in the way functions are carried out having regard to a combination of economy, efficiency and effectiveness. The Council has a fiduciary duty to taxpayers when making funding decisions and commissioning services to ensure it has regard to all its legal duties and that it is prudent, affordable and sustainable in the context of the Council’s unprecedented budget challenges and the statutory requirement for a balanced budget.

3.3.6 Any Council staff transferring to another care home operator will benefit from protection under the Transfer of Undertakings (Protection of Employment) Regulations 2006 on the basis that it would constitute the transfer of a business as a going concern (Reg 3(1)). This means their contractual terms and conditions of employment and continuity of service will transfer. In the absence of any economic, technical or organisational reasons entailing changes in the workforce, there are restrictions on the ability of the transferee employer to change terms and conditions if they relate to the transfer itself. Minimum pension rights/benefits must be protected under the Pensions Act 2004 and the Transfer of Employment (Pension Protection) Regulations 2005. At this stage we are aware that none of the potential operators wish to join the LGPS. Affected staff and Trade Unions will be consulted as part of the decision-making process at the appropriate time. The transferee employer will need to inform the transferor (i.e. the Council) of any “measures” that it proposes regarding transferring employees following the transfer.

3.3.7 Employees who are not directly employed at the care homes and who do not have TUPE rights but who are nonetheless affected by the transfer may need to go on redeployment and or be entitled to a redundancy payment. The Council will follow its usual consultation procedures with any such affected employees.

3.3.8 Article 8 of the European Convention on Human Rights (ECHR) is a relevant consideration which requires the Council to respect the private and family life of persons resident in the Council’s care homes. Article 8 is only engaged if the proposals interfere with service user rights, and if so, may nonetheless be permissible if justified and proportionate. Provided the Council complies with its statutory duties its actions should be compliant with its obligations under the ECHR. Subject to the outcome of the consultation, the Council will need to ensure the needs of residents have been properly assessed in line with the Care Act 2014.

3.3.9 The Council has a duty under Section 123 Local Government Act 1972 when selling land to obtain the best consideration reasonably obtainable. Land can be sold at an undervalue of up to £2M under the General Disposal Consent 2003 if the purpose of the disposal is to promote or improve the economic, social or environmental wellbeing of the area and require Cabinet approval. If the consent did not apply the matter would need to be referred to the Secretary of State and the Council would need to comply with the Subsidy Control Act 2023. Officers have commissioned independent valuation advice in respect of each of the properties, these valuations have been received and are currently being reviewed.

3.3.10 The Council must comply with the Public Sector equality duty under Section 149 Equality Act 2010. An Integrated Impact Assessment will be required on the proposed sale of Council care homes and members must consider its findings before taking any decision. The Council when exercising its functions must have “due regard to the need to “- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act. a) Advance equality of opportunity



between persons who share a relevant protected characteristic and persons who do not share it; b) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

3.3.11 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, amongst others, will be relevant in taking decisions about the future of the Council's care homes. The IIA will need to be updated during and following any consultation.

3.3.12 The Council has the power to enter into any necessary contractual or other arrangements relying on Section 1 of the Localism Act 2011 and all other enabling powers. Section 1 introduced a general power of competence, subject to certain restrictions and prohibitions in other legislation, under which local authorities may do anything that an individual could do. All legal powers must be exercised reasonably in public law terms.

### **3.4 Climate Change and Air Quality**

As per previous Cabinet reports, no impact.

### **3.5 Other (e.g. Risk, Integrated Impact Assessment or Human Resources)**

An Integrated Impact Assessment has been undertaken to assess the impact of the transfer to private operators. This includes an assessment of the impact on staff, service users and their families. View the [Integrated Impact Assessment](#).

A summary of risks and mitigations were included in the previous Cabinet report dated 10 Dec 2024, please see section 3.4 of Appendix 2.

## **4. Consultation**

- 4.1 Recent consultation activities have been directed at existing service users and their relatives, and staff and their trade unions.
- 4.2 There has previously been a consultation on a proposed closure of these homes which resulted in a Cabinet decision to explore alternatives including transfer to the independent sector. Officers have undertaken an additional six-week consultation with service users and their relatives regarding the transfer of the care homes.
- 4.3 There are 45 residents currently residing across both Castle Grange and Claremont House. All resident families were contacted and offered one to one consultation meetings with officers, of which 31 service user families took up the offer of an optional one to one meeting. Further details of the current

consultation process and outcomes are set out in appendix 4 and appendix 5 summarised through 4.6.1 and 4.6.12 below.

4.4 The process being followed to select the potential new operator and to manage any subsequent transfer process will take consideration of the points raised below and officers will exercise good professional judgement in making decisions.

4.5 The commercially confidential nature of the provider selection process means that it is not possible for families to be involved in the selection process but their concerns about quality and experience will be reflected in the decision-making process.

#### 4.6 **Overview of generic themes**

4.6.1 Families were concerned about when the appointment of a new provider would be communicated with them. They want the opportunity to review the new provider's portfolio, their CQC rating(s) and meet and ask questions of the new provider. They asked what would happen if there were issues following the transfer of the homes. There was concern that the homes may not remain as dementia residential homes. Families are interested in knowing what, if any, restrictions will be in place to mitigate any immediate changes to the service. Officers have ensured that the criteria used for the Best and Final Offers process with potential providers has a greater focus on quality over price.

4.6.2 Families have also been advised that the council is only progressing talks with providers who are interested in and have a good track record in providing dementia care therefore we do not anticipate any change to the service focus. They have also been advised of the confidential nature of the BAFO bidding process and that a limited amount of information can be shared with them at this time. Additionally, the Council intends to impose a 20-year overage period on the properties and restrict the use of the properties to certain social care services for a period of 5 years from point of sale which further mitigates risk.

4.6.3 Families are very complimentary about the excellent and high-quality care currently received by residents at both homes. Concerns were raised about whether the quality of care would be maintained post transfer to a private provider.

4.6.4 Kirklees has a well-developed independent sector care home market. Should the homes be transferred to new operators (subject to cabinet approval), the Council will ensure it has oversight on quality and provision through its Contracts team. The Contracts team delivers proactive,

targeted support in partnership with the NHS and other key partners around improving the quality of care to regulated care providers in the borough.

- 4.6.5 Families raised concerns about staffing. They are aware of the TUPE process but are concerned staff may leave before the transfer occurs and have queried what support is available for staff during this time. They are also concerned about changes to staffing when a new provider is in place.
- 4.6.6 Staffing levels will be at the discretion of any new provider.
- 4.6.7 Families are extremely concerned about the potential increase in the cost of care and the possibility that top-up fees will be introduced. Most have added that they would not have any financial means to be able to contribute towards any increased cost of their loved one's care. Families would like to know who will pay for any shortfall if an individual's money depreciates below the threshold. Concerns were raised about delays with the payment process (delay in receiving invoices, timely responses when contacted, paying invoices, understanding how much they owe, if there is debt will it be transferred) and what would be done to address these.
- 4.6.8 Whilst any increase in fees will be at the discretion of the new provider, the council will continue to contribute to care costs for low-income residents based on the outcome of a financial assessment. Concerns about invoicing and payment issues have been raised with colleagues in Client Financial Affairs for resolution.
- 4.6.9 Families would like to be informed of the BAFO bidding process for a new provider including timescales and what the selection criteria are.
- 4.6.10 Subject to Cabinet approval, the Council is aiming to complete the full transfer by the end of May 2025.
- 4.6.11 Families would like to learn more about what happens after the transfer of the homes and what if any responsibilities the council would continue to have towards the service users residing in the homes. Families have been assured that the needs of residents will be properly assessed and individual service user reviews in line with the Care Act 2014 will be carried out to support this transition to a potential new provider.
- 4.6.12 The families have clearly stated their opposition to this proposal and are keen to know what will happen should a suitable provider not be found.

## 5. Engagement

As per previous Cabinet reports

## 6. Options

### 6.1 Options considered

As per the previous Cabinet report, the options for consideration are:

- a. Do nothing, and continue as is, recognising that the homes cost significantly more to operate than they generate in income through fees charged.
- b. Pursue the transfer of the two long stay homes as a going concern business. The preferred option here, and one which brings savings with minimal disruption to residents and their families and a transfer of employment arrangements for staff. This is the proposal recently consulted on as part of the six-week consultation undertaken with service users and their relatives regarding the transfer of the care homes
- c. Close the homes (a previously rejected option following a comprehensive public consultation, though the financial position of Council remains challenging)

### 6.2 Reasons for recommended option

At present, based on previous information shared the detailed financial analysis as well presented in this report - option b. is the option that enables the Council to better manage the financial position it faces in line with previous decision to not close the homes but to seek an alternative solution

## 7. Next steps and timelines

If the recommendations are reaffirmed and approved, officers will pursue further engagement with interested parties through the best and final offers process and to select and finalise negotiations with a preferred bidder with a view to completing the sale of both care homes in Quarter 1 2025/26

## 8. Contact Officer

Saf Bhuta, Head of In-House Provision

## 9. Background Papers and History of Decisions

- **CABINET Report: 10 December 2024** - [20241207 Care Homes Cabinet Report Final.pdf](#)
- **CABINET Report: 26 September 2023** - [UPDATED Cabinet Report 26.09.23 CH CG exit final 18.09BM.pdf](#)

- **CABINET Report: 12 March 2024 -**  
<https://democracy.kirklees.gov.uk/documents/s56151/CABINET%20REPORT-%202024%2003%2012-%20Dementia%20Care%20home%20FINAL.pdf>
- **CABINET Report: 8 October 2024**  
<https://democracy.kirklees.gov.uk/documents/s59575/Care%20Homes%20Cabinet%20Report%20Final.pdf>
- **Health and Adult Social Care Scrutiny Panel – 10 January 2025 Call in –**  
<https://democracy.kirklees.gov.uk/documents/s61724/Final%20Combined%20Report.pdf>
- **Health and Adult Social Care Scrutiny Panel: 22 November 2023**  
<https://democracy.kirklees.gov.uk/documents/s54387/Care%20Homes%20Consultation%20Scrutiny%20301023%20FINAL.pdf>

## 10. Appendices

1. Key Decision Notice
2. Previous Cabinet Report dated 10 December 2024
3. Financial Information – Variances and 5 Year Analysis
4. Thematic Feedback from Resident Families Consultation
5. Overview of ongoing communications and engagement with Families

## 11. Service Director Responsible

Michelle Cross, Executive Director – Adults and Health

### Appendix 1

#### **Key Decision Notice:**

LINK: [Long stay dementia residential homes](#)

Published: 14 January 2025

### Appendix 2

#### **Previous Cabinet Report:**

LINK: [20241207 Care Homes Cabinet Report Final.pdf](#)

Published: 2 December 2024

### Appendix 3

#### **5 Year Analysis**

Attached

## **Appendix 4: Thematic Feedback from Resident Families Consultation**

### **Family consultation**

**Consultation period:** 10/10/24 to 21/11/24

**Number of service user currently residing across the two homes:** 45

**Number of service user families engaged to date:** 31.

**Forum for consultation:** 1½ hour face to face 1-1 slots arranged across several days/times. Options also made available for meetings to be held over phone/MS Teams.

**Purpose of meetings:** To capture family members / next of kin views on the proposals and feedback from the consultation to inform a further Cabinet report for a decision to be made.

### **Overview of generic themes**

#### **The new provider**

Families were concerned about when the appointment of a new provider would be communicated with them. They want the opportunity to review the new provider's portfolio, their CQC rating(s) and meet and ask questions of the new provider. Families were also concerned about what would happen if there were issues following the transfer of the homes.

#### **Service change**

Families are concerned that the homes may not remain as dementia residential homes.

They are interested in knowing what, if any, restrictions will be in place to mitigate any immediate changes to the service.

#### **Service Quality**

Families are very complimentary about the excellent and high-quality care currently received by residents at both homes. Concerns were raised about whether the quality of care would be maintained post transfer to a private provider.

#### **Staff**

Families raised concerns about staffing. They are aware of the TUPE process but are concerned staff may leave before the transfer occurs and have queried what support is available for staff during this time. They are also concerned about changes to staffing when a new provider is in place.

## **Cost/Fees**

Families are extremely concerned about the potential increase in the cost of care and the possibility that top-up fees will be introduced. Most have added that they would not have any financial means to be able to contribute towards any increased cost of their loved one's care.

Families would like to know who will pay for any shortfall if an individual's money depreciates below the threshold.

Concerns were raised about delays with the payment process (delay in receiving invoices, timely responses when contacted, paying invoices, understanding how much they owe, if there is debt will it be transferred) and what would be done to address these.

## **Timescales and oversight**

Families would like to be informed of the procurement process for a new provider including timescales and what the selection criteria is.

## **Post transfer**

Families would like to learn more about what happens after the transfer of the homes and what if any responsibilities the council would continue to have towards the service users residing in the homes.

## **Future of the care homes**

The families have clearly stated their opposition to this proposal and are keen to know what will happen should a suitable provider not be found.

## **Appendix 5: Overview of ongoing communications and engagement with Families**

### **Family consultation**

<b>Activity</b>	<b>Audience</b>	<b>Lead</b>	<b>Date</b>
<b>Post-cabinet (08 Oct 2024) - cabinet meeting</b>			
Invites for one-to-one consultation meetings	CH/CG families	Service	26/09/2024
Letters informing of the KND and report to October Cabinet	CH/CG families	Service	05/09/24
<b>Consultation period (6 weeks duration)</b>			
1-1 consultation questions shared with families	CH/CG families		
1-1 meetings with service users families	CH/CG families	Audrey and Sarah	17/10/2024
1-1 meetings with service users families	CH/CG families	Audrey and Sarah	21/10/2024
1-1 meetings with service users families	CH/CG families	Audrey and Sarah	22/10/2024
Letter to families additional 1-1 dates added	CH/CG families	Service	24/10/2024
1-1 meetings with service users families	CH/CG families	Sarah	28/10/2024
1-1 meetings with service users families	CH/CG families	Audrey and Sarah	29/10/2024
1-1 meetings with service users families	CH/CG families	Audrey and Sarah	30/10/2024
1-1 meetings with service users families	CH/CG families	Audrey and Sarah	31/10/2024
1-1 meetings with service users families	CH/CG families	Sarah	05/11/2024
1-1 meetings with service users families	CH/CG families	Sarah	06/11/2024
1-1 meetings with service users families	CH/CG families	Sarah	11/11/2024
1-1 meetings with service users families	CH/CG families	Sarah	12/11/2024
1-1 meetings with service users families	CH/CG families	Sarah	13/11/2024
1-1 meetings with service users families	CH/CG families	Sarah	18/11/2024
Letter to families informing of December Cabinet and reminder of consultation ending	CH/CG families	Sarah	18/11/2024
1-1 meetings with service users families	CH/CG families	Sarah	19/11/2024



1-1 meetings with service users families	CH/CG families	Audrey and Sarah	20/11/2024
1-1 meetings with service users families	CH/CG families	Audrey and Sarah	21/11/2024

Across the two homes there are now 45 service users. To date – Over the consultation period,

- 31 consultation meetings have taken place
- 36 response forms have been completed as a result.
- 8 consultation meetings have been booked by families and then cancelled for various reasons

### Staff Information / Consultation

Activity	Audience	Lead	Deadline
<b>Post-cabinet (08 Oct 2024) - cabinet meeting</b>			
Letters inviting staff to update meeting	CH/CG teams	Service	01/10/2024
<b>Consultation period (6 weeks duration)</b>			
Meeting with staff following cabinet meeting	CH/CG teams	Saf	10/10/2024
Notice up inviting staff to update meeting	CH/CG teams	Bev	19/11/2024
Meeting with staff to provide KND and December cabinet update	CG team	Audrey	27/10/2024
Meeting with staff to provide KND and December cabinet update	CH team	Audrey	28/10/2024

### Email correspondence

Up to 26/11/24

31 emails have been received and logged onto the care home communications log. All these queries/questions have been responded to in full.

Since this date a further 18 emails have been received. All have been logged in, and a holding email has been while a response for their query is compiled.

### Questions

Over 160 questions have been collated through the received emails and the 1-1 consultation meetings. We are currently collating all these questions into one frequently asked questions list to be shared with family members. However, some questions will

continue to be unanswered due to commercially sensitive reasons until further information is released as the process to select a new provider continues.