

Consultation Report

Outcome of Public Consultation on Proposal for the Future of Statutory Residential Care for Older People

October 2015

Contents Page

Glossary	3
Acknowledgement	6
Executive Summary	7
1.0 Introduction	9
1.1 Consultation Process	10
1.2 Methodology	11
1.3 Planning	11
1.4 Pre-consultation	11
1.5 Notice of Formal Consultation	12
1.6 Formal Responses to Consultation	13
1.7 Outcome of Consultation Process and Proposal to Trust Board	13
1.8 Trust Board Decisions on Consultation Process	13
2.0 Feedback received in Consultation and Trust Responses	14
2.1 Background to Proposal	15
2.2 Response to Consultation	16
2.3 Key Themes from Consultation Responses	18
2.4 Quality of care	19
2.5 Availability and Accessibility of Alternative Services	21
2.6 Care Trends	26
2.7 Best Use Of Public Money	28
2.8 Impact on Current Users, Relatives, Carers and Local Economy	30
2.9 Equality and Human Rights	31
2.10 Consultation Process	32
2.11 Evaluation of Criteria	33
3.0 Recommendation for Trust Board Consideration	35
3.1 Recommendations	37
3.2 Next Steps	40
Appendices	
1. Summary of Engagement Process	
2. Summary of Respondents	
3. Southern Local Commissioning Group Needs Assessment	

Glossary

Acute Care at Home

Acute Care at Home (AC@H) is a dedicated Consultant Geriatrician led multidisciplinary team whose primary focus is on maintaining older people at home in the event of an acute illness or unexpected deterioration in health. The service provides triage, assessment, diagnosis and treatment as an alternative to inpatient care specifically targeted to those at risk of or potentially requiring admission to hospital, i.e. in the absence of such care, they would otherwise require inpatient treatment. AC@H is a time limited service – normally no longer than 7 days, and frequently 3 or 4 days or less.

Day Care

Day care refers to a service that is designed to meet assessed need for those with higher level of care during the daytime. A care plan is put in place to document the individuals care and support needs and how these will be met

DHSSPSNI

Department of Health, Social Services and Public Safety

Domiciliary Care

The range of services put in place to support an individual in their own home. Services may involve routine household tasks within or outside the home, personal care of the client and other domestic services necessary to maintain an individual in an acceptable level of health, hygiene, dignity, safety and ease in their own home.

Floating Support

A housing support service funded by Supporting People in partnership with Northern Ireland Housing Executive that provides a flexible, person centred service to enable people to establish and maintain independence in their own home.

HSCB

Health and Social Care Board

Intermediate Care Service

Intermediate Care is a short term (usually no longer than 6 weeks) intervention to promote the independence of older people following an acute hospital admission or where there has been deterioration in their functional ability at home but they don't require a hospital admission. Intermediate care is provided mostly in a person's home but can also include a short stay in a residential or nursing home. All patients who have complex needs on discharge from hospital will be supported in their discharge through the Intermediate Care service.

NIHE

Northern Ireland Housing Executive

Residential Care

This refers to a long term care option for the older person who stays in a residential setting rather than in their own home or family home. There are various residential care options available, depending upon the needs of the individual. The homes are registered with the Regulation & Quality Improvement Authority in Northern Ireland and the beds are classified by client groups including frail older people and those with memory issues.

Statutory residential care refers to residential care that is run by the Trust. For the purpose of this report the homes referred to are those caring for frail elderly only.

Reablement

Reablement is a new service provided by the Southern Health & Social Care Trust which helps you learn or re-gain the skills necessary for daily living which you may have lost through ill health or injury. Reablement supports independence and building your confidence in carrying out everyday activities.

RQIA

Regulation and Quality Improvement Authority (RQIA) was established under the Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003. It is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services.

Short Breaks (Respite)

Short breaks (respite) is defined as the provision of regular, occasional or emergency but time limited breaks to those who are caring for others. It is any activity or service of limited duration designed to provide a break for the persons cared for and their carer from the usual commitment. Such a break can be provided on a regular basis over a long term.

The activity or service seeks to ensure a positive experience for both parties and can be provided on a planned or emergency basis. The distinctive feature of short break care is that it provides time-limited breaks for families and other unpaid care givers in order to support and maintain the primary care giving relationship.

Short break care comes in different forms that are suitable for various needs. The needs of those who access short breaks are often complex and varied. It is crucial that these needs, together with the reasonable wishes/choices of those who use it, are catered for if the service is to derive maximum benefit from the available funding.

Supported Living

This form of accommodation provides older people with the choice to remain living in a self-contained home with the additional support of personal care services such as assistance with independent cooking skills, shopping and budget management all with the security of support workers being available during the day and night should assistance be required. It is funded through Supporting People in partnership with Northern Ireland Housing Executive under the Department of Social Development.

Acknowledgement

The Southern Health & Social Care Trust wishes to extend its thanks and sincere appreciation to all those individuals, elected representatives, groups and organisations who responded to the consultation process. The Trust also wishes to thank all those who met with or contacted the Trust to express views.

All the views expressed throughout the engagement process have been taken account of by the Trust and are expressed in this consultation outcome report.

Executive Summary

Over the last number of years the Trust has clearly set out its **strategic direction in relation to the provision of services for older people** into the future. Following on from the Transforming Your Care report (2011) the Southern Local Commissioning Group in collaboration with the Trust developed the Southern Area Locality Population Plan (September 2013) which clearly highlighted the vision of reducing the provision of statutory residential care based on the changing demand due to older people wanting to remain living in their own home.

The plan clearly stated that the preferred future model for those people who require residential support will be provided through a range of options including floating support, sheltered / supported living homes and provision through the independent sector. It highlighted that potentially in the future there may be no statutory residential homes in the area and this remains as the strategic position.

In June 2015 the Trust, having applied the regionally agreed criteria for change in statutory residential care, proceeded to consult on the proposed phased closure of three homes; Roxborough, Skeagh and Slieve Roe.

The Trust has carefully considered the significant response to the consultation in informing the recommendations in this outcome report. The Trust is grateful for the endorsement of the quality care provision within statutory residential homes and is also keen to highlight that due to the commitment given to current residents the impact of any recommendations are relevant only to older people currently living in the community who in the future may wish to have this residential care option.

It is important to emphasise that the current permanent residents of all statutory residential homes proposed for closure have been given a commitment by the Minister for Health, Social Services and Public Safety that they will be able to remain in their existing home for as long as they wish and as long as their care needs can be met. The Trust is happy to endorse this position.

A summary of the Trusts recommendations are detailed below:

Trust Board is asked to consider approval for the following:

- **Crozier House**, Banbridge
 - To retain this facility
 - To re-open to permanent residents
- **Cloughreagh House**, Bessbrook
 - To retain this facility
 - To re-open to permanent residents
- **Skeagh House**, Dromore
 - Move from temporary closure to a permanent closure
- **Roxborough House**, Dungannon
 - Maintain the Trusts position of no permanent admissions and work towards its permanent closure through a phased approach;
- **Slieve Roe**, Kilkeel
 - To work towards phased permanent closure with a bespoke exit strategy that would include the following:

Re-open to new admissions in Slieve Roe House as an interim measure in recognition of the fact that there are currently limited available alternative options in the Mourne area. This will enable confidence building with the community regarding the appropriateness of alternative options currently in development.

New admissions will cease when the Supported Living Scheme in Kilkeel opens (due to open Spring 2017).

1.0 INTRODUCTION

The Trust is committed to responding to the changing needs of older people and ensuring a wide range of services can be provided to support older people to live full and meaningful lives.

In keeping with legislation and a desire to engage as widely as possible, the Trust has consulted on its Proposals for the Future of Statutory Residential Care for Older People

The consultation report is set out to describe:

- The process and actions undertaken by the Trust to engage and consult on its proposals;
- The comments and responses received from the consultation process and the Trusts response to these, and
- The final proposals, as shaped by the responses to the consultation process for Trust Board consideration.

All enquiries regarding the consultation outcome report should be directed to:

Mrs Paula Clarke
Interim Chief Executive
Southern Health & Social Care Trust
Trust Headquarters
College of Nursing
Craigavon Area Hospital
68 Lurgan Road
Portadown
Co Armagh
BT63 5QQ

Tel: 028381 3960 Fax: 028 38335496
Email: Elaine.Wright@southerntrust.hscni.net

Alternative formats

This document can be made available on request in alternative formats e.g. easy read, electronic version, Braille, computer disc, audio cassette, large font, DAISY, and in other languages to meet the needs of those not fluent in English

1.1 Consultation Process

In undertaking this consultation, the Trust has complied with the relevant legislation and its own Equality Scheme, taking account of how significant changes proposed to service delivery may impact on individuals. Specific equality legislation, which impacts on the Trust and the manner in which it carries out its functions include:

- The Northern Ireland Act 1998 (Section 75 (i) and (ii))
- The Disability Discrimination Act 1996 (as amended) i.e. to promote positive attitudes toward disabled people; and to encourage participation of disabled people in public life – *the Disability Duties & Human Rights Act 1998*
- Adhering to the statutory duty placed on Health and Social care services in relation to effective consultation and involvement (Health & Social Care (Reform) Act (NI) 2009 sections 19 & 20) including the Trust consultation scheme
- The Human Rights Act 1998 and in particular Article 2, 3, 6 and 8 which relate to right to private life and home, right to mental and physical health, right to having your voice heard and prohibits inhuman and degrading treatment
- UN Convention on the Rights of Persons with Disabilities in particular Article 19 – The Right to independent living
- Addressing the core elements of quality as defined by DHSSPNI Quality 2020 (Nov 2011) - 10 year strategy to protect and improve the quality of health and social care in NI

In line with the Trust's statutory duties under Section 75 of the Northern Ireland Act 1998, an Equality Impact Screening Template was developed as a key element of the consultation process.

From the outset the Trust has been committed to consulting as widely as possible on its proposals for change, including:

- Raising awareness of the consultation process with key stakeholders
- Encouraging and facilitating their participation
- Facilitating opportunities for two way communication in order to explain the proposals

The Trust also reaffirmed throughout the consultative process that it would not take a decision in relation to the proposal without taking into account an Equality Impact Assessment (EQIA) and the outcomes of consultation. This EQIA was consulted on alongside the Trust consultation proposal and any issues that were raised have been addressed within a revised EQIA that accompanies this report.

1.2 Methodology

The Trust has complied with the principles on consultation set out in the Equality Commission for Northern Ireland's Guide to the Statutory Duties, as well as the commitments in the Trust's Equality Scheme.

The Trust's consultation process has six elements to ensure as full and effective an engagement process as possible.

1.3 Planning

In developing its proposal for statutory residential care homes, the Trust has drawn on national and regional service strategies, the strategies of the Health and Social Care Board and the Southern Local Commissioning Group, all of which have had significant user engagement. Of particular importance is the Health & Social Care Board's Review of Health & Social Care in Northern Ireland 'Transforming Your Care' (2011).

The Trust has engaged with a wide range of stakeholders in the development of the proposal through open engagement both in the pre-consultation and formal consultation stages.

1.4 Pre-consultation

In preparation for the consultation process, the Trust completed an Equality Screening Process in line with the Equality Commission's guidelines. The Equality Screening Template was completed by Trust Staff to provide clarity and agreement on the detail and outcome of the exercise. Through the equality screening process the proposals on the Future of Statutory Residential Care for Older People were assessed to be of major impact and it was therefore deemed necessary to carry out a full equality impact assessment

which has been revised as a result of feedback received and accompanies this document.

A pre-consultation engagement process has been ongoing since 2013 when the Health & Social Care Board were asked by the Minister for Health, Social Care and Public Safety to co-ordinate a regional approach to this work. During pre-consultation the Trust undertook to inform residents, families/carers, staff and interested individuals and groups of its intention to consult on the Proposals for the Future of Statutory Residential Care for Older People. A summary of the organisations and individuals that the Trust engaged with is included in Appendix 1.

1.5 Notice of Formal Consultation

Following endorsement of the Trusts change proposals by the Health & Social Care Board the Trust Board approved a formal consultation process at the Trust Board on 11th June 2015

Following this meeting, the notice of formal consultation was issued. All consultation papers were placed on the Trust internet site and statements were issued to the press. A printed copy of the 'Proposal for the Future of Statutory Residential Care for Older People', and how the full documents could be accessed, was issued to a wide range of consultees.

The Equality Commission and the Trust's Equality Scheme recommend a 12 week consultation period; however for this consultation process the Trust extended its consultation period to 14 weeks, recognizing the summer period, to enable effective engagement and consideration of the proposals by interested parties. The formal consultation period commenced on the 11th June 2015 for a period of 14 weeks to Friday 18th September 2015.

The Trust accepted 48 late responses up to 13th October 2015 so as not to exclude any comments or information that would be relevant to decision-making.

During the consultation period the Trust responded to a range of requests for additional information from individuals, interested groups, elected representatives and Assembly Questions. A range of meetings with MLAs, other elected representatives, local

councils and interest groups and individuals were also held, and these are detailed in Appendix 1.

1.6 Formal Responses to Consultation

The individual respondents are listed in Appendix 2. As responses were received, the Trust acknowledged receipt, explaining to all respondents that their comments would be considered within Trust's consultation process and a feedback paper to be tabled at Trust Board meeting in due course.

Each response has been carefully reviewed and the key themes identified and considered in developing the final proposals for Trust Board consideration.

1.7 Outcome of Consultation Process and Proposals to Trust Board

This consultation report sets out:

- Summaries of the formal responses received
- The key themes emerging from those responses
- Consideration of responses and issues raised
- Draft recommendations for Trust Board consideration

1.8 Trust Board Decisions on Consultation Process

The Trust Board will consider this paper at its public meeting on 22nd October 2015 and make a recommendation that will then be shared with the HSCB and DHSSPSNI, for approval. Decisions taken at the Trust Board meeting will be placed on the Trust's internet site and all individuals and organizations on the Trust's consultation list will be notified.

The ultimate decision on the future of Statutory Residential Care Homes will be made by the Minister for Health, Social Services and Public Safety.

2.0 FEEDBACK RECEIVED IN CONSULTATION AND TRUST RESPONSES

The Trust received a total of 2,563 individual responses to the consultation documents including 22 completed questionnaires. Of these total responses 2 standard letter templates were used by the majority of respondents in relation to Slieve Roe (2,417 and 19). These stated that they were opposed to the closure of the home and wanted the Trust Board to reconsider the proposal to close Slieve Roe.

In addition two petitions were also received as detailed separately below:

- Friends of Roxborough House – 2779 signatures
- Letter of opposition received with a petition of 1214 signatures opposing closure of Slieve Roe House

Residential Home	Responses Received
Slieve Roe House	<ul style="list-style-type: none"> - 2,558 letters - 21 questionnaires - One petition (1214 signatures)
Roxborough House	<ul style="list-style-type: none"> - 1 letter - 1 questionnaire - One petition (2779)
Skeagh House	<ul style="list-style-type: none"> - 1 letter

Since May 2015 to date the Trust has openly engaged with a wide range of key stakeholders. Summary of the Trust’s engagement plan are detailed below:

- An active communication process was embedded to ensure that all current residents and their families / carers were kept apprised of all issues, reassured re the commitment to remain in the home and supported to participate in the consultation process
- Briefings issued by email to elected representatives
- The Trust issued an invitation to all councils and elected representatives offering a meeting with the Interim Chief Executive to discuss any of the three consultations taking place over the summer period, following which a number of

meetings took place with individual elected representatives and local Councils

- A number of press releases were issued to specifically remind the public that the consultation was taking place
- Staff update sessions were held across a number of venues and various dates to update staff on the consultation

Further detail on the Trust's engagement plan can be found in Appendix 1.

Sections below summarise the responses received to the consultation document, the key themes emerging and provides the Trust's response to these issues. Section 3 sets out the recommended final proposals for Trust Board consideration and approval.

The Trust again wishes to extend its thanks and appreciation to all those who contributed their time, effort and expertise in responding to and engaging in this consultation process.

2.1 Background to Proposal

The Trust issued its consultation papers on the Proposal for the Future of Statutory Residential Care on 11th June 2015. The consultation document proposed that the Trust would continue to support the provision of alternative models of care and increased choices for older people and therefore proposed the phased closure of three of its homes which would involve:

- Maintain the Trusts policy of no permanent admissions to **Roxborough House**, Moy and work towards its permanent closure through a phased approach
- Maintain the Trust's policy of no permanent admissions to **Slieve Roe House**, Kilkeel and work towards its permanent closure through a phased approach
- Move from the temporary closure of **Skeagh House**, Dromore to a permanent closure
- Re-open to permanent admissions in:
 - **Cloughreagh House**, Bessbrook and

- **Crozier House**, Banbridge

The Trust alongside the Minister for Health, Social Services and Public Safety has given a commitment that all current permanent residents will be able to remain in their existing home for as long as they wish and as long as their care needs can be met.

2.2 Response to Consultation

In this section the Trust has summarised the feedback received from the 22 questionnaires alongside the responses given in individual letters which have been detailed sections 2.4 – 2.11 below. The Trust has provided a response to all issues raised under each of the individual themes.

Four questions were framed in the consultation document. A summary of the responses to these questions from the 22 questionnaires are as follows:

Question 1: What are your views on Trust's commitment to further develop and enhance the range of services for older people to help support them to be cared for in their own home?

A large proportion of the respondents did acknowledge and agree that older people wish to be cared for in their own home where this is possible, however the vast majority of respondents also felt that when it is not possible for an older person to remain at home that statutory residential care should be included in the mix of options that are available locally. By reducing the provision of statutory residential care some respondents felt that the Trust would be running the risk of increasing hospital admissions, impacting on the most vulnerable people.

A number of respondents were concerned that the provision of community care, and more specifically domiciliary care, is not adequately resourced to provide the level of input required by some older people. It was felt that domiciliary care did not provide the same level of care, reassurance, social inclusion and security that statutory residential care can.

While some respondents welcomed the development of supported living, in particular in the Kilkeel area, a number felt that this type

of development does not provide a viable alternative to statutory residential care and that it is still not available as a real alternative at present.

Question 2: What are your views on the positions that the current provision of statutory residential care has to change?

While some of the respondents acknowledged home is the best place to receive care, the vast majority of respondents did not agree that the current provision of statutory residential care needs to change. It was felt that the proposal to reduce the number of statutory homes provided by the Trust would put further pressure and strain on families and carers to keep older people living at home particularly with reduced access to respite care. Respondents also felt that the proposals reduce choice and do not fit with the growing older population.

Many of the respondents felt that the proposals are primarily about the Trust saving money and that if any of the Statutory residential care homes should close then all five should close.

Respondents also asked regarding the impact on Skeagh residents following the temporary closure of the facility and what are the Trusts contingency plans should there be closures of independent sector care homes.

Question 3: What are your views on the Trusts proposal to permanently close Skeagh House, Slieve Roe House and Roxborough House?

All responses to question 3 disagreed with the Trusts proposals to permanently close Skeagh, Slieve Roe and Roxborough Houses. A significant majority of the responses focused specifically on Slieve Roe House and the fact that it should not close.

Question 4: The Trust would welcome the views of the public as to what type of additional community services could be developed to provide more choice of living options for older people

In response to question 4, the respondents provided a range of suggestions to increasing community services for older people including:

- Additional resources and funding should be directed to improve health promotion and enhance community services, including day centres, alongside investment in statutory residential care homes to bring them up to standard and ensure they are fit for purpose.
- Improved choice of living options including more access to supported and sheltered housing solutions.
- More support needs to be provided to families and friends who are supporting older people at home alongside more investment in domiciliary care to support staff and growing demand for this service.

The various issues and comments raised in the responses to the questions above have been dealt with in the Trust responses below which are grouped into key themes for ease of reference.

2.3 Key Themes from Consultation Response

The standard questionnaire template also allowed for additional comments from respondents. In addition the vast majority of respondents decided to submit individual letters (2,538) detailing their views on the proposals.

All feedback received has been analysed and grouped into key themes in line with the regional criteria that was consulted on and subsequently used by Trusts to evaluate each of the Statutory Residential Care Homes. A number of additional themes which were raised by respondents have also been outlined below.

Regionally Agreed Criteria for Evaluating Homes

- Quality of Care
- Availability and Accessibility of Alternative Services
- Care Trends
- Best Use of Public money

Additional Themes picked up from responses

- Impact on Current Users, Relatives, Carers and local Economy
- Equality and Human Rights
- Consultation Process
- Evaluation of Criteria

2.4 Quality of Care

The majority of responses, particularly those whose family or friends have or currently reside in one of the Trust's statutory residential care homes, highlighted the excellent quality of care that staff provide. Comments included:

- All past and present residents are very happy and content and are treated with dignity and respect
- Concerns that the quality of care in the independent sector is not equal to that provided in statutory residential care homes. Many felt that private sector providers only provide the minimum levels of care to achieve accreditation.
- The quality of community care, in particular domiciliary care, is restricted due to lack of funding and additional resources meaning staff are rushing in and out of people's homes and don't have sufficient time to socially interact with their clients.
- There is no comparison between quality of care in statutory residential care and community alternatives (domiciliary care) whereby an older person in statutory residential receives 24/7 care and security in a safe environment which cannot be delivered at home with domiciliary care attending maximum 3 times per day.
- What are the contingency plans for the Trust should independent sector homes close?

Trust Response – Quality of Care

The Trust welcomes the praise and acknowledgement of the **quality of care** delivered in all statutory residential care homes which it has worked hard to achieve and maintain. The Trust along with all independent sector providers of residential care must adhere to the Regulation, Quality, Improvement Authority (RQIA), the DHSSPSNI minimum standards of care (2011) and annual inspections against these enable the Trust and private sector homes to maintain registration as a provider.

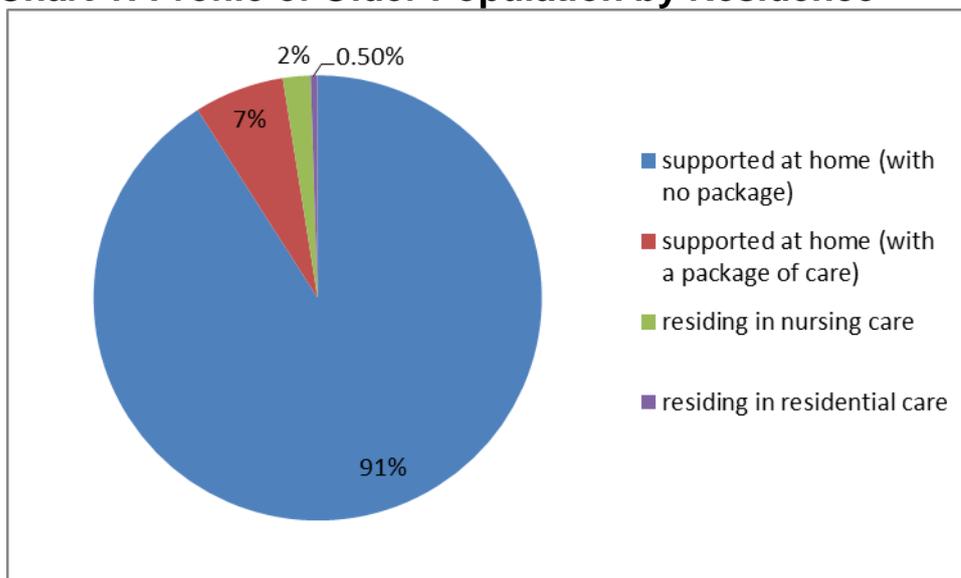
The Trust currently has contracts in place with over 70 private care homes. There is ongoing monitoring of quality across both statutory and independent sector homes as part of the Trust governance agenda and there is no evidence of reduced quality in

the independent sector. The Trust has a care home manager's network in place that meets regularly to identify and discuss issues of concern and to plan delivery of services for older people. All homes are required to have a business continuity plan in place as part of the contingency arrangements for their services.

In a number of responses concerns were raised that the provision of **community care** is not adequate to meet the needs of the growing older population and in particular domiciliary care requires additional resources.

The graph below shows that 91% of the over 65 population of the Trust live independently in their own home, 7% are supported in their own home with a domiciliary care service and 3% of older people are being cared for in a care home setting.

Chart 1: Profile of Older Population by Residence



The Health & Social Care Board and Public Health Agency findings from the survey '10,000 Voices' which looked at the public's experiences of receiving care in their own home showed that 84% of respondents were delighted to be cared for at home. One respondent stated:

"I am very grateful for the care package I receive and my carer goes above and beyond for me. I am given care at home and am getting the right treatment"

The Trust undertakes an annual survey of all service users in receipt of Trust Domiciliary Care Services. In 2014 a total of 360 questionnaires were posted to service users of which 157 responded. The results of the Trusts survey highlighted the following:

- On average 91% of respondents agreed that their social worker or nurse explained the domiciliary care service they would receive
- On average 91% of respondents felt that the domiciliary care worker enables them to be as independent as possible in their home
- On average 94% of respondents feel that they are receiving care in a safe environment that is free of abuse
- On average 80% of respondents felt that the care they receive from their domiciliary care worker improves their quality of life

The Trust is continuing to develop a range of domiciliary care support services to meet the changing needs of a growing older population.

2.5 Availability and Accessibility of Alternative Services

Many of the respondents raised concerns about accessibility particularly for rural localities where there can be limited alternatives available. As such older people, particularly those in Kilkeel, would be required to go to an alternative care home not in their own locality. The comments raised include:

- Transport and road infrastructure links are poor and make travelling further to visit loved ones more difficult and stressful. In addition families and carers may incur additional expense from having to travel further to visit their relative / loved one.
- Respondents relating specifically to Slieve Roe feel it is a remote and rural area that warrants local accessibility.
- Concern that older people would have to leave their local area if they need residential care.

Many respondents were particularly concerned that there appears to be a lack of alternative residential care homes in local areas,

specifically within the Kilkeel / Mourne area, which limits the choice for older people who are not able to remain at home.

Comments included:

- Where will older people get respite if Statutory Residential Care Homes close?
- Statutory Residential Care Homes provide advanced availability for respite options – Private providers can only advise of availability a day in advance of request

Trust Response – Availability and Accessibility of Alternative Services

The Trust is committed to developing a wide range of community based services that support older people to remain in their own home where they predominantly want be cared for. In the Trust's Strategic Plan 'Improving through Change (2015-18) the Trust has given a commitment to ensuring care is delivered at home or as close to home as possible where this is appropriate.

As outlined in the Trust's proposal, a range of **alternative services** are being delivered right across all localities of the Trust including, reablement, domiciliary care, short breaks respite, day care services for older people and a wide range of community and voluntary services.

In line with this, substantial investment has been made in a wide range of community services to support the Trust ethos of home as the hub.

Key investment:

- Reablement – £1.4 million in 2013/14
- Domiciliary Care - approximately £5 million over the last 4 years
- Acute Care at Home – approximately £2 million over the last 2 years
- A range of floating support and sheltered/supported Living options have been invested in by Supporting People / Northern Ireland Housing Executive. The Trust work actively in partnership with these bodies

Supported living accommodation provides older people with the choice to remain living in a self-contained home with the additional support of personal care services such as assistance with independent cooking skills, shopping and budget management all with the security of support workers being available during the day and night should assistance be required.

As such the Trust views this housing solution as one of the alternative options to residential care that will be available to older people.

In Kilkeel a **supported housing** development providing 12 one or two bedded homes of self-contained accommodation is due to commence on site in November 2015 with completion of the project anticipated in Spring 2017.

Approval has also been granted to provide a further 2 supported housing schemes in Armagh / Dungannon and Banbridge / Dromore. The Trust is working with the nominated housing provider to identify suitable sites to enable construction to commence.

In addition **Floating Support** provides a flexible, person centred service to enable people to establish and maintain independence in their own home. Currently floating support services are available in Armagh & Dungannon, Craigavon, South Armagh and Kilkeel / Mourne with a capacity to provide services to 80 older people in total. Furthermore a proposal has been submitted for approval to further extend the provision of floating support to other areas of the Trust including Banbridge and remaining areas in the Newry & Mourne council area.

In terms of alternative residential accommodation, at the time of the publication of the Trusts Proposal on the future of Statutory Residential Care for Older People, findings were based on information included in the Southern Local Commissioning Group (SLCG) Needs Assessment Paper (September 2014, see Appendix 3). The Trust has subsequently updated this information which is detailed below:

Table 1: Comparison of Bed Profile in Independent Sector by Trust Locality

	Number of Independent Sector Homes providing Residential Care Places	Number of Total beds available as per SLCG Needs Assessment (Sept 2014)	Total Number of beds available as per Trust Care Home Director (October 2015)	Change in number of beds since sept 14
N&M	3	6	6	0
C&B	9	110	123	+13
A&D	17	208	238	+30

The information captured in the table above reflects normal variances in the number of residential beds available and reaffirms sustained availability across the Trust. The different levels of availability in the three localities remain one of the factors in influencing the Trust recommendations.

In addition to the independent sector homes detailed in the table above, the Trust also uses residential care beds in areas outside the Trust boundary. Due to the lower number of beds available in the Newry & Mourne locality the Trust accesses residential care beds in the wider Mourne area, a further 87 frail elderly residential care beds are available in Newcastle and Castlewellan which significantly increases the availability of accessible alternatives for the Mourne locality:

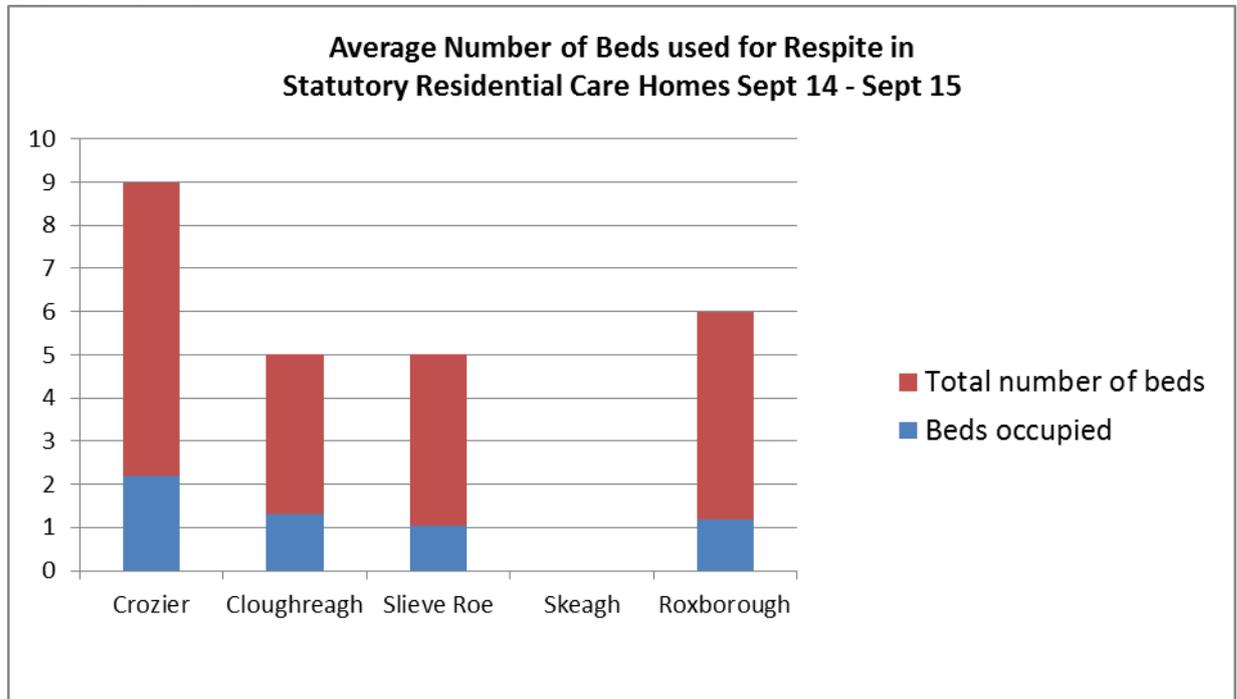
- River House, Newcastle, 29 beds
- Lawnfield House, Newcastle, 16 beds
- Slieve Dhu, Newcastle, 4 beds
- Greenvale, Castlewellan, 16 beds
- Woodlodge, Castlewellan, 22 beds

The South Eastern Trust recently issued a consultation proposal on the future of statutory residential care homes. The proposal does not include any change plans to the provision of residential care in the Mourne area providing assurance of ongoing access / availability to places in this area.

While permanent admissions have been temporarily ceased across all statutory residential care homes until the outcome of consultation is known, the Trust has encouraged the use of these beds for **respite** purposes.

The graph below shows the usage of respite beds across the five statutory residential care homes between September 2014 and September 2015 by individual care home.

Chart 2: Average Respite Usage per Statutory Residential Care Home



*Skeagh House – no activity recorded due to temporary closure

The chart above demonstrates that on average 1-2 beds were used at any given time during the year to provide respite care. This is significantly less than the number of temporary beds available for respite use in each of the homes which ranges from 5 beds to 9 beds.

Despite the low demand for traditional types of respite care i.e. nursing or residential care placements, and in recognition of the significant contribution that **carers** make in looking after and supporting loved ones to remain at home, the Trust are exploring and developing a more **innovative range of short break respite** options for carers to support them in their caring role. These can include practical day / night sits via domiciliary care service, cash grants, participation in health and wellbeing programmes and a range of voluntary and community supports.

2.6 Care Trends

A large proportion of the respondents felt that the Trust's position of no permanent admissions to statutory residential care homes has made it look like the demand for this type of care is low and has led to deliberate underutilisation and concern over their viability. The majority of respondents felt that the care homes would be full if admissions were opened to all 5 homes.

Respondents felt that the provision and need for respite care alongside the growing older population and associated demand for health and social care was not appropriately considered in the proposals.

Trust Response – Care Trends

The Trust acknowledges that no new permanent admissions have been made to statutory residential care since May 2013 when it was decided to temporarily cease admissions while the review of residential care was undertaken. The Trust would wish to re-iterate that any older person who has been assessed as requiring permanent residential care (temporary admissions have continued as normal) have continued to be placed in independent sector residential care. The Trust has verified all placements made since May 2013 and can confirm there are no waiting lists for residential care.

There has been a total of 168 permanent placements to independent sector care homes since the commencement of temporary cessation of admissions (1st May 2013 – 31st August 2015) to statutory residential care homes. Of the 168 permanent placements 18 were placed outside the Trust area of which 6 were placements in the Mourne area (only 3 of the 6 placements originated from the Newry & Mourne locality with the other 3 coming from the Banbridge locality). It is the Trusts understanding that all 18 placements that occurred outside the Trust area were down to client choice.

The criteria used to score each of the Trust's statutory residential care homes were based on a regionally agreed evaluation process following public consultation by the Health & Social Care Board. Within the 'care trends' criteria admissions to **both** statutory and independent residential care homes was included. Acknowledging

that the Trust had implemented a position of no permanent admissions to statutory residential care homes in May 2013 the Trust continued to monitor all identified need for residential care and tracked placements into the independent sector throughout this time, therefore the position of no admissions to statutory residential care did not adversely affect the scoring of individual Trust homes.

The table below is included to provide clarity on the average numbers of permanent admissions per year to each statutory residential home over a 6 year period **prior** to cessation of admissions position:

Table 2: Admissions and Occupancy by Home

	Average Permanent Admissions per year 2008-2013	Average overall Occupancy 2012/2013*
Crozier House	3.8	81%
Cloughreagh House	6.6	80%
Slieve Roe House	2.4	61%
Skeagh House **	6.4	64%
Roxborough House	9.8	82%

*prior to cessation of admissions May 2013

**Skeagh average occupancy worked out over 2008-2013 due to temporary closure

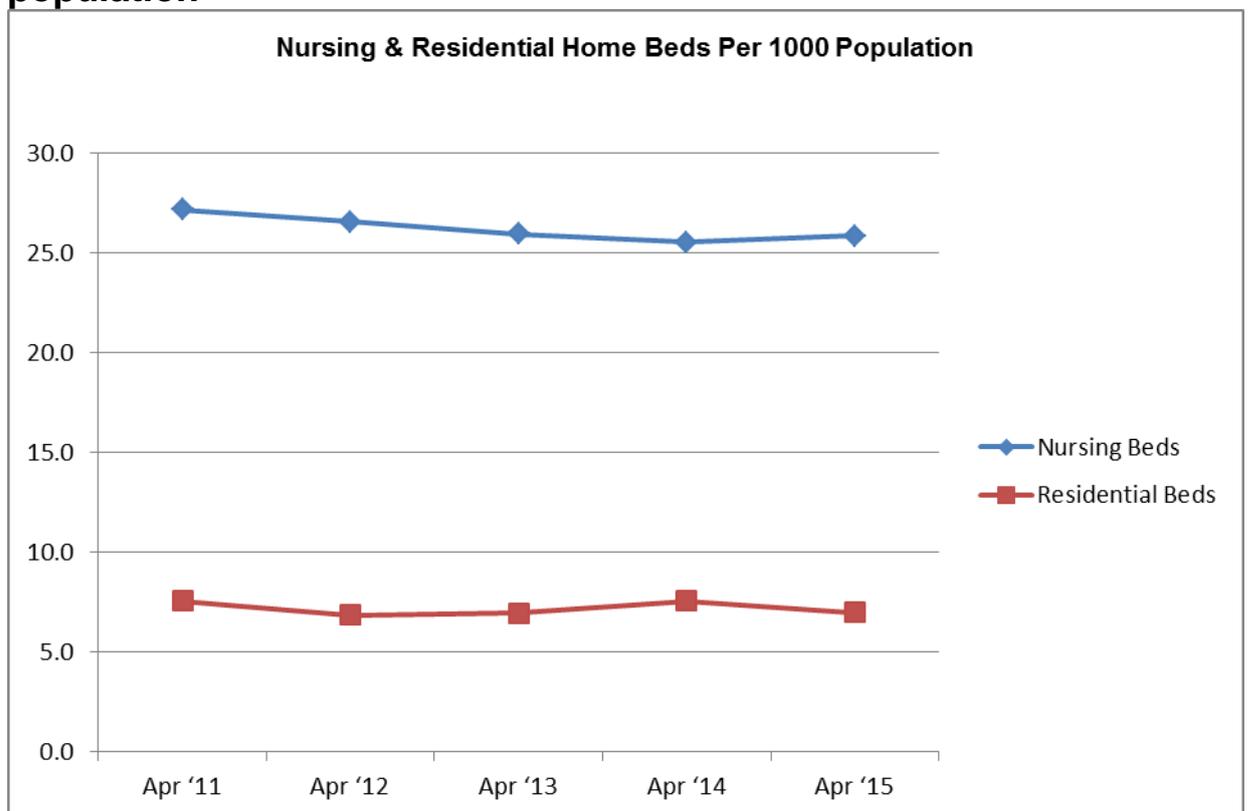
The above information will be considered later in the document alongside additional relevant information to inform the proposals in the recommendation section.

The Trust recognises that the **older population is growing** and across the Southern Trust the over 65 population is expected to increase by 36% up to 2030 (based on Northern Ireland Statistical Research Agency 2014 mid-year estimates). Even with this growing older population the Trust has evidenced in section 2.4 above that the majority of older people are able to remain in their own home with no services (98%) or with a range of supports including domiciliary care, reablement, day care and a wide range of community and voluntary sector services. In addition respite care can be accessed from a number of options including evolving and innovative options. Further detail on respite is included under

the Trust response to availability and accessibility to alternative services.

The graph below shows the trend of both nursing and residential care for the over 65 population (per 1,000 of the population). The graph shows that demand for residential care has remained relatively constant over the 5 year period. Demand for nursing care has reduced between April 2011 and April 2014 with a slight increase in the last year.

Chart 3: Demand for Residential and Nursing Care per 1,000 population



2.7 Best Use of Public Money

Some respondents recognised that the Trust is dealing with a reduced budget and savings are required however it was clearly felt that frontline services should not be targeted to save money particularly when older people are the focus of such cuts. In addition many respondents believe that the Trust is wasting money by running homes that are not fully utilised and if permanent admissions were re-opened the statutory residential

care homes would be full and thus the Trust would be making better use of its money.

Respondents felt that the Trust has not adequately invested in the provision of statutory residential care homes over the last number of years and therefore by default it appears they have become untenable to continue. Respondents also felt that residential care provided by the private sector is more costly than the Trust providing statutory residential care homes.

Trust Response – Best Use of Public Money

The Trust is committed to delivering quality services to older people in a timely way that ensures they are cared for and supported by the most appropriate service for their needs and that where possible they are able to be maintained in their own home with necessary supports being made available.

The view that statutory residential care is less expensive than the alternative provision in the independent sector is incorrect. The average cost per week of a statutory residential care place is £817 (based on home being fully occupied against 13/14 costs) which is £347 more expensive than a placement in a private sector residential care home (£470 per week, 15/16 costs). The costs per home are set out below:

Table 3: Average Cost per Week per Home

Facility	Number of beds	13/14 Average cost per week (based on full occupancy levels)
Crozier House	27	£625
Roxborough House	30	£655
Slieve Roe House	17	£1168
Cloughreagh House	23	£822

Updated to reflect 13/14 costs. Consultation paper had used 12/13 costs.

From the table above it is clear that Slieve Roe is more costly to run. The smaller number of beds in Slieve Roe means that it is more costly to provide care to each resident per week compared to other statutory residential homes.

As stated in the proposal document the existing homes do not meet the Minimum Standards (DHSSPSNI, 2011) which are applicable to newly built homes and not existing homes. If existing homes were to meet these standards they would have to be demolished and rebuilt at a cost of £2.7m - £3m per home. The Trust accepts that many of the current residents are happy and want to continue to live there however it also accepts that the future older population have higher expectations on the quality of the environment in which they will receive their care and as such will want to be cared for in modern, fit for purpose buildings.

2.8 Impact on Current Users, Relatives, Carers and local Economy

Some respondents were concerned about the impact the proposal may be having on staff working in the statutory residential care homes and that the threat of closure has led to them feeling demoralised and undervalued.

Respondents felt that the proposed closure of homes, in particular, Slieve Roe House, would have a negative impact on the local economy in terms of job losses and loss of community resources.

There is also concern about the impact the process is having on residents in the homes, their families and carers, and confusion that residents will be asked to leave their home if it is decided to close. There was criticism that the Trust has not adequately considered the adverse impact on health and wellbeing of older people.

- Loss of interaction with local homes and community
- Prolonged processes should be minimised to avoid unnecessary and public upset

Trust Response - Impact on Current Users, Relatives, Carers and local economy

The Trust would emphasise that no permanent resident currently residing in a statutory care home will be asked to leave or move elsewhere. The Trust alongside the Minister for Health, Social Services and Public Safety has given a commitment that all current permanent residents will be able to remain in their existing home for as long as they wish and

as long as their care needs can be met in the residential home.

The Trust has had an active engagement strategy on a range of levels with residents, families, staff and trade union representatives and will continue to actively engage with all these stakeholders regarding any decisions on the way forward. These have included one to one meetings, resident meetings, individual letters, posters, newsletters and media releases.

In relation to the impact the proposed changes will have on staff the Trust is confident that there will be no compulsory or voluntary redundancies required. Subject to staff being reasonably flexible the Trust is confident that the proposed changes can be implemented with little adverse impact on staff. Should the proposed closures be approved by Trust Board and further approved by the Minister the Trust will take forward implementation of the staffing changes in accordance with its Management of Change Framework

2.9 Equality and Human Rights

The equality and human rights issues raised were primarily in relation to accessibility. Many responses felt that local communities are being unfairly disadvantaged by services being closed in their locality.

Trust Response – Equality and Human Rights

The equality and human rights issues pertaining to accessibility have been covered under the response to accessibility issues above in section 2.5.

Specific issues relating to equality and human rights issues are picked up in the amended EQIA attached separately.

2.10 Consultation Process

The Trust was criticised by the number of respondents regarding the process undertaken in the consultation. Comments included:

- Criticism for holding the consultation over the summer when people are on holidays and perhaps did not know the consultation was occurring.
- Lack of coordination between Trusts on their proposals – no consideration of impact from other Trust closures. The consultations should have been led by a region wide process
- Many queried the merits of consultation and if it actually makes a difference to the final outcome
- Residents should be granted full capacity to consent or disagree – they are not included in evaluation process
- Trust proposal and EQIA should not have been issued as separate documents – bad consultation practice – marginalises equality and human rights issues

Trust Response – Consultation Process

The Trust decided to run the consultation for 14 weeks as opposed to the standard 12 week consultation timeframe in recognition of the summer period. The Trust recognises the importance of consultation and is committed to carrying out consultation in accordance with the principles contained in its equality scheme together with arrangements detailed in its Personal and Public Involvement Strategic Action Plan. The Trust also took on board feedback from the Consultation Institute on best practice guidance for consultation and key learning from the recent regional consultation on criteria for change in residential care homes (HSCB, 2014/2015).

Since May 2013 the Health & Social Care Board (HSCB) have led on a regional process with all Trusts to review work that had been carried out previously and to agree a consistent and co-ordinated way forward for all Trusts. This involved the HSCB consulting on criteria to evaluate each of the statutory residential care homes. While individual Trusts have applied the regionally agreed criteria and developed individual proposals for consultation, the HSCB approved the Trust proposals to go forward for public consultation and has continued to liaise with all Trusts to ensure consistency

continues to be maintained and the overall process is managed from a central point.

The Trust EQIA has been conducted in accordance with the Equality Commission for NI statutory guidelines i.e. Section 75 of the Northern Ireland Act 1998 – A Guide for Public Authorities refers. In keeping with best practice the Trust has followed the prescribed format laid down by the Commission when conducting and publishing separately its Equality Impact Assessment.

2.11 Evaluation of Criteria

A number of respondents queried the process of evaluating the 5 homes and in particular:

- An explanation of how homes were scored
- It appears the availability and accessibility criteria was used to inform the overall scoring yet it was not one of the criteria
- The scoring process does not take account of the peripheral locations of homes, ongoing withdrawal of services locally and rural isolation
- Respite was not considered part of the evaluation of each home

Trust Response – Evaluation of Criteria

The Trust undertook the evaluation of each of its statutory residential care homes in line with the regionally agreed criteria as provided by the Health & Social Care Board following public consultation and in direct liaison with them.

It was clearly stated within regionally agreed criteria that the 3 criteria; quality of care, care trends and best use of public money should be used to score each individual home alongside the Southern LCG Needs Assessment which covered the availability and accessibility of alternative services.

The use of regionally agreed criteria by all Trusts to help evaluate statutory residential homes for older people did not focus solely on ranking the facilities in order of score but also considered the Southern Local Commissioning Group Needs Assessment (Appendix 3). However the scoring did (i) provide significant reassurance about the quality of care of care being maintained in existing statutory provision; (ii) quantify both locally and regionally

the trends associated with the demand /need for residential care within older peoples services; and (iii) brought insight to decision making about the best use of public money and financial viability of some services. In addition the Trust considered the access to and availability of temporary placements for intermediate care, memory and short breaks (respite).

The process undertaken involved the Trust applying both criteria and the Needs Assessment to fully evaluate each of the statutory residential care homes.

As stated in the consultation proposal document an example of this is Slieve Roe House in Kilkeel which scored second highest in terms of ranking, yet was proposed for phased closure. This was due to consideration of other issues including the development of new supported living facilities in the area (12 homes due to complete in Spring 2017), reduced demand for the facility and alternative care options in the area. In contrast Cloughreagh House which scored lower than Slieve Roe House is proposed to remain open at this time. This is based on current limited residential bed availability locally, greater demand for this facility and no supported living in the area.

3.0 RECOMMENDATION FOR TRUST BOARD CONSIDERATION

The Trust has taken on board the views and responses raised by all consultees as detailed in the previous sections. The table below outlines a summary of the key findings for each of the Trust care homes which support the recommendations for Trust Board consideration that follow.

The Trust recognises all statutory residential homes provide a good quality of care. The Minister for Health, Social Services and Public Safety has given a commitment to all current permanent residents; therefore it is important to emphasise that the focus of these recommendations may affect older people in the community who would have wished for this option to be available to them in the future.

Whilst there has been a cessation of permanent admissions position in place across all Statutory residential care homes since May 2013, where older people have been assessed as requiring residential care this has continued to be provided in line with identified need.

Table 4: Summary of Findings by Statutory Residential Care Home

Facility	Availability & Accessibility to alternatives	Care Trends	Best use of Public Money
<p>Crozier House, Banbridge</p> <p>27 beds – 18 permanent and 9 temporary</p>	<ul style="list-style-type: none"> • Good provision of alternatives including independent sector residential care beds and supported / sheltered accommodation options with a further 18 new supported living homes approved for development in C&B area • Floating Support is not in place (proposal submitted for funding to provide service in Banbridge) • If Skeagh was to move towards closure there would not be enough capacity within the independent sector to allow for Crozier to also close. 	<ul style="list-style-type: none"> • Prior to cessation of admissions, there is evidence this facility was well used • Lower usage of respite during last year 	<ul style="list-style-type: none"> • Average cost of £625 per bed per week (based on 13/14 inclusive costs)
<p>Skeagh House, Dromore - temporarily closed since March 2013</p> <p>24 beds – 18 permanent and 6 temporary</p>	<ul style="list-style-type: none"> • Good provision of alternatives including independent sector residential care beds and supported / sheltered accommodation options with a further 18 new supported living homes approved for development in C&B area • Floating Support is not in place (proposal submitted for funding to provide service in Banbridge) • Ability to accommodate the demand for residential care elsewhere in the area since the temporary closure 	<ul style="list-style-type: none"> • Prior to cessation of admissions, there was evidence of lower demand for this facility 	<ul style="list-style-type: none"> • No current cost available due to temporary closure • Average cost of £851 per bed per week (based on 12/13 inclusive costs)
<p>Roxborough House, Dungannon</p> <p>30 beds – 24 permanent and 6 temporary</p>	<ul style="list-style-type: none"> • Good provision of alternatives including significant number of independent sector residential care beds and supported / sheltered accommodation options with a further 18 new supported living homes approved for development in A&D area • Floating support in place and well utilised 	<ul style="list-style-type: none"> • Prior to cessation of admissions, there is evidence this facility was well used • Lower usage of respite during last year 	<ul style="list-style-type: none"> • Average cost of £655 per bed per week (based on 13/14 inclusive costs)
<p>Slieve Roe House, Kilkeel</p> <p>17 beds – 12 permanent and 5 temporary</p>	<ul style="list-style-type: none"> • Limited provision of alternatives including lower number of independent sector beds and existing supported/sheltered living options • 12 supported living homes due for completion Spring 2017 • Residential care beds are available in Newcastle and Castlewellan (14 - 17 mile radius) • Floating Support already in place for 30-40 older people in their own home, well utilised 	<ul style="list-style-type: none"> • Prior to cessation of admission there is evidence of lower demand for this facility • Lower usage of respite during last year 	<ul style="list-style-type: none"> • Average cost of £1168 per bed per week (based on 13/14 inclusive costs)
<p>Cloughreagh House, Bessbrook</p> <p>23 beds – 18 permanent and 5 temporary</p>	<ul style="list-style-type: none"> • Limited provision of alternatives including lower number of independent sector beds and existing supported / sheltered living options • Floating support recently commenced in area 	<ul style="list-style-type: none"> • Prior to cessation of admissions, there is evidence this facility was well used • Lower usage of respite during last year 	<ul style="list-style-type: none"> • Average cost of £822 per bed per week (based on 13/14 inclusive costs)

3.1 Recommendations

As stated at the outset of this outcome report, the Trust is committed to the strategic direction for the provision and further development of services for older people.

Trust Board is asked to consider approval for the following:

- **Cloughreagh House, Bessbrook**
 - **To retain this facility**
 - **To re-open to permanent residents**

This recommendation is supported by the fact that the range of available options is limited in this area at this time.

The closure of Cloughreagh House would not currently be appropriate as there would not be sufficient capacity in the independent sector to absorb the demand. There are no plans for further supported living developments in this area at this time.

Cloughreagh House will be retained into the future on the understanding that it will remain under review and if at any time the provision of alternative service options is increased and/or enhanced the Trust would raise this with the Southern Local Commissioning Group / Health & Social Care Board for an agreed way forward.

- **Crozier House, Banbridge**
 - **To retain this facility**
 - **To re-open to permanent residents**

This recommendation is supported by the fact that the range of available options is not currently fully developed in this area however there are plans approved for a further 18 supported living homes in the Craigavon & Banbridge area.

Since the temporary closure of Skeagh House (24 beds) demand has been absorbed in both Crozier House and the independent

sector and other care options. It is also acknowledged that some previous Skeagh House residents now live in Crozier House.

The impact of the potential closure of Skeagh House would mean that the closure of Crozier House would not currently be appropriate as there would not be sufficient capacity in the independent sector to absorb this demand. Therefore this residential facility is required at this point in time.

Crozier House will be retained on the understanding that it will remain under review and if at any time the provision of alternative service options is increased and/or enhanced the Trust would bring such analysis to the Southern Local Commissioning Group / Health & Social Care Board for an agreed way forward.

- **Skeagh House, Dromore**
 - **Move from temporary closure to a permanent closure**

This recommendation is supported by the fact that Skeagh House has been temporarily closed due to a landslip since March 2013 and there are ongoing legal issues that are unlikely to be resolved in the short term. Demand for this facility has been absorbed elsewhere in Crozier House and the independent sector and other care options. While the range of potential services is not currently fully developed in this area, there is no evidence of unmet need at this time. Plans have been approved for a further 18 supported living homes in the Craigavon & Banbridge area.

- **Roxborough House, Dungannon**
 - **Maintain the Trusts position of no permanent admissions and work towards its permanent closure through a phased approach**

This recommendation acknowledges and supports the Ministers position that existing residents can remain for as long as they choose and their care needs can be met there.

Acknowledging that Roxborough has traditionally had higher levels of admissions per year compared to other statutory residential homes, the Trust is confident that demand for residential care into the future can be met through the range of well-developed alternatives in place in this area.

In addition there are plans approved for 18 supported living homes in the Armagh & Dungannon area which will add to the current provision already available. There is also a well utilised floating support scheme to enable older people to remain living at home with appropriate housing support.

- **Slieve Roe, Kilkeel**
 - **To work towards phased permanent closure with a bespoke exit strategy that would include the following:**

Continued support for the Ministers position that the current permanent residents can remain for as long as they choose and their care needs can be met there.

Re-open to new admissions in Slieve Roe House as an interim measure in recognition of the fact that there are currently limited available alternative options in the Mourne area. This will enable confidence building with the community regarding the appropriateness of alternative options currently in development.

New admissions will cease when the Supported Living Scheme in Kilkeel opens (due to open Spring 2017).

3.2 Next steps

As stated previously the Trust will continue to engage with all residents, families, carers, staff and key community stakeholders to progress the implementation of the above recommendations within an agreed timeframe.

All other services currently operating from statutory residential care sites including provision of day care, meals and respite will continue until such times as the care home closes. The Trust welcomes the engagement and involvement from community stakeholders regarding the potential use of these sites and proposals for the provision of alternative community services.

Following the outcome of the Trust Board decision on the above recommendations, the outcome paper will be shared with the Health and Social Care Board and the Minister for Health Social Services and Public Safety for approval.