



REPORT TITLE: Consultation update on the proposed decommissioning and closure of four homes within the Gloucestershire Care Partnership

Cabinet Date	22 nd June 2022
Cabinet Member	Councillor Carole Allaway-Martin, Adult Social Care Commissioning
Key Decision	Yes
Purpose of Report	<p>The purpose of the report is to:</p> <p>Provide an analysis of the consultation exercise of suggested actions to influence and aid the sustainability of the Independent health and social Care Market in light of the initial and ongoing impact of the Covid-19 pandemic</p> <p>and</p> <p>seek approval for the recommendations associated with that analysis</p>
Recommendations	<p>That Cabinet:</p> <ol style="list-style-type: none">1. Reviews the analysis of feedback received during the consultation on the proposed decommissioning and closure of four homes built in the 1970's managed by the Gloucestershire Care Partnership (GCP)2. Agrees to the closure of the following care homes currently operating under the GCP contract<ul style="list-style-type: none">• Bohanam House, Gloucester• Orchard House, Bishops Cleeve, Tewkesbury• The Elms, Stonehouse Stroud• Westbury Court, Westbury, Forest of Dean3. Delegates authority to the Executive Director of Adult Social Care and Public Health in consultation with the Cabinet Member for Adults Social Care Commissioning to<ol style="list-style-type: none">a. initiate such steps as are necessary to decommission those homes.b. support the residents of those homes to move to alternative placements, as necessary.c. develop the business case for redeveloping the Elms site in Stonehouse, Gloucestershire for a new care facility”

	<ul style="list-style-type: none"> d. develop the business case for redeveloping the GIS site at Cinderford for a new care facility post 2025 e. work with the Assistant Director of Asset Management & Property Services to identify alternative sites within the Gloucestershire County Council portfolio that may be suitable for development/redevelopment as a sustainable care facility.
<p>Reasons for recommendations</p>	<ul style="list-style-type: none"> (a) To ensure that, as outlined in the Care Act 2014, Gloucestershire County Council is actively working to shape the local care market to encourage quality, choice, and sufficiency of provision (b) To continue to use the council's Estate Strategy to stimulate market shaping in Gloucestershire's adult health and social care provision. (c) To ensure that the market for community-based health and social care more clearly meets the current and future needs of persons falling within the demographic profiles of adult social care.
<p>Resource Implications</p>	<p>The costs associated with the closure of each care home are currently estimated to be between £200k - £300k. This is estimated using the costs associated with the previous closures and the decommissioning of care homes within the Gloucestershire Care Partnership (GCP). The funding for the closures is held within the Vulnerable Adults Reserve and will be drawn down through the Budget Monitoring process.</p> <p>The management of the block contract delivered under the GCP contract will release funds that can be utilised to support these costs.</p>

Background Documents	<p>Adult social care market shaping (Guidance) - Updated 14 February 2017:</p> <p>Adult social care market shaping - GOV.UK (www.gov.uk)</p> <p>Care and Continuity: Contingency planning for provider failure (A guide for local authorities) - Supporting the implementation of the Care Act 2014</p> <p>care-and-continuityfinal.pdf (adass.org.uk)</p> <p>Cabinet Report March 2022 and November 2021 – Market Shaping and Review of Estates & Commissioning Strategy 2018</p> <p>https://glostext.gloucestershire.gov.uk/documents/s76193/Cabinet%20Report%20Market%20Shaping%20and%20Review%20of%20Estate%20Commissioning%20Strategy%202018.pdf</p> <p>market-position-statement-for-older-people-2018.pdf (gloucestershire.gov.uk)</p>
Statutory Authority	<p>The Care Act 2014:</p> <ul style="list-style-type: none"> • Section 5 - sets out duties on local authorities to facilitate a diverse, sustainable high-quality market for their whole local population, including those who pay for their own care and to promote efficient and effective operation of the adult care and support market as a whole. • section 48 to 56 - ensures that no one goes without care if their provider's business fails and their services cease. It covers: <ol style="list-style-type: none"> 1. CQC market oversight 2. local authority duties for ensuring continuity of care in the event of provider failure and service cessation
Divisional Councillor(s)	<p>Cllr Jeremy Hilton – Kingsholm & Wotton</p> <p>Cllr Alex Hegenbarth – Bishops Cleeve</p> <p>Cllr Nick Housden - Stonehouse</p> <p>Cllr Philip Robinson - Mitcheldean</p>
Officer	<p>Brenda Yearwood – Head of Integrated Commissioning - Integrated Brokerage & Market Management.</p> <p>brenda.yearwood@gloucestershire.gov.uk</p>

	Tel. 07990 675275
Timeline	<p>14th June 2022 – Cabinet papers published</p> <p>15th June 2022 – publication meetings in the four homes</p> <p>22nd June 2022- Cabinet meeting and decision on the consultation outcome</p> <p>30th June 2022 – end of call-in; decisions implemented</p> <p>30th June 2022 – Practitioners & Advocates engaged to support moves to alternative placements</p> <p>1st July 2022 – September 2022 review placement options and support moves of residents</p> <p>30th September 2022 – home closures and handover</p>
Human Rights	<p>Three Articles of the European Convention are capable of being relevant to any proposed decision to close a residential care home and relocate residents. These are</p> <ul style="list-style-type: none"> • Article 2 which provides that everyone’s right to life will be protected by law, • Article 3 which provides that no one shall be subjected to torture or inhuman or degrading treatment and • Article 8 under which everyone has the right to respect for their family life and their home. <p>Article 8 rights are not absolute and can be justified by public interest considerations including economic factors. The report explains the balance which has had to be struck between the overall rationale for the closures, including the economic factors, against the potential impact on individual residents in consulting on the proposed decommissioning of four homes within the Gloucestershire Care Partnership.</p>

Introduction

1. In March 2022 Cabinet approved a consultation on the potential decommissioning and closure of four homes within the Gloucestershire Care Partnership (GCP), Estate
 - 1.1. Bohanam House, Gloucester
 - 1.2. Orchard House, Bishops Cleeve, Tewkesbury
 - 1.3. The Elms, Stonehouse Stroud
 - 1.4. Westbury Court, Westbury, Forest of Dean
2. The paper outlined the reasons which are provided in a summary below:
3. At the time of the initial agreement with GCP in 2005, the health and social care environment was very different to today. In 2005 older people's aspirations, social care solutions and the financial environment encouraged the development and provision of care homes to support people with lower-level residential care needs. There are now more options for how people can support their care needs in their own home and how they can access care through their housing choices.
4. Under the Care Act 2014 Gloucestershire County Council has a statutory duty to not only meet the needs of people eligible for care, but also to shape the local care market to encourage quality, choice, and sufficiency of provision. National guidance outlines ways in which the adult social care market can be developed and supported through active:
 - 4.1. Market oversight - monitoring the performance of providers to ensure early warning of the risk of business failure.
 - 4.2. Market shaping - taking an active role to understand and stimulate support and services and
 - 4.3. Contingency planning - preparing for provider failure to ensure that people continue to receive care and support.
5. The current social care system has been recognised as being at or near crisis point at a national level and has been under review and consideration by central Government across successive administrations. Without significant reform, adult social care will be increasingly ill-equipped to meet the needs and choices of the people who rely on it, and providers will struggle to deliver the quality of care that people have a right to expect. The Covid-19 pandemic exacerbated many of these problems, increasing levels of unmet need and further destabilising an already fragile care provider market.

6. Despite the use of care home beds at points of stress in the wider health and care system, (for those on the hospital discharge pathway), care home occupancy has continued to decrease, as outlined in Figure 1 below.

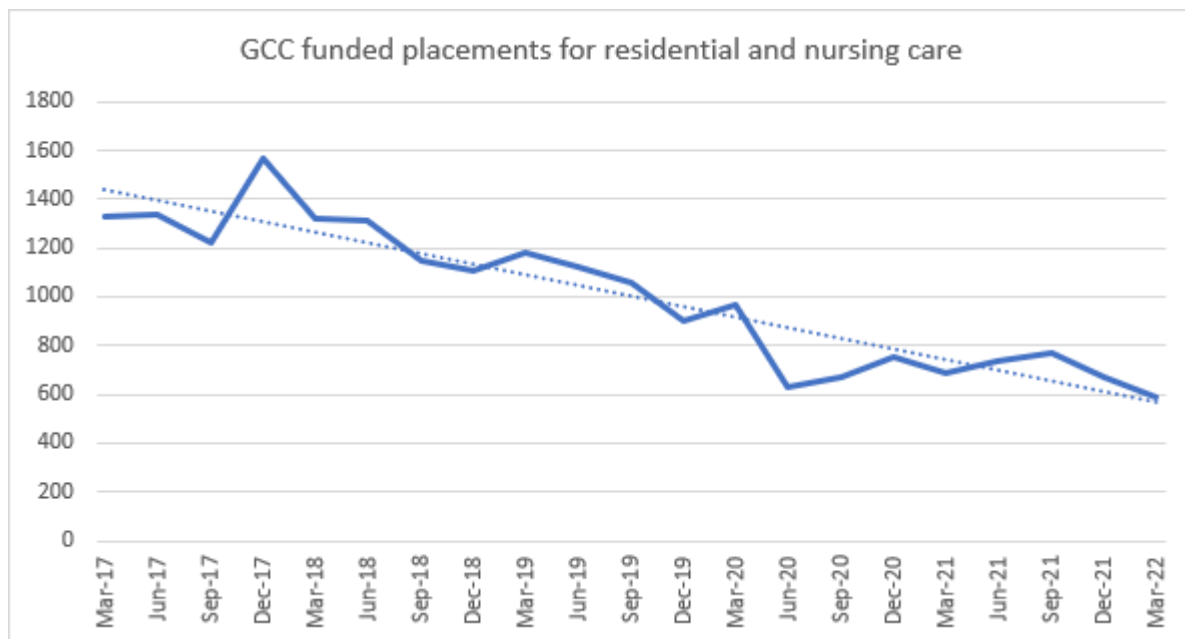


Figure 1

7. Recognising this trend, Gloucestershire County Council introduced steps to transform the way in which it delivers adult social care; with the focus shifting to supporting independence and supporting people to remain in their own homes for as long as possible. Information and feedback gathered to inform the **Gloucestershire Market Position Statement 2018** demonstrated that, where there is choice, people want to remain in their own homes and in their own communities.
- 9 These aims are outlined in the Gloucestershire Market Position Statement 2018 and were re-enforced by our jointly funded and sponsored (GCC & GCCG) programme of change with the implementation of the **Enhanced Independence Offer (EIO)**. This was approved by Cabinet in June 2019.
- 10 In the Cabinet paper in March 2022, (which agreed the consultation on the decommissioning of the four homes), approval was also given for a revised purchasing model for a blended model for Home Care and Reablement to support collaborative working and investment in Domiciliary Care providers. This work is now underway and the funding model to support the programme of change will shortly be presented to the Gloucestershire Joint Commissioning Partnership Executive.
- 11 Part of the transformation of community provision for health and adult social care has also focused on the work to find the best possible housing choice for people. To this end, in February 2021 Cabinet approved a **Housing with Care Strategy**. This strategy was developed by the whole health and care system working together and

is a shared document and programme of change between Gloucestershire County Council, Gloucestershire district councils and the local NHS. The aim of the strategy is to ensure that we facilitate the key support at the right time to prevent a crisis situation. This approach can help facilitate hospital discharge and also means people can maintain their independence within their communities. Working closely with district, borough and city council colleagues, the aim of the strategy is to provide a range of accommodation to help people to remain independent and lead fulfilling lives.

Care Market Overview

11. Gloucestershire has had a surplus of care home beds for several years and has previously managed this through active work with GCP. GCP is a joint venture company established by The Order of St John Care Trust (OSJCT) and Bedford Pilgrim Housing Association (BPHA) for the purposes of providing and managing care homes. The partnership covers the lease of Gloucestershire County Council properties where care is provided, arrangements for the development of those properties as well as provision of new properties where care will be provided. The aim of the partnership is to manage the development of appropriate residential care facilities in the county to meet the current and projected future needs of the county.
12. Within the GCP contract, an Estates Committee was established to manage the Estates Strategy to include:
 - 12.1 the development of new homes.
 - 12.2 the refurbishment of individual homes and
 - 12.3 when homes should be considered for refurbishment or closure due to commercial viability or financial viability on investment
13. At the outset of the contract GCP was providing care within twenty-one care homes in Gloucestershire. GCP is currently providing care across thirteen homes, four of which are new homes that have been developed and built as part of this Estates Strategy. At the implementation of the GCP contract the options for care and support at home were more limited and many people expected to enter residential care when they started having difficulty with day-to-day living. The improvement in technology and equipment has widened the options open to people to stay independent in their own homes. Despite the reduction of four homes in the GCP portfolio since 2018, (one in Gloucester, two in Stroud and one in the Forest of Dean) and the loss of a further eleven homes from other independent providers, (circa 350 beds), over the same four years, Gloucestershire continues to have a surplus of care home beds.

14. Through the Estates Strategy we have previously managed care home capacity, tested models of delivery and stabilised access to specific types of care. For example, two of the new builds developed under this contract provide bed based reablement facilities in order to support individuals to access therapy, to be supported to return to independence, either to avoid a hospital stay or to provide support on the person's journey home.
15. The Covid-19 pandemic has presented many additional challenges for care providers in Gloucestershire, not least increased demands for managing infection. This has been particularly difficult for those care homes whose design is not suited to the challenges of managing infection, i.e., those without adequate provision for PPE or sanitiser stations, buildings with limited ability to cohort and isolate those with Dementia or behaviours that challenge, and those with communal areas with inadequate space for social distancing. Residential care providers need to have the capability to easily implement measures to protect residents and staff from Covid-19, flu, Norovirus and other viruses and infections, whilst maintaining sufficient occupancy to be financially viable and sustainable businesses.
16. Many of the responders to the most recent consultation cited the need for care home beds to support hospital flow and the fact that the Covid-19 pandemic has placed additional pressures on hospital discharges. Throughout the pandemic we have utilised care home beds to support hospital flow. This provided much needed financial support to care homes at a time when private placements were reducing. However, the very nature of care homes makes them more vulnerable to outbreaks. The frequency and duration of outbreaks in care homes has stopped any placements being made for weeks at a time. In December 2021 there were 152 outbreaks in care settings which meant all placements had to be supported by a risk mitigation plan. We were only able to place in care homes that had the ability to fully separate individuals discharged from hospital away from their existing residents. Care homes needed to be able to isolate new residents in their own room or an area of the home and provide separate entrances for the new residents and their supporting staff team. Many older style homes do not allow admissions to be managed in this way.
17. **Workforce:** The pandemic and the resultant economic impact have also had an effect on care staff. Many of the more experienced care staff have left the industry. Other industries, (e.g., hospitality, retail, etc.) are providing incentives to new recruits and have also introduced bonuses for staff in order to retain them. In response to the engagement programme in November 2021 there was a suggestion that consolidating staff teams and changing the way nursing care is facilitated could lessen the impact of the current staffing issues. In further feedback from the wider market, a number of care homes raised the increased need for agency staff as a cost pressure and staffing in general as a key issue. Many stated that they were unable to staff all areas of their homes (including one of the newer facilities in the

GCP contract). Providers told us that increased costs of staffing and equipment and the loss of income from both private and public funded sources negatively impacted on their financial viability.

18. **Infection Prevention & Control:** Covid-19 has given rise to issues in terms of the adequacy and suitability of care homes in relation to managing infection control measures. The impact of the pandemic on the health and care sector indicates that some provision is no longer fit for purpose in a post-Covid world. The four care homes chosen are all older style homes, built or adapted in the 1970's when expectations for residential care differed to the expectations and requirements of today, including the requirements in relation to infection, prevention and control. All of the four homes have been subject to sustained outbreaks over the course of the pandemic.
19. **Sustainability:** The homes run and managed under the Gloucestershire Care Partnership are Gloucestershire County Council properties. The four care homes identified for potential closure are all older style homes; three of which (Bohanam House, Orchard House and Westbury Court) could not be developed to meet current requirements or the expectations that many are looking for when choosing residential care whilst remaining financially viable. Adding ensuite facilities would cause the loss of too many bedrooms for the home to generate sufficient income. The Elms was identified for potential closure for a slightly different reason. It has the potential to be developed as the home sits on a sizeable plot and is adjacent to the old Stonehouse Library site which is also owned by Gloucestershire County Council. It therefore has the potential to be redeveloped to provide a purpose-built facility to support the demographic profiles and needs of the citizens of Stroud district as we move forward. Stroud district currently has the highest number of care home vacancies for a rural area, but we are aware that the district has a significant number of people who have been receiving care in their own home for some time. The changing profiles for these individuals indicate that we will need more residential provision post 2025 – 2030. The chart below (Table 1) provides the outline of the current residents in each of the four homes and the number of vacancies in the surrounding areas.

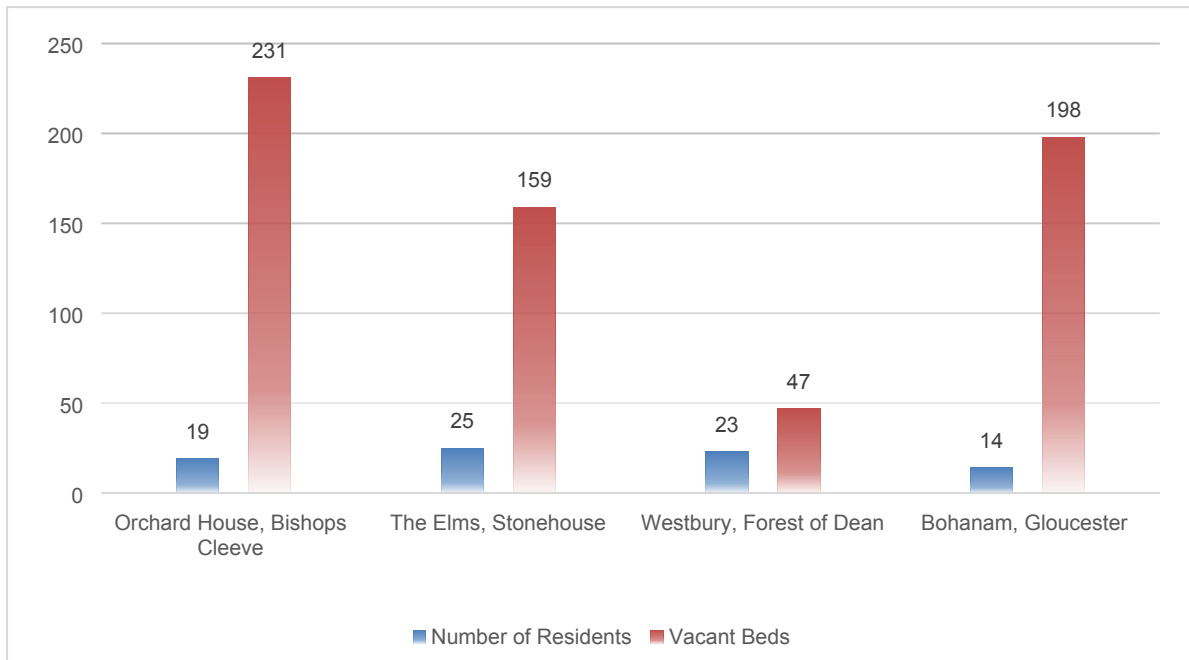


Figure 2

Bohanam House Overview:

20. Bohanam House – Gloucester City, is registered for 39 beds and offers both residential and nursing care. There are currently 14 people resident in the home. Below is a table showing occupancy levels over the last five years. The figures below do not just represent permanent placements as they include respite and other short-term placements.

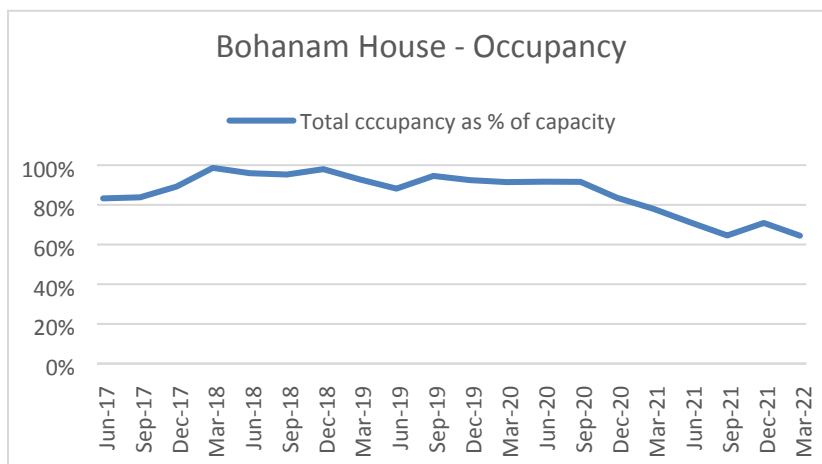


Figure 3

21. The Gloucester market has a high number of care home vacancies. At the time of writing there are 25 care homes with 198 vacancies.

22. Bohanam is an older style building. The layout of the home and the shape and style of the older building (which currently houses the OSJCT district office) along with a 1970's structural addition which forms most of the care home, makes the building difficult to adapt and therefore limits its ability to be adapted as residents

develop more complex needs. Many of the current residents in the home are nursed in bed as the home lacks the storage space and corridor width required for aids and equipment. The layout also presents challenges to cater for the increased needs for complex and advanced dementia care. The home lacks some of the modern amenities and ensuite facilities that most individuals, their families, and friends expect when moving into residential care, and the site is not of sufficient size for these to be added in a way that leaves the home financially sustainable in the longer term.

- 23. Bohanam has had a number of outbreaks over the course of the pandemic with a large and sustained outbreak with continuous spread throughout the period 04.01.22 until 07.04.22.

Orchard House Overview:

- 24. Orchard House - Bishops Cleeve, (Tewkesbury District), is registered for 50 beds and offers both residential and nursing care. There are currently 24 care homes in Cheltenham with 231 vacancies. Tewkesbury has 10 care homes with a further 31 vacancies

- 25. There are currently 19 residents in the home. Orchard House occupancy took a steep decline in late 2019 early 2020 - this may be due to the Covid-19 pandemic but could also be linked to the opening of new residential developments in the area. Below is a table showing occupancy levels over the last five years. The figures below do not represent permanent placements as they include respite and other short-term placements.

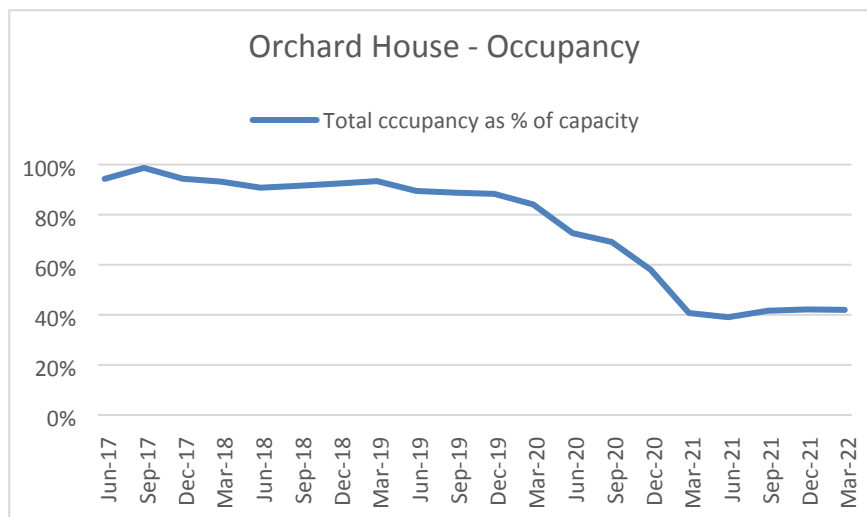


Figure 4

- 26. The property is an older style property in a built-up residential area and does not have the additional development space to allow the level of redevelopment required to meet the types of needs our demographic profiles predict post 2025. The layout of the home makes it difficult to adapt and adjust to changing needs of

the residents as their needs increase or become more complex. Orchard House has had four outbreaks this year the latest starting 11.03.22 through to end of March.

- 27. The layout also presents challenges to cater for the increased needs for complex and advanced dementia care. It also lacks the modern amenities and ensuite facilities that most individuals expect when moving into residential care. The location of Orchard House, although in Bishops Cleeve (which is in the wider Tewkesbury Borough district) impacts more greatly on the Cheltenham locality where we have a surplus of care beds. Many of the current residents are from Cheltenham rather than Tewkesbury.
- 28. Though the building does not have the ability to be redeveloped as a sustainable residential setting able to meet the needs and expectations individuals now consider as standard in and for their home, the site does have potential for both supported living and home care outreach. We have been approached by home care companies interested in using the site for a home care business, therapy outreach centre and as supported living for working age adults requiring care. All options would need to be worked up in a feasibility study involving further consultation with local residents.

The Elms Overview:

- 29. The Elms – Stonehouse (Stroud District) is registered for 45 beds and offers both residential and nursing care. There are currently 25 residents in the home. The Elms has had fluctuating occupancy. Below is a table showing occupancy levels over the last five years. The figures below do not just represent permanent placements as they include respite and other short-term placements.

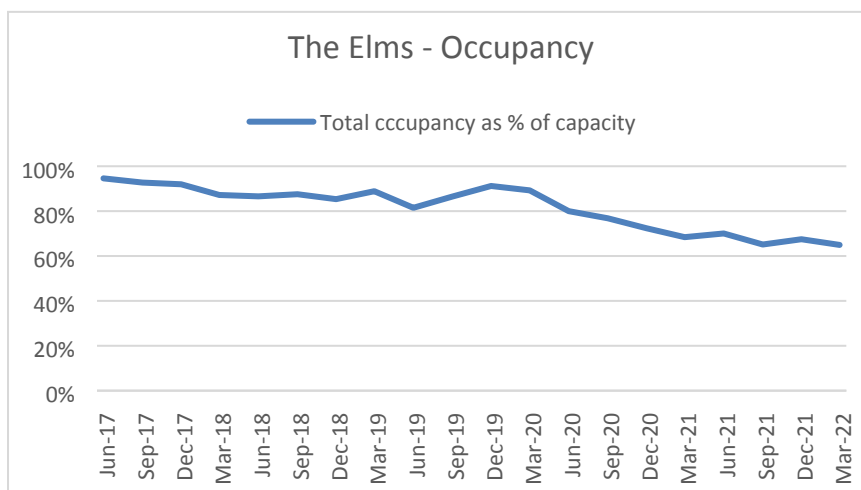


Figure 5

- 30. The property is an older style which would require significant redevelopment of the current footprint to make it fit for future needs and expectations. The Elms has had

four outbreaks in recent months with the two longest sustained outbreaks taking place between 26/12/21 to 01/02/22 and 13/03/22 until April 22.

31. The site sits on a sizeable plot and is adjacent to the old Stonehouse Library site which is also owned by Gloucestershire County Council it therefore has the potential to be redeveloped to provide a purpose-built facility to support the demographic profiles and needs of the citizens of Stroud district post 2025.
32. Stroud district has the largest number of home (domiciliary) care hours for a rural area, often with hours of delivery in excess of those delivered in Cheltenham. Residents have actively embraced technology, community activity and community connections to remain independent in their own homes and communities. At the time of writing there are 21 care homes with 159 vacancies. However, there are 4,250 home care hours currently delivered in Stroud district, the needs and profiles of these individuals indicate that there will be a need for residential dementia services post 2025.
33. Stroud district doesn't currently have an Extra Care facility. The Housing and Care Partnership have identified this as an area of concern as this limits the choice for local residents. The Elms and adjacent library site combined could provide an opportunity for developing both extra care and residential care options, assisting us to prepare for the projected future needs of the residents of the Stroud district.
34. A feasibility study undertaken in 2020 provided four options to develop the site and these options did include an option to develop whilst keeping a portion of the current care home open. However, this would subject the residents to a sustained period of disruption and would limit the build options for the site. There would be an increased risk in relation to infection control for residents with a large number of planners, developers and construction workers on site. This option is therefore not recommended.

Westbury Court Overview:

35. Westbury Court, Westbury on Severn, (Forest of Dean), is registered for 41 beds and offers both residential and nursing care. There are currently 23 residents in the home. At the time of writing there are 14 care homes with 49 vacancies in the Forest of Dean.
36. Below is a table outlining occupancy levels over the last five years. The figures below do not just represent permanent placements as they include respite and other short-term placements.

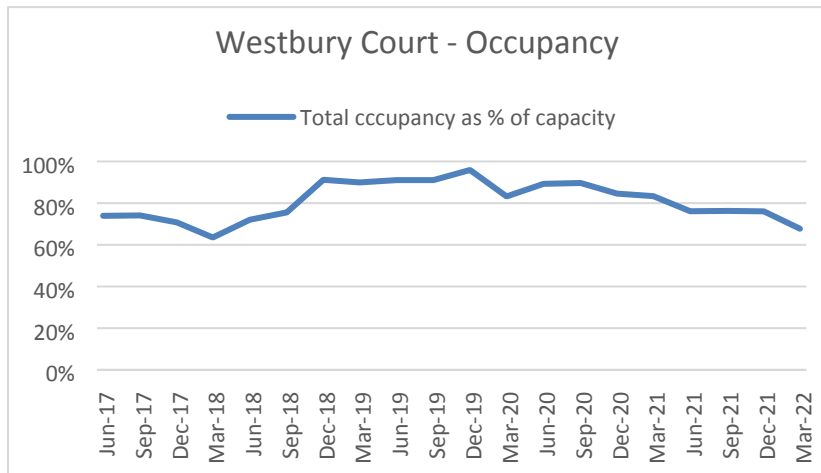


Figure 6

37. The layout and location of the home makes it difficult to adapt and adjust to changing needs of the residents as they develop or become more complex. Westbury Court has also reported four outbreaks with the longest sustained outbreak starting on 07.01.22 extending into February 2022. It lacks the modern amenities and ensuite facilities that most individuals expect when moving into residential care. The location of Westbury Court is close to the River Severn and has the potential to flood and last winter was evacuated due to the risk of flooding. As weather conditions worsen in response to climate change this risk is likely to increase. The home is also on a site of historical interest and situated between a National Trust Garden and an historical building so has limited potential in relation for development. Though based in the Forest of Dean district where we have the least number of vacancies the Westbury Court site does attract people from the Newent area, north of the Forest of Dean.
38. The proposed closure relates to the long-term potential for the home rather than capacity within the Forest. The demographic profile for this area is rapidly changing in relation to age and identified care needs, becoming more attractive to people choosing to move to Gloucestershire as part of their retirement plan. With the development of a new community hospital in Cinderford, it is likely that there will be an increased demand for services that support individuals being discharged from hospital. Developing a site on the former GIS site in Cinderford will provide care home capacity to meet the demographic profiles and predicted needs of the local population.
39. The decommissioning of this home has the potential to impact positively on the viability of the Gloucester market, where we have a surplus of care beds. There are also plans to develop other sites within the Forest of Dean district. Work undertaken by commissioners in 2019 showed that the Forest of Dean has the largest number of supported living facilities in the county so future provision will need to be able to cope with an ageing population where those entering residential care have long term conditions and may require technology or equipment and the room to store these.

Consultation Engagement

Process undertaken

40. Prior to going to Cabinet in March 2022, advice was sought on how to best conduct the consultation process in order to provide the best possible opportunity for residents, families and employees of The Orders of St John Care Trust to contribute to the discussion. An independent consultancy, Evolving Communities was engaged in order to ensure independence and balance in capturing the views of stakeholders. Consultation materials were offered in different languages or formats and all on line information was also offered in hard copy format. Again, the offer to produce these in other languages or accessible formats was made. Hard copies of the consultation with prepaid envelopes were available at every consultation event for those without access to the internet, along with an offer of help to complete the survey.
41. On **22nd March 2022**, the day of the Cabinet report publication, in order to immediately address the concerns arising from the report and to maximise participation in the consultation process, representatives from Gloucestershire County Council and the Order of St John's Care Trust arranged meetings in each of the four homes concerned. This included separate meetings with staff members and with the residents, their families, and friends. These meetings explained the content of the Cabinet report, the dates for the consultation, ways to engage and the timeline for the decision-making process.
42. There were further meetings in each of the homes arranged for the **Monday 4th** and **Tuesday 5th April 2022** to advise on the consultation timeline and the proposed start date of **8th April 2022**. Again, there were separate sessions arranged for staff and for residents, relatives, and friends. Though the purpose of these initial sessions was primarily to convey information about the forthcoming consultation, the sessions were documented, and all questions, concerns and areas of feedback were logged. These questions and any additional points raised have been published on the Gloucestershire County Council website as Frequently Asked Questions (FAQs) and have been regularly updated and reviewed throughout the consultation period
43. The first consultation meeting took place on the afternoon of **8th April 2022** at Bohanam House in Gloucester. Further sessions in the three other homes followed on **11th April**, (The Elms), **12th April**, (Orchard House), and **14th April**, (Westbury Court). All meetings provided an opportunity for residents and relatives to feedback separately to staff.
44. A second set of meetings supported by GCC and OSJCT staff took place on **5th May 2022** (The Elms), **6th May 2022** (Orchard House), **9th May 2022**, (Bohanam

House) and **11th May 2022**, (Westbury Court). These meetings were designed to give those who had been unable to engage in previous sessions the opportunity to participate and to provide those who had previously engaged with a further opportunity to contribute to the consultation.

45. At the start of each session an introductory script was used to provide the outline structure for the meetings so that all attendees were aware of the content of the consultation. In order to provide a consistent approach, the questions used to structure the meetings were the same as those on the online consultation portal. The table below shows the number of attendees at each of these meetings.

GCC Consultation meeting attendee numbers

DATE	HOME	MEETING	ATTENDEES
08-Apr-22	Bohanam House	Consultation 1 – Employees	20
08-Apr-22	Bohanam House	Consultation 1 – Residents and family	29
11-Apr-22	The Elms	Consultation 1 – Employees	21
11-Apr-22	The Elms	Consultation 1 – Residents and family	8
12-Apr-22	Orchard House	Consultation 1 – Employees	17
12-Apr-22	Orchard House	Consultation 1 – Residents and family	12
14-Apr-22	Westbury Court	Consultation 1 – Employees	38
14-Apr-22	Westbury Court	Consultation 1 – Residents and family	17
05-May-22	The Elms	Consultation 2 – Employees	12
05-May-22	The Elms	Consultation 2 – Residents and family	5
06-May-22	Orchard House	Consultation 2 – Employees	16
06-May-22	Orchard House	Consultation 2 – Residents and family	8
09-May-22	Bohanam House	Consultation 2 – Employees	30
09-May-22	Bohanam House	Consultation 2 – Residents and family	20
11-May-22	Westbury Court	Consultation 2 – Employees	21
11-May-22	Westbury Court	Consultation 2 – Residents and family	10

Table 1

46. Attendees were also provided with details of the web address for the Gloucestershire County Council consultation portal so they could access the online survey. For those without online access, a printout of the questionnaire along with a prepaid postage envelope was provided. Printed copies of the supporting Equality Impact Assessment questionnaire were also provided.
47. Gloucestershire County Council also advertised the online survey widely through traditional and social media to enable the wider community to contribute to the consultation and share their views. Media releases were repeated throughout the six-week consultation in order to encourage participation. Figure 7 below shows the number of page views and the total number of those who went on to review or complete the survey.
48. The survey opened on 6th April 2022 and closed at 5pm on 20th May 2022. During this time there were 416 visits to the site. 134 surveys were completed. In addition to these 10 hard copies were submitted through the post. Of the responses 38.8% related to Bohanam House, 21.5% for The Elms, 22.9% for Westbury Court and 16.6% for Orchard House. Visitor numbers to the website were at the highest on the closing with 197 page views on 20th May 2022 of which 79 went on to review the questions and 44 submitted a response.

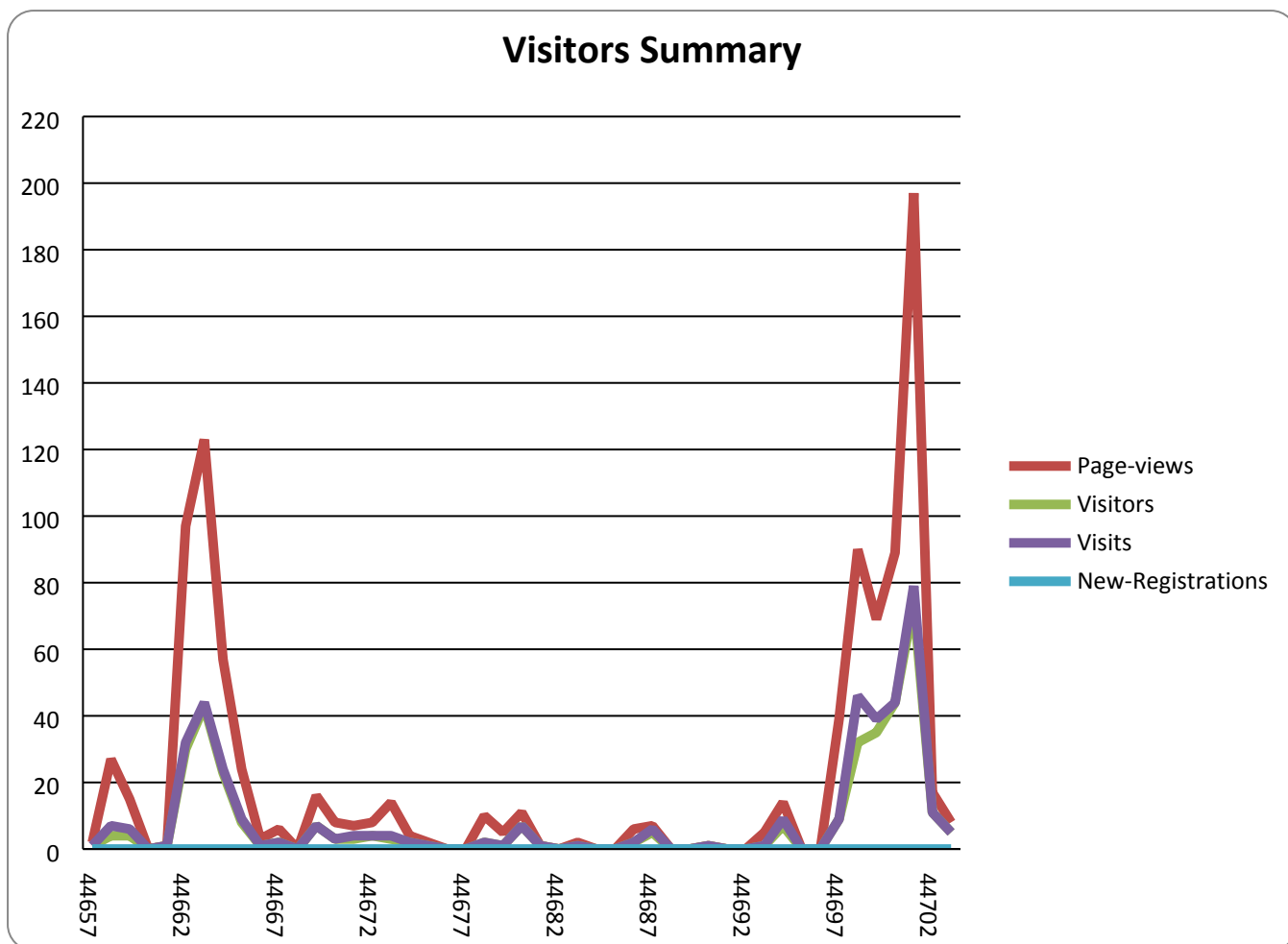


Figure 7

49. The largest individual share of the responses related to Bohanam House - 56 out of 144 responses. Five of these declared themselves as staff, eight were from relatives or friends, three from carers or friends, two were from residents and 38 did not declare the reason for their interest.

50. The Elms received 31 responses through the online survey, 29 online and two in hard copy through the post. Three were from a relative, one from a Carer, one other and 26 did not specify the reason for their interest.

51. Westbury Court received 33 responses overall - 31 responses through the online survey and two through the post. Two were from staff, six were from relatives, one from a friend or carer and 24 did not declare the reason for their interest.

52. Orchard House received 24 responses, 22 through the online survey with a further two responses received in the post. Two were from a Carer, three from family members and 18 did not specify the reason for their interest.

Other

53. In addition to the formal consultation feedback there was a petition submitted on behalf of each of the four homes:
54. Bohanam House: Save Bohanam House – Change.org petition comprising 796 signatures which was submitted on 20th May 2022
55. Orchard House, ‘Keep Orchard House in Bishops Cleeve open’ - this was submitted with 447 signatures.
56. Westbury Court, Opposition to the closure of Westbury Court Care Home, with 501 signatures.
57. The Elms, Save The Elms Stonehouse - Change.org which received 542 signatures
58. Comments from the petitions are also included in the consultation overview in Appendix 2.

Additional Information

59. As well as the sessions with the individual homes, the online survey, there were meetings with Health and Social Care colleagues, and a wider community consultation. We also shared an email address for those individuals who were unable to access the consultation portal or attend the meetings and wished to add to the consultation. Local Councillors and Cabinet Members also received individual communications from the following sources: this has also been collated and added into the overall consultation feedback.

60. Correspondence received via email or letter:

	Number of correspondences	Home
Relatives	8	The Elms
	5	Westbury Court
	3	Orchard
	1	Bohanam
Staff	2	The Elms
	1	Orchard House
	1	Bohanam
General Public	8	All
	1	Westbury Court
Health and Social Care Colleagues	2	All

	1	Westbury Court
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Table 2

61. In addition to the online survey and the meetings outlined above, Evolving Communities, an independent consultancy firm, held separate meetings starting on 18th April 2022. Meetings were held in each of the homes in order that residents and relatives could contribute to the discussions through a neutral source. Gloucestershire County Council representatives were not present at these sessions.
62. Evolving Communities facilitated one session per home and also provided access to an online survey. Evolving Communities hosted meetings for residents. Staff were encouraged to email Evolving Communities with their feedback. The full Evolving Communities report is attached as Appendix 1.

2. Overview Summary & Findings of the Consultation

First GCC Facilitated Session:

- 70 The first consultation meetings took place on **8th April 2022** at the Bohanam House in Gloucester; the Elms, Stonehouse on **11th April 2022**; Orchard House, Bishops Cleeve on **12th April 2022**; and with Westbury Court on **14th April 2022**. These facilitated discussions all followed the same format, with the aim of ensuring that we were consistent in garnering thoughts and feelings around the closure and the impact of the closure. A copy of the survey questions can be found in Appendix 2.
- 71 **Residents and their relatives:** Engagement in the process across the homes varied. Only one resident at the Elms was able to express their views. For those that did not or were not able to express their views on closure/impact of closure, family members gave their views on the impact on the individuals concerned. Some family members expressed that their relatives were happy in the home, and they would not want them to leave.
- 72 Relatives stated that they had chosen the home because of the ambiance, not the facilities. Other said they were concerned that the same care would not be available elsewhere. There were also comments and concerns, at Bohanam in particular, around the impact on the residents' friendship groups with one resident stating, 'I don't want to leave here, all my friends are here'.
- 73 Much of the focus centred on the fact the Cabinet report mentioned the need for ensuite facilities. It was also felt that GCC had not considered the impact of Covid - 19 on the current level of occupancy and that we were taking the decision to close

too early. Families and residents also expressed their concerns regarding the care home staff teams and said, 'I imagine this is very difficult for the staff if they don't have their own transport and are local to this home'.

74 **Staff** were also against the closure. They were concerned at the proposal, stating that there is such a shortage of care staff in the sector. Others said they felt that the quality of care provided was exceptional, and that Bohanam had prevented a lot of hospital admissions in the past even up to the present day. Bohanam staff felt that the home, though small, had been able to cope with social distancing and had had a good record of providing quality care and support over the lifetime of the Covid-19 pandemic.

75 A staff member said in relation to Orchard House, *'it was 'buzzing 24/7 before covid'*. They dismissed the need for an increase domiciliary care provision. "People don't want to be in their home. They want someone there 24/7 to help support them. You cannot give the consistency of care whilst they are living at home", stating the need for care homes, particularly during the pandemic where they were still taking admissions. For Westbury Court, the majority of employees questioned the closure rationale. Many felt that Westbury Court's residents came from the Forest of Dean rather than Gloucester, as detailed in the Cabinet paper and occupancy had only reduced as a result of the pandemic. Staff for the Elms commented on the lack of investment by GCC in refurbishing The Elms over the last few years and suggested improving the facilities rather than closing. There was also concern that the site would remain empty for years if The Elms closed. In addition to this, they raised concerns about the future provision in the area given the number of homes that had already closed, stating that there had to be "somewhere for people to go who couldn't pay for their full care".

76. A comprehensive overview of the questions and responses of each consultation session in the homes is provided in Appendix 2.

77. The themes arising from the responses to the initial GCC consultation meeting questions are summarised below. These areas along with the overarching opposition to the closure and questions on how closures could be prevented formed the core elements and main focus of these meetings. The top five concerns for each home, in relation to the frequency or number of responses for each category are also listed in table 3 below:

Reason for the Decision	Impact for Residents	Impact for Staff	External Factors
Care packages as an alternatives to care home is not viable for everyone	Loss of sense of community	Loss of sense of community	Use of Care Homes for Hospital discharge rather than closing

Choice of homes for closure – why these four	Decline in physical health (residents)/mortality	Loss of jobs – local working	Sufficiency of other provision/ Vacancies by care category
Closure rationale and the impact on market management is not clear	Decline in mental health for residents when moving	Working through this process and remaining focused is stressful	Support for decision making
Facilities in homes are adequate – additional facilities are not necessary	People expected a decline in quality of care if moved to another home	Travel time and costs (staff), if staff can't work locally	Timeline for the consultation is too long and has increased stress
Future provision – why are we closing and building new	Reduction in visits from family if any new placements are not local	Uncertainty of not knowing if and when the home will close	Process for transfer to new home needs to be explained
Process is confusing and upsetting for residents	Family Culture between staff, residents and relatives will be lost	Reduction in visiting from friends and family due to increased travel	Pandemic – is the reason for vacancies. Is it too early to take a decision on closure
Financial (question on profits or financial benefits for GCC)	Financial impact if new placements cost more for the resident/family	Family Culture between staff, residents and relatives will be lost	
Refurbishment would be better use of monies than closure & new build	Location of the home is key any new home needs to connect residents to their community		
Bohanam House	Orchard House	The Elms	Westbury Court
People expected a decline in quality of care if moved to another home	Process is confusing and upsetting for residents	Decline in mental health for residents	Closure rationale and the impact on market management is not clear
Closure rationale and the impact on market management is not clear	Travel time and costs (staff), if staff can't work locally	Closure rationale the impact on market management is not clear	Decline in health for residents if moved
Process is confusing and upsetting for residents	People expected a decline in quality of care if moved to another home	Future provision – why are we closing and building new	People expected a decline in quality of care if moved to another home
Loss of jobs – local working	Pandemic – is the reason for vacancies. Is it too early to take a decision on closure	Refurbishment would be better use of monies than closure & new build	Family Culture between staff, residents and relatives will be lost
Family Culture between staff, residents and relatives will be lost	Decline in mental health for residents when moving	Travel time and costs (staff), if staff can't work locally	Financial impact if new placements cost more for the resident/family

Table 3

Evolving Communities Consultation

78. When seeking advice prior to the consultation process it was acknowledged that any potential closure would have an impact on residents and their relatives/representatives. Therefore, GCC were advised to engage an independent consultancy to facilitate sessions with residents and relatives in the four care

homes. Evolving Communities was commissioned to host independent consultation sessions in each of the homes. The objective of these meetings was to understand the likely impact of a closure on residents/relatives' health and wellbeing. To ensure they gained holistic understanding, Evolving Communities asked a range of questions to structure the discussion. The open meetings were followed by the offer of optional one-to-one sessions, where residents/ relatives could share more personal experiences.

79. In addition to this, contact details for Evolving Communities were circulated so that residents and relatives could send any further comments after the meetings. An online survey for each care home (along with hard copy versions), were also circulated so that people who could not attend the meeting could also contribute. Staff were also encouraged to use these surveys to provide feedback.
80. **The Elms** – Nine people were present at the consultation meeting - eight relatives and one resident. A representative from the OSJCT was also in attendance to take any questions. Two relatives shared their comments after the meeting via our survey.
81. In the response from the residents and relatives there remained concerns about the impact of the closure and any associated moves. One relative described how their stress levels rocketed from the moment they heard about the potential closure as their mother-in-law had only moved into The Elms the day before. They describe their family as being 'blindsided', and fear that finding a new home will be very difficult, as it has been previously.
82. A relative who contacted us by email stressed that moving their elderly father from a settled location to an unknown one brings a great deal of worry and uncertainty given his health conditions.
83. Conversely, other relatives at the meeting shared that a move wouldn't cause a great deal of stress for their loved ones. One relative stated: "He's in his own world" so moving him won't make much difference, to which another agreed, adding: "She won't understand where she is." A further relative declared: "Carers are carers", meaning they believe their relative would receive equally good care and support elsewhere.
84. When asked if the residents would miss their daily activities, one relative responded that because of Covid-19 it might not make much difference, while another commented "I haven't got a clue what they do." It is clear that the announcement at The Elms has had a varied impact on different relatives.
85. **Bohanam** – Seventeen people were present at the consultation meeting – ten residents and seven relatives. After the meeting, one relative shared their opinions through the online survey, one resident and one member of staff contacted us via email and one staff member completed a survey.

86. Concerns were expressed about breaking up friendship groups and discussions mainly centred on this. Evolving Communities' summary brought together the issues in the following manner:

87. It was evident to us that Bohanam House is comprised of lots of strong, established connections. These connections are extensive, and exist not just between the residents, but with the staff, families of other residents and the wider community. We observed the interactions between residents/relatives and noticed that they have a great deal of adoration and respect for one another. As one resident put it: "Everyone trusts each other here."

88. Residents/relatives also shared their fears that some residents may not survive the physical demands required of a move. The residents told us:

"They have tried to move a resident who has been bedridden for four years and she has lost consciousness multiple times. If she was moved I don't think she would survive it."

Some of the younger residents (in their eighties) shared concern for their older residents.

89. **Orchard House** – Three people were present at the consultation meeting, and all were relatives. One additional relative and one staff member filled out the online survey; one relative filled out a hard copy survey; and one relative and one staff member contacted us via email.

90. The relatives and residents questioned the reasons for the closure. They argued that care home places are needed, and that demand for them will only increase further in the near future. One relative commented that they found it "hard to believe that there are unfilled vacancies [due to] the local hospitals being full of patients waiting for placements in care homes."

91. Another relative noted that while Orchard House has been negatively affected by the coronavirus pandemic, "it was a very vibrant place with lots going on." Another relative felt that the pandemic had been used as an excuse for closure and said that the occupancy levels were at capacity just a few years ago. They described how they would "walk around the ground floor three years ago and wave to the residents in their rooms when the doors were open" and they noticed that all the rooms were full.

92. When the topic turned to the state of the facilities, those in the room argued that the facilities are fine:

"We have spent a fortune paying for this and a wet room is not needed. All she needs is a commode next to her bed."

Yet a relative and a staff member who contacted us shared a different opinion. One relative remarked: "We all know this is in need of an update"; while a staff member stated: "Our residents deserve better facilities in this day and age" and referenced the size of the rooms and the lack of bathrooms as a concern.

93. **Westbury Court** - Twenty-nine people were present at the consultation meeting. This meeting received the largest turnout, comprising of 12 relatives and 17 residents. One additional relative filled in the online survey because they were unable to attend the consultation meeting.
94. The focus of the conversation resolved around why this home needed to close and there was a level of confusion about the reasons given for closure.
95. The general consensus among the relatives was that the residents have had to adjust to a strange environment during the coronavirus pandemic, and a closure would disrupt their environment further. Relatives are concerned that the upheaval caused by a closure would be detrimental to the mental and physical health of residents, particularly those with dementia.
96. One relative described how their relative (with dementia) was in her room for two years because of the coronavirus. She has only just started to leave her room to meet the other residents, and the relative fears that such a drastic change would send her on a downwards spiral. One resident commented that placing residents into new environments "would make people confused", before another resident added: "It would turn us into vegetables." A relative pointed out that this would not just be a change, but a trauma.
97. As the session came to an end, one relative pleaded with us:
"We don't have them for much longer so please don't make the time they have left more difficult than it already is. They don't deserve this."
98. In summarising what they had heard, Evolving Communities recommended that GCC considers the following:

"While the relatives of residents at The Elms and Orchard House have begun to make arrangements for their loved ones (including securing places at new homes), it appears that the same arrangements have not been made by relatives of those at Bohanam House and Westbury Court. We feel that the disruption of a closure would be greatest for these two homes, where relatives and residents have not started to consider alternative accommodation options. Both of these homes expressed great concern at the thought of a potential closure and displayed a unique sense of togetherness and community spirit. In particular, we feel a closure would have a deep and lasting effect on the residents and relatives of Bohanam

House, who illustrated their newfound struggles with health-related and social anxiety.”

99. Evolving Communities also recommended that GCC considers the following:

- The possibility of refurbishing rather than closing homes.
- Sharing this report with the care homes and the participants to build trust with the council and encourage future participation in engagement projects.
- GCC to provide substantial notice to participants of future consultation meetings, and to consider involving participants when deciding a time for meetings.
- Encourage cabinet members to visit care homes such as these in the future.
- If closures do happen, to consider the current friendships and relationships between residents and staff in any relocation decision.
- GCC to hold fewer consultation meetings and avoid repeating the same questions to participants.

100. The proposed response to the Evolving Communities recommendations is outlined in the Officer Recommendations below section on page 38.

Second GCC Facilitated Session:

101. The second consultation meetings took place on 9th May 2022 at the Bohanam House in Gloucester, the Elms, Stonehouse on 6th May 2022, with Orchard House, Bishops Cleeve on 5th May 2022 and with Westbury Court on 11th May 2022. As with the first sessions these facilitated discussions all followed the same format. The sessions aimed to provide an opportunity for anyone who had been unable to contribute previously and to provide an opportunity to seek clarification to those who had formerly engaged. The table below outlines the attendance numbers at each of these meetings.

05-May-22	The Elms	Consultation 2 - Employees	12
05-May-22	The Elms	Consultation 2 - Residents and family	5
06-May-22	Orchard House	Consultation 2 - Employees	16
06-May-22	Orchard House	Consultation 2 - Residents and family	8
09-May-22	Bohanam House	Consultation 2 - Employees	30
09-May-22	Bohanam House	Consultation 2 - Residents and family	20
11-May-22	Westbury Court	Consultation 2 - Employees	21
11-May-22	Westbury Court	Consultation 2 - Residents and family	10

Table 4

Feedback from Residents and Relatives

102. Bohanam residents and relatives continued to question the closure rationale as they considered it was about finances and profit for GCC: *"It's got to be cheaper to put someone in a home that's fully staffed than make someone go to see them a couple of times a day and they're sitting alone all day."*
103. They also questioned occupancy levels within the market and if these would still be available if the home closed given the number of people still in hospital awaiting packages of care: *"When you say there are 900 vacancies how does that correspond with the 200 people waiting in hospital."* and *"There are no Dom Care workers so that's why they're stuck in hospital taking up beds needed for emergencies."*
104. Residents and relatives at The Elms considered it made sense to consolidate staff into fewer homes and reduce the number of empty beds. The increased staff would mean they would be able to support the residents more: *"One very positive thing if residents have to move from here with more staff and nurses they'll have more showers and their hair washed. For example, the last two weeks we haven't been able to have a skype call as the two ladies that can facilitate that are on holiday."*
105. Several family members asked questions regarding the capacity in the rest of the care home market, in particularly in the Stroud District. With one family member wanting to be assured we would place people as close to their home district as possible.
106. For the most part when asked, relatives of residents at Orchard House felt that it was a done deal that the home was going to close and that the consultation meetings would have very little influence on the final decision: *"You have to go through the procedure but it's not going to make a difference."*
107. They considered the main thrust of the rationale was around the financial viability of homes running at less than capacity. They asked if GCC would divest its responsibility if alternative funding could be found. They also asked if a judicial review had been mentioned at any of the other meetings.
108. During the second consultation meeting at Westbury relatives and residents expressed concern about the consultation process and their opinions not making a difference to the decision. They questioned the closure rationale particularly the criteria being used to make the decisions and questioned if this was a long-term plan to close the homes under GCP partnership.

Feedback from Staff

109. During the second consultation meeting employees at Bohanam questioned the closure rationale, particularly around occupancy levels and the need for smaller homes, referencing the previous Evolving Communities report. Staff cited the popularity of the home saying: *"Over recent weeks that we've had enquiries about beds, but they've not been placed but we could have been over 30."* and *"I think a lot of people come into a care home for the company. The smaller homes are more like family because we all get to know everyone. And I think that sometimes this outweighs what's in the bathrooms."*
110. They detailed the level of care provided at Bohanam and the family feel it has stating that the feeling this home is that it's a family and a close team.
111. Employees at The Elms questioned the rationale, particularly around occupancy, and suggested moving people out of hospital into the home. They recognised that residents from The Elms would be used to fill beds in other homes but didn't support the closure: *"Basically, shut us and we can fill those empty beds. So, you're throwing us under the bus instead so they can survive."*
112. They also questioned the process and the potential site redevelopment. There were numerous questions from the staff around the ability to develop the site whilst leaving the current home open. There was a particular concern that the closure of the Elms would leave residents of Stroud district, and Stonehouse in particular, without any credible options for residential care.
113. Orchard House staff felt that the local area didn't have sufficient provision that would accept GCC rates. They questioned the rationale around occupancy as they felt that they had a healthy rate of enquiries prior to the consultation but did recognise the changing demographics of Bishop's Cleeve: *"It's just a shame, it's been here a really long time. I was here when it was going to close before. We had petitions and it's stayed open but there isn't the older population around here now it's all built on younger people. It isn't really a village anymore it's a town."*
114. They also felt that GCC had stopped placing residents within Orchard House long before the consultation started and advised that they were getting conflicting information from social workers as they had told them there were loads of people in the community waiting to go into care, but the beds weren't available.
115. During the second consultation meeting, Westbury Court's employee comments were predominately about the closure rationale and the consultation process. They also queried the occupancy figures, and why the empty beds were not being used to alleviate the pressure on the NHS with people waiting for hospital discharges. There were also comments on the plans to build elsewhere in the

Forest of Dean and questions about why this home couldn't be left open whilst the work was undertaken.

116. The responses to the second round of GCC consultation meeting questions were grouped in the same categories and areas of concern as the first meeting. The top three concerns for each home, in relation to the frequency or number of responses for each category are also listed in table 5 below. It was not possible to produce a top five as all other concerns were one comment only. The responses for both relatives, residents and staff were grouped into the same top three despite the difference in the content of the conversations.

Summary of topic areas discussed during second consultation meetings

Orchard House	The Elms	Westbury Court	Bohanam House
Process is confusing and upsetting for all	Process is confusing and upsetting for all	Process is confusing and upsetting for residents	Process is confusing and upsetting for residents
Closure rationale has not been clearly identified	Closure rationale has not been made clear	Closure rationale has not been made clear	Closure rationale has not been made clear
Can the site be redeveloped	The process has been stressful for all	Use the home to support Hospital discharge for patients waiting to go home	Can we guarantee that the site redevelopment will be for care rather than housing

Table 5

Local Medical Committee Response

117. The Local Medical Committee (LMC) requested a separate virtual consultation meeting which was facilitated by Gloucestershire County Council Officers. We asked the same questions that were asked at all other consultation meetings.

118. Concerns were raised around the number of individuals awaiting discharge from hospital, and that care homes who go into outbreak may not be able to accept new residents.

119. Issues were raised around the added pressure on GP's and the front line, when there are several individuals discharged from hospital without a full care package in place. It was felt that the GP practices were therefore having to deal with the consequences of these situations.

120. While the challenges were recognised, especially the difficulties in recruiting care staff into the sector, members of the committee were concerned about the options should demand change in the future and more capacity be needed. There was also concern that there would or could be cost implications for patients, families or relatives if they were to move to one of these newer built care homes. The LMC felt if we were able to ensure that we could have a more

consistent staffing team in the care home this would be positive, commenting that it can be hard for GPs to build relationships with nursing staff due to the constant loss of staff in care homes.

121. They also said it would be a positive to see more care homes that are able to offer more specialist care such as advanced dementia care and neurological care.

Summary of main themes arising through Consultation

122. The overarching response to the consultation therefore falls into six key areas:
- The impact on the health & well-being of residents associated with the move
 - The desirability of localised care and the impact of closures on the distance of residents from their relative and friends
 - The loss of wider friendship groups associated with the home
 - Questions about the financial implications: both individual and as a motivator for Gloucestershire County Council
 - The process for closure
 - The rationale for closure

Conclusions

123. From the level of vacancies in care homes across the county it is clear that there is overcapacity in parts of the market, which potentially destabilises it. This overcapacity, when partnered with difficulties in recruiting sufficient numbers of staff, places additional pressure on residential providers. Increased staff costs and low occupancy decreases financial viability and therefore increases the risk of care home closure. We are now learning to live with Covid-19 and therefore the national funding that supported the health and care system has all ended. However, there is a legacy of increased costs for infection, prevention and control and staffing. These factors have led to the residential care market becoming increasingly fragile.
124. Gloucestershire is unusual in having an oversupply of care home beds for older people and wider residential provision for working age adults. The County Council has statutory duty to not only meet the needs of people eligible for care, but also to shape the local care market to ensure sufficiency of provision. They also have a duty to manage risk with respect to the market.
125. There are currently sufficient numbers of vacancies available to be able to support all residents of the four homes in question to move to alternative provision. The risk in not taking action to manage the market, is that we will lose a greater percentage of provision in an unmanaged way. In this scenario there

may not be sufficient places available within the required timescales for those for whom an alternative placement would need to be found.

126. In the main, and as we would have expected, consultation feedback has focussed on the impact of the closures on those individuals who are directly affected, rather than the broader impact on market stability. However, we need to recognise that there has been a general decline in the numbers of individuals choosing residential care to meet their long-term health and care needs, and we need to make sure that steps are taken to respond to this in order to avoid market instability.
127. Consultation feedback and discussions have also concentrated on those in the hospital discharge process not taking into account the choices, needs and wishes of the individuals concerned and the long-term impact on individuals of using care homes in a short-term capacity. It is clear that only around 40% of those waiting to leave hospital need some form of support from adult social care. That might be in the form of short term reablement, or longer-term domiciliary care. We also use care home beds for short term placements to assess people for their longer-term social care needs. Relatively few will require a long-term placement in a residential or nursing home. Therefore, it is not appropriate to assume the empty beds in these homes can be used to expedite hospital discharge.
128. Gloucestershire County Council's ability to intervene is primarily through our major contracting and purchasing patterns. However, this, by its very nature is neither a quick nor an efficient way of managing the market. Covid-19 has given rise to issues in terms of the adequacy and suitability of some of the care facilities particularly in relation to managing infection control measures. The impact of the pandemic on our care sector indicates that some provision is no longer fit for purpose in a post-Covid world. By carefully selecting the least viable homes in relation to financial sustainability we can remove some of the oldest homes in order to facilitate the protection of the wider market. Whilst we recognise and acknowledge the strength of feeling and potential distress that closures would cause to existing residents their families and the staff teams, this does not absolve us of our wider responsibility to ensure that the market is sustainable and responsive to the needs of current and future users of health and social care.

Options

Option 1: Do nothing

129. If we were to do nothing, there is a greater risk to the sustainability of the care market in Gloucestershire. Gloucestershire has an oversupply of care beds in some parts of the county, and a lack of affordable, appropriate provision in others. As people choose alternatives to a care home placement to meet their needs Gloucestershire risks the surplus care home provision being used for inappropriate inter-county placements as providers seek alternative means to maintain their business viability.
130. Gloucestershire citizens are choosing to remain in their own homes to receive care and support, as opposed to taking up a care home placement. However, there is a continued need for residential placements for those who require 24-hour care or those that lack the capacity to make the right choices in relation to their health or safety. There is therefore a need to support care home providers to remain sustainable by working with them to manage the offer and the number of placements available in the county.
131. There is also a financial risk to the council due to the number of beds we purchase per district under the GCP contract, should we continue to block purchase these beds for services we know are no longer in demand. The current provision in some of the homes within the estate under GCP contract is not suitable for the complex and advanced care needs we are now seeing when individuals require a care home. In seeking to close homes with a limited lifespan and invest in new provision we are aiming to match the trends in care against the county's demographic profile.

Option 2: Decommission those homes with the greatest impact on the market and review the redevelopment proposals for others

132. An option was put forward during the consultation to retain homes in those areas where we are predicting the need to invest in the development or redevelopment of future residential provision. This option would involve maintaining one or both of the homes in Stroud and Forest of Dean district whilst redevelopment is undertaken.
133. At The Elms it is possible to keep part of the building operational whilst redevelopment is undertaken. However, this limits the build potential and adds to the disruption of the residents and brings an additional infection prevention and control risk.
134. The Stroud district element of the GCP contract is below the occupancy percentage required. The predicted increase in the need for residential care is currently suggested as being post 2025.

135. Westbury Court could be maintained as an ongoing site whilst the feasibility studies are taken in relation to other potential developments and sites and the planned build is underway. However, the proposed de-commissioning relates to the lack of long-term potential for the home rather than capacity within the Forest. The decommissioning of this home has the potential to impact positively on the Gloucester market, where we have a surplus of care beds.
136. However, this option will not contribute to the development of a consolidation of nursing services thus does not enable a better utilisation of the nursing workforce and facilitate the protection of the wider market.

Option 3: Decommissioning the four homes within GCP Estate consulted on to aid sustainability for the wider market

137. This option would allow Gloucestershire to manage the short-term impact of the pandemic through the removal of surplus beds. The proposed decommissioning of these homes responds to the outline concerns voiced during the Market Engagement Programme; providers felt that the block contract arrangements under the GCP contract gave the OSJCT homes an advantage, particularly in relation to hospital discharge services. The request was that we invest across all providers and all provision. It is worthy of note that many other independent sector providers praised the additional steps Gloucestershire took to make crisis payments to the market during Covid-19.
138. This proposal to decommission beds in homes that would not be responsive to the changes or would not be financially viable following necessary refurbishment or investment whilst redevelopment and commissioning new facilities demonstrates that Gloucestershire is taking an active role in market management.
139. In closing some of the older homes the care provider will be able to consolidate the nursing services they provide in order to better utilise the nursing workforce and to facilitate the protection of the wider market. It also demonstrates that the council has listened to the concerns of the market as outlined in recent conversations and that we wish to work with the independent health and social care sector to reach a mutually agreeable solution in the short and longer term. This option also builds on the analysis shared last year with our local health sector colleagues who are in support of this direction of travel.
140. While consultation feedback emphasised the strength of opposition amongst those most directly affected, and we recognise the impact on those individuals, at this stage there is a potential greater harm in not actively planning the constriction of the residential care market.

141. Therefore, this is the recommended option.

Risks

Risks in choosing to act

142. There are risks in undertaking the proposed action and the personal impact on residents and their families does need to be noted. However, as a Local Authority with adult social care responsibilities we have had to respond to many home closures in the last decade. These can be for a variety of reasons from owners wishing to close the business, CQC enforcement notices, financial viability to immediate issues around lack of staffing. In each instance we have approached the provision of social work and case management with timely, skilled, compassionate, and person-centred staff in order to mitigate the personal impact of any move. Where possible residents have moved with their friendship groups or have been able to find placements closer to their friends and relatives
143. There is a risk that individuals and their families are unable to find a suitable alternative placement to meet their needs. We are committed to working with each and every individual and family that is affected by these proposals in order to secure a suitable alternative placement. The support we will provide is further outlined in paragraph 161 of this report.
144. In developing new residential care facilities to replace those we are proposing to decommission, there is also the potential to destabilise the market by raising expectations and potentially oversubscribing the specifications of residential care thereby limiting options for those seeking the traditional style of care home.

Risks in choosing not to act

145. There are significant and sustained risks on both workforce and countywide provision in not responding to the current overprovision when coupled with workforce concerns for the care sector as a whole.
146. With regards to workforce, in choosing not to act a scarce staffing resource will continue to be dispersed across a large number of facilities. This may well impact on the overall sustainability of the market.
147. The facilities we are consulting on with regards to closure have a limited lifespan, in relation to their market appeal and the cost, feasibility and ongoing viability, even if the homes were to be brought up to the expected standards.
148. In not preparing to replace care homes with a limited lifespan for facilities that meet the demographic profiles of our residents there is a risk that we will not

have sufficient, adequate provision to meet needs. Which may mean Gloucestershire residents would have to be placed out of county we also risk failing our wider duties under the Care Act

Financial implications

149. The costs associated with the closure of each care home are currently estimated to be between £200k - £300k per home. This is estimated using the costs associated with the previous closures and the decommissioning of care homes within the Gloucestershire Care Partnership (GCP) contract and includes costs of the consultation process. The funding for the closures is held within the Vulnerable Adults Reserve and will be drawn down as required and closely monitored.

Climate change implications

150. The decommissioning of the older, less energy efficient care homes is likely to have a positive impact on the carbon footprint of the GCP portfolio. The carbon footprint of any new build homes will be countered by the potential efficiencies of those properties.

151. Any new homes will be built to current building regulations and with the Council's new climate change strategy and action plan in mind looking towards being net zero by 2030

152. Any developments required for new provision will be constructed with sustainability at their heart. We will look at all options of reusing foundations and recycling materials which all helps with embodied carbon. We will endeavour to use environmentally friendly materials and to utilise the roof spaces for Solar panels. Where possible, we will use air source heat pumps which along with the highly efficient traditional heating keeps the environment at optimum condition. A building energy management system will control heating, ventilation, air conditioning plan and lighting to effectively reduce consumption of energy.

Equality implications

153. An Equality Impact Assessment has been prepared and accompanies this report. Cabinet Members should read and consider the Equalities Impact Assessment in order to satisfy themselves as decision makers that due regard has been given.

Data Protection Impact Assessment (DPIA) implications

154. A DPIA has been completed.

Social value implications

155. Any contract awarded for the building or redevelopment of properties will contain a requirement for the provider to demonstrate social value in line with Gloucestershire's procurement policies and processes with a focus on employment opportunities, engagement with the local community and improving the lives and outcomes of individuals.

156. Any future care provision commissioned will also need to demonstrate social value in relation to community engagement and employment opportunities in the short, medium and longer term.

Officer recommendations

The recommended option is:

Option 3: Decommission and close of four homes within GCP Estate to support to aid sustainability for the wider market

157. The County Council have considered the viability of each of the care homes named in this report. We have reviewed in detail the current and historic occupancy rates, staffing availability, and the ability of each home to meet the future social care needs of its locality.

158. Bohanam House Gloucester: During the initial GCC consultation meeting staff and residents expressed great concern at the thought of any potential closure, but this was mainly around their wish that friendship and care groups should be supported to move together. Evolving Communities also said that this concern was evident in their meeting where there was a unique sense of togetherness and community spirit.

159. Bohanam is situated in Gloucester City and is one of 25 homes operating in Gloucester city. The home is registered for 39 residents, there are currently 14 full time residents in the home. The quality of care and the bonds between residents and staff at this home have never been in question and the mutual respect and liking was evident in the fact that the staff team's first concerns were for the residents and the resident's first concern for the staff. There is no doubt that the home has provided quality care during one of the most trying times for the health and social care sector.

160. However, Bohanam is an older style building and there have been concerns relating to the size of the rooms and the storage of equipment required to meet the needs of residents. The home caters for both residential nursing with 64% of the residents having an assessed nursing need. Many of these residents are nursed in

bed due to the physical limitations of the rooms and corridors in relation to the use and movement of equipment. The home also lacks the necessary storage space to house the necessary living aids which could enhance the care experience of these residents. This limits the potential of the home to deal with the changing needs of the population. We are increasingly aware that advances in technology and medicine have improved the quality and length of life for those Gloucestershire residents with long term conditions. These very advances support residents to stay in their own home and community for longer. When these individuals do require residential provision, the expectation is that they will still be able to do so with a level of independence and freedom of movement.

161. From Infection Control audits undertaken during the Covid-19 pandemic we are aware that the Bohanam has limitations in relation to the storage and the space needed to manage infection prevention and control resources. Though the home managed the impact of the pandemic well this limitation does pose an ongoing risk. During the consultation staff stated that the home had managed Covid-19 with only one outbreak. However we have numerous outbreak notifications on record including a long sustained outbreak in January 2022 lasting in excess of 90 days. In preparing for future management of all types of infection Gloucestershire will need facilities that are flexible yet able to operate under a managed risk mitigation plan.
162. Though the feedback from Evolving Communities states that they *“feel that the disruption of a closure would be greatest for these two, (Bohanam House and Westbury Court,) homes, where relatives and residents have not started to consider alternative accommodation options”*, we do have to weigh this against the longer term options for the home and the ability to meet the increasingly challenging needs of their residents.
163. Orchard House - Bishops Cleeve, (Tewkesbury District), is registered for 50 beds and offers both residential and nursing care There are currently 19 residents in the home. There are currently 24 care homes in Cheltenham with 231 vacancies. Tewkesbury has 10 care homes with a further 31 vacancies.
164. Orchard House occupancy took a steep decline in late 2019 early 2020 potentially due to the Covid 19 pandemic but the reduction could also be linked to the opening of new residential developments in the area.
165. The layout presents challenges to cater for the increased needs for complex and advanced dementia care. It also lacks the modern amenities, and ensuite facilities that most individuals expect when moving into residential care. Due to its location and the size of the plot it is not possible to redevelop the site in a way that would provide the extra facilities required and still leave the home financially viable.
166. Orchard House, although in Bishops Cleeve, (which is in the wider Tewkesbury Borough district), impacts on the Cheltenham care home market. There are currently over 200 vacant care home beds in Cheltenham. The Cheltenham market

has been subject to a number of unplanned home closures in the last five years but still continues to have the highest level of vacant care beds in the county. The majority of the residents in Orchard House originate from the Cheltenham district.

167. In planning care home developments and care partnerships moving forward Gloucestershire County Council will need to review the wider Tewkesbury care resource, (other than Tewkesbury Town), in conjunction with Cheltenham and Gloucester facilities.
168. Much of the Cheltenham care market is housed in Georgian and Victorian buildings, which though equally as impractical as Orchard House site, appeal to a different customer. The home has also lost ground to new developments taking advantage of the attractive land costs and business rates in Tewkesbury district to build care facilities that meet future needs and expectations.
169. Though the building does not have the ability to be redeveloped as a sustainable residential setting able to meet the needs and expectations individuals now consider as standard in and for their home, the site does have potential for both supported living and home care outreach. We have been approached by home care companies wishing to use the site for a home care business, therapy outreach centre and as supported living for working age adults requiring care. All options would need to be worked up in a feasibility study requiring further consultation with local residents.
170. During the consultation many of the families of residents note that there had been a slow decline in numbers coming into Orchard House. Relatives and residents have actively started to make alternative arrangements for their ongoing care requirements, recognising that there is a limited future for a home of this type in the area.
171. The Elms – Stonehouse, (Stroud District), is registered for 45 beds and offers both residential and nursing care. There are currently 25 residents in the home. The Elms has had fluctuating occupancy over the past five years however the occupancy level could be said to have been stabilised by the closure of two of the three other Stroud district care homes in the GCP partnership, Wyatt and Southfield in 2019.
172. The property is an older style building which would require significant redevelopment of the current footprint to make it fit for future needs and expectations. However, the site sits on a sizeable plot and is adjacent to the Stonehouse Library site which is also owned by Gloucestershire County Council it therefore has the potential to be redeveloped to provide a purpose-built facility to support the demographic profiles and needs of the citizens of Stroud district post 2025.

173. The development of this site as a care home and housing with care development was first posed in late 2019, early 2020 as Stroud district has a significant number of individuals currently receiving care at home - the largest percentage of publicly funded care hours for a rural district in Gloucestershire. Gloucestershire population profiles indicate that these individuals are likely to require a more significant level of input post 2025. With this in mind the site at the Elms could provide options in relation to both housing with care and residential care.
174. During consultation, questions were raised in relation to maintaining the current home whilst developing the site, this option was also tabled as an alternative in the proposals presented in 2020. However, upon review the level of disruption for the residents, the potential for an increased risk in infection spread through increased footfall and the delays which would be added to the building schedule in trying to mitigate these risks, would delay the development beyond the predicted date of need. Any delays in moving forward this development leaves the residents of Stroud district without credible alternatives.
175. Westbury Court, Westbury on Severn, (Forest of Dean). Evolving Communities felt that “the disruption of a closure would be greatest for Bohanam House and Westbury Court, where relatives and residents have not started to consider alternative accommodation options. This home expressed great concern at the thought of a potential closure and displayed a sense of togetherness and community spirit.”
176. Westbury Court, is registered for 41 beds and offers both residential and nursing care. At the time of writing there are 14 care homes with 49 vacancies in the Forest of Dean. There are currently 23 residents in the home. The quality of care and the bonds between residents and staff at this home have never been in question as the quality of care and interaction between residents, staff and relatives has been evident in all consultation sessions and in the level and content of feedback received throughout the six weeks of the consultation.
177. However the closure relates to the long-term potential for the home rather than capacity within the Forest. The demographic profile for this area is rapidly changing in relation to age and identified care needs, becoming more attractive to people choosing to move to Gloucestershire as part of their retirement plan.
178. Work undertaken by commissioners in 2019 showed that the Forest of Dean has the largest number of supported living facilities in the county so future provision will need to be able to cope with an ageing population where those entering residential care have a multiplicity and complexity of need which would require a level of technology and equipment that this home is not able to supply. Westbury Court

does not currently have the facilities to meet these expectations and is not on a site that could be developed sufficiently to meet these needs.

179. Due to the limitations of the site any development on this site would result in a reduction of the number of beds/room available which in turn would make the site financially unviable as a registered care home for over 65's.
180. With the development of a new community hospital in Cinderford, it is likely that there will be an increased demand for services that support individuals being discharged from hospital. Developing a site on the former GIS site in Cinderford will provide care home capacity to meet the demographic profiles and predicted needs.
181. The Forest of Dean has the largest number of residents in supported living It is therefore envisaged that this site would more closely meet the predicted needs of the current recipients of care currently living in the district as their needs develop and move towards residential care.
182. The decommissioning of this home has the potential to impact positively on the Gloucester market, where we have a surplus of care beds. There are also plans to develop other sites within the Forest of Dean district.
183. Evolving Communities also recommended that GCC considers the following:
- The possibility of refurbishing rather than closing homes.
Refurbishing the homes would give a short-term boost to occupancy in the short term. However, the level of redevelopment required is more than a cosmetic overhaul of the rooms. In adding the facilities that people now expect when entering care all of the homes would need a major refurbishment or rebuild. Where the site makes this possible GCC are proposing to close and rebuild a care facility that should be fit for purpose moving forward.
 - Sharing this report with the care homes and the participants to build trust with the council and encourage future participation in engagement projects.
The report will be shared in full and will accompany the Cabinet Report.
 - GCC to provide substantial notice to participants of future consultation meetings, and to consider involving participants when deciding a time for meetings.
We consider that this request was undertaken in all but the initial notification meeting and that the timescales here did not allow more notice without creating unrest and concern.
 - Encourage cabinet members to visit care homes such as these in the future.
This does happen and will continue to be part of the process in GCC.
 - If closures do happen, to consider the current friendships and relationships between residents and staff in any relocation decision.

We have committed to do this and will work with residents, friends and families to achieve this where possible.

- GCC to hold fewer consultation meetings and avoid repeating the same questions to participants.

The consultation followed the advice given by legal representatives and consultation experts.

184. This report and its appendices also consider the mitigation measures required to support this option. One significant consideration has been that of the residents' human rights. This report and the Cabinet report in March 22 discuss at some length the impact that changing demand, exacerbated by the Covid-19 pandemic has had on the adult social care market in Gloucestershire. Given the County Council's statutory duty with regard to managing and supporting a viable adult social care market in the county, the County Council is of the view that the only way it can ensure that the market is able to provide the right type of care to meet local residents' needs is to decommission some of the older style care homes it owns and rebuilding with more suitable, bespoke provision. It is of the view that this is a legitimate action under Article 8 of the Human Rights Act and that options 1 and 2 detailed above will not deliver sufficient impact on the adult social care market to reduce the risk of future market failure to an acceptable level.
185. This option allows Gloucestershire to manage the short-term impact of the pandemic through the removal of surplus beds. The proposed decommissioning of these homes responds to the concerns voiced during the engagement programme. Our providers requested that we invest across all providers and all provision, (many citing and praising the additional steps Gloucestershire took to make crisis payments to the market during Covid-19). The proposal to decommission beds in homes that would not be responsive to the changes or would not be financially viable following necessary refurbishment or investment whilst redevelopment and commissioning new facilities demonstrates that Gloucestershire is taking an active role in market management.
186. Covid-19 has given rise to issues in terms of the adequacy and suitability of some of Gloucestershire's care facilities, particularly in relation to managing infection control measures. As we learn to live with this and other viruses, we need to work with providers to develop facilities that manage this ongoing threat, keeping our most vulnerable citizens safe and able to have a meaningful and fulfilled life both before and after entering formal care. The impact of the pandemic on our health and care sector has made people question their care choices, with many who would previously have entered residential care choosing to purchase in retirement villages and other forms of housing with care. Any actions taken now will demonstrate that as the Local Authority with health and

social care responsibility we still seen a viable and valuable need for residential care. This in turn should help to strengthen and build confidence moving forward.

187. Though recognising the feedback from the consultation was overwhelmingly not in favour of closure, we also recognise that the feedback was from those most closely impacted. While those views are, of course, important, the Council also needs to consider the needs of those who would be equally adversely affected, if not more so, should we not take action to ensure the ongoing sustainability of the market.
188. During the consultation Gloucestershire County Council and OSJCT Officer have offered mitigations in relation to the risks to individuals and have committed to the following:
- providing personalised support to every individual and their family in seeking an alternative placement should the closures go ahead
 - providing adult social care practitioner and commissioner support in identifying and securing alternative provision
 - moving friendship groups together where possible
 - moving staff and friendship groups together where possible
 - supporting staff who do not wish to remain in OSJCT into alternative roles within care.

Performance management/follow-up

189. As previously outlined in this report we have significant previous experience of managing care home closures. In each instance we have approached the provision of social work and case management with timely, skilled, compassionate, and person-centred staff in order to mitigate the personal impact of any move. In the past, residents, have moved with their friendship groups or have been able to find placements closer to their friends and relatives.
190. Adult social care staff, commissioners and advocates will be allocated to each resident and their families in order to facilitate the transition process. This will be managed by senior managers through a weekly Senior Oversight Panel. This panel will be made up but not limited to representatives from the following:
- Adult Social Care Operations
 - Adults Integrated Commissioning
 - Integrated Brokerage
 - GCC Asset Management & Property Services
 - GCC Procurement

- GCC Strategic Finance