

Appendix 5: Residential Care - Consultation Summary Report

(August 2018)

CONSULTATION REPOSESES - Stakeholder Consultation

1.1 Introduction

A 12 week stakeholder consultation commenced on 30/04/18 and concluded 23/07/18. Documents were provided in English and Welsh and were available in alternative formats on request. We identified the preferred language of the affected Services Users when communicating with them during the consultation.

Consultation information was provided via Corporate Communications to staff, via details on the intranet and internet, Media, Facebook and Twitter.

A Stakeholder Map was created. This identified all relevant stakeholders and has been used by the service to evidence engagement with these interested parties:-

Affected Services Users and their families/carers etc.

- Bilingual Letters issued pre consultation and letters/questionnaires issued during consultation.
- Several visits made by Senior Management to meet affected Service Users /families at various times.
- 1 to 1s arranged as necessary at various times.
- Social Workers met with relevant affected Service Users to complete review to help determine if complex or non-complex needs and help inform any response to the consultation.
- Other Council Day Care venues and Service Users made aware of consultation by management and Welsh/English hardcopy questionnaires provided.

Other

- All Councillors briefed regarding the proposals
- Ward Councillors - Councillor Child has spoken to or offered to speak to relevant Ward Councillors
- AM/MPs - letter issued to raise awareness of consultation
- Older Peoples Commissioner - letter issued to raise awareness of consultation
- Trade Unions – Initial meeting held with Management/HR and Unions. Meetings ongoing as necessary
- Parkway Service User GPs - letters have been sent to Service Users GPs to raise awareness of consultation
- Library Managers briefed and provided copies of hardcopy questionnaires and displayed in all libraries

- Contact Centre Manager briefed to inform all relevant Contact Centre/Switchboard staff of consultation. Hardcopy questionnaires available in Civic Centre and Guildhall reception
- Email or letters sent to all identified relevant stakeholders raising awareness of the consultation and offering to attend any meetings if required
- Externally commissioned residential/nursing homes informed of the consultation.
- Head of Adult Services met with Disability Liaison Group to raise awareness of consultation
- Swansea Council sheltered complexes – hardcopy questionnaires issued

Staff and Trade Unions

A separate staff and Trade Union 12 week consultation ran concurrently to the wider stakeholder consultation. The staff consultation commenced on 30/04/18 and ended on 23/07/18, this exceeded the legal requirement of a 30-day consultation.

1.2 Information received during consultation is summarised as :-

Information received	Numbers received
Online Questionnaire	42
Hardcopy Questionnaires	21 (Included in the 42 above)
Letters	2
Emails	5
Petition with 1000 names	1
TOTAL	50

Further details on number of respondents from different groups and methods of responding are given in the sections below. The number of respondents giving similar comments in each group have been provided. The responses to both the paper and online questionnaire are amalgamated below. One online response was received after the consultation deadline, but was accepted on the basis of ensuring that as wide a range of views as possible was considered.

Questions & Responses:

- **Question 1. Do you agree or disagree with our proposed changes to residential care for older people?**

39/42 Strongly agree (8) 20% Tend to agree (7) 17% Tend to disagree (4) 10% Strongly disagree (20) 51%

- **Question 2. Please expand your answer below:** - 35/42 respondents commented. Key themes were:-

Key Themes	Response Nos
Council Homes are better - the Council provides better care than services in the private sector	5 (14%)
In favour or enabling people to remain living independently for longer	2 (5%)
Impact on Choice (and Location) - reliance on independent sector for non-complex care reduces choice. Particularly in terms of location which is key to maintaining relationships. 1 comment that there is not enough choice for respite in the independent sector.	6 (17%)
Cost of Private Care Homes - third party charges mean that residents and their families will not be able to afford private care home fees.	3 (8%)
Definition of complex care - that the definition of complex care needs to be more specific.	1 (2%)
Concerns about privatisation of all council owned care homes.- this proposal may lead to closure / privatisation of all homes.	1 (2%)

Financial concerns. - concerned about decisions being driven by budget pressures.	2 (5%)
Financial Concerns Cont... concerned about private sector profit motives	2 (5%)
Support for Proposals. 4 comments were in support of proposals. 2 of these were very positive, 2 were neutral accepting that changes were necessary. 1 comment (from ABMU HB) was neutral on grounds that the proposal makes sense if care is available elsewhere (but commenting that calculations are not clear and assurances of alternatives have not been provided in the consultation.	4 (11%)
Multiple - This response highlights concerns relating to impact on residents, cost to families, quality of care in private sector, reduced choice and availability of respite care.	1 (2%)
Availability of beds - comments about difficulty finding care homes beds in independent sector. 1 Comment that beds at LA homes are always full. 1 comment that hospital bed blocking occurs because of lack of beds.	2 (5%)
Staffing - Extra staffing will be needed for residents with complex needs.	1 (2%)
Wellbeing - comments received related to the impact that moves will have on residents' wellbeing. Some of these concerns relate to choice and location impacts and equalities and human rights impacts.	5 (12%)
Reablement - asked why can't Parkway be used for reablement services.	1 (2%)

- **Question 3. Are there any other options you feel the Council should have looked at in relation to the Residential Care Service for Older People? - 34/42 responded. Key themes raised were : -**

Key Themes	Responses Nos
Alternative Suggestions - respondents proposed alternative suggestions regarding use of building or type of service / ownership at location of Parkway.	6 (17%)
Care at Home - people commented that domiciliary care services could lead to savings, or could be more appropriate than residential care	5 (14%)
Save Money Elsewhere - commented that the council should prevent closure by saving money elsewhere.	4 (11%)
Budget Pressures - comments that proposals are purely driven by budget pressures and do not show sufficient regard for resident welfare.	2 (5%)

- **Question 4. Considering the above, do you agree or disagree with the following...**

The criteria used to assess each care home were the right ones. 36/42 responded.

- Strongly agree (3) 8%, Tend to agree (14) 38%, Tend to disagree (6) 16%, Strongly disagree (13) 36%

The proposal to close Parkway Residential care 36/42 responded.

- Strongly agree (3) 8%, Tend to agree (8) 22%, Tend to disagree (7) 19%, Strongly disagree (17) 47%

- **Question 5. If you disagree with either of the above please explain why and give any alternatives (25/42 responded). Key Themes were : -**

Key Themes	Response Nos
Closing Parkway does not reflect demand - commented that the proposal does not recognise current or anticipate future demand	3 (12%)
Choice, Location and cost / quality of private sector homes - comments that the location of other homes is	2 (8%)

problematic, and that private homes are more expensive or lesser quality.	
Convert to specialist complex – addressed above	1 (4%)
Cost shunting to NHS	1 (4%)
The council should provide nursing care	1 (4%)
Hidden agenda re development of land. Hospital discharge or respite should be promoted.- comment that the LA has been influenced by sale / development of local land.	1 (4%)
All attempts should have been made to keep Parkway open	1 (4%)
Location - comments relating to suitability of location	2 (8%)
Make Parkway more effective	1 (4%)
Options evaluation scoring / welfare of residents - comments that the scoring of the options is not clear and that the residents welfare has not been shown due regard	2 (8%)
Privatise Parkway	1 (4%)
Promote independent living	1 (4%)
Recognition for staff	1 (4%)
Services / Facilities are good	1 (4%)
The proposal is about managing decline	1 (4%)
Under investment in Parkway and Hidden agenda re development of land.	1 (4%)
Welfare of residents will be impacted	3 (12%)

Mitigating responses to themes

7 respondents displayed a level of **support for the proposals**, and displayed a view that the changes were necessary to ensure that services were able to meet people's needs and be sustained into the future.

The next key theme suggested support for the proposed model and that 2 respondents were **in support of a model that enabled people to remain living independently for longer** and generally supportive of the principle of investing in reablement.

This response was very reassuring to see as an enabling approach which allows people to remain at home for longer is entirely in line with the overarching Adult Services Model which recognises that more people wish to remain in their own home. The proposed changes will help to support this by providing reablement and respite to support people to remain in their own homes for as long as possible and to support their family/carers to help them in their caring role. One respondent had raised why Parkway could not be used to deliver reablement and therefore kept open. As explained earlier in the report, the Council has assessed that less Local Authority beds are required to deliver the proposed model and Parkway is least fit for purpose to deliver the overall model. There was one comment that suggested that the Council should deliver nursing care; the Council has been previously restricted from doing this due to registration requirements and going forward it does not have the expertise or resources to provide this type of care.

There was a **perception that Council homes are better** than those provided by the independent sector from 5 respondents. There was therefore a concern that the Council proposed no longer providing standard residential care for non-complex needs.

In response, independent sector homes are required to provide care to the same legal and regulatory standards as Council homes, and are fully regulated by Care Inspectorate Wales. The Council has robust contracts in place with independent sector homes and monitors against these contractual standards to ensure that services are fit for purpose. The Council is embedding a quality assurance programme at independent care homes which demonstrates that quality is of a sufficiently good quality. Feedback obtained from residents and families at homes in the independent sector confirms a high level of satisfaction with services. From time to time quality problems do arise. Where this occurs the Council is able use its legal and contractual powers to act quickly and make any improvements required. These arrangements should give people confidence that services received via the independent sector are safe and appropriate to meet their needs and also of a similar or on some occasions better quality than Council-run care homes.

One comment received suggested that **the definition of complex care needed to be more specific.**

Unfortunately there are no national definitions of complex care, so the Council has had to determine its own definition as follows:

Individuals would be defined as having complex needs if they had needs attributable to one or more of the following features, and they required at least 2 hours of one to one care per day:

- 1) Double staffed care for people who are bed bound; have high risk of developing pressure sores; require careful repositioning.
- 2) People who have complex medication regimes.
- 3) People who require feeding or who are fed via a PEG.
- 4) People who have challenging behaviour and have packages of care that are difficult to manage.

- 5) People who have dementia or declining cognitive ability.
- 6) People with bariatric care needs.
- 7) People with learning difficulties who require increased care
- 8) People with manual handling needs requiring use of equipment and / or two person handling.
- 9) People with communication difficulties who need higher levels of care to explain or deliver care.

It is very difficult to go into greater detail and cover every eventuality as each individual will present differently with a significant difference in individual circumstances and needs. This definition will therefore be used by the social workers who assess the individuals, informed by discussions with the resident and family members where appropriate to determine whether the individual has complex needs. Social Workers are qualified professionals and will need to use their professional judgement to assess whether the individual does or does not have complex needs in line with the criteria specified.

A concern was expressed by one respondent however that ***more staffing would be required for residents with more complex needs and buildings would need to be adapted to accommodate this.***

The Council does not concur with the view that more staffing would be needed. The model of care will of course be designed to ensure that services can meet the needs of people accommodated. In reality, the Council is already delivering services for more complex needs. A good example is the service offered at Ty Waunarwydd for people with dementia. Council staff are already highly trained and well equipped to deliver services for people with complex needs, and ongoing training is in place to upskill where needed. The Council is confident that it can deliver the proposed model within existing staffing levels, and will do this by ensuring that those staff continue to be trained appropriately. In relation to the physical layout of the remaining Council homes, homes such as Rose Cross and Ty Waunarwydd are well suited already to deliver complex needs and few adaptations would be needed. £4million has been identified in the Council's capital programme to maintain our homes, so this could be utilised to carry out any adaptations to other buildings if required.

At one of the Parkway meetings, family members expressed ***a concern that the proposal to only provide residential care for complex needs was discriminatory against those with non-complex needs.***

There is no legal requirement for a Council to provide an in-house standard residential care service. The Council has a duty to ensure that those that need standard residential care receive it, but it is legitimate to offer this provision in the independent sector. As long as all levels of care needs are appropriately catered for, the Council would not consider a decision to restrict standard residential care to complex needs within its in-house service as discriminatory.

2 respondents expressed ***a concern that the scoring criteria used to determine that Parkway was least fit for purpose did not take into consideration maintaining the wellbeing of residents and the evaluation exercise itself had***

also not involved family members/anyone independent of the Council. This view was also expressed at the Parkway meetings.

An objective set of evaluation criteria were used to assess the options. Careful consideration was given as to who should make up the evaluation panel and it was determined that involving family members for each home affected would have not allowed the panel to be objective. Consideration was also given to whether anyone independent of the Council should be involved in the evaluation exercise, but it was not clear how doing this would add value to the exercise and it would have been difficult to identify someone who had a good working knowledge of each care home. The preferred option was achieved by applying the same criteria to each home. Issues of maintaining the wellbeing of residents would have been pertinent to each Council run care home, so would not have altered the outcome of the evaluation exercise.

5 respondents raised concerns surrounding the **impact on wellbeing that moves from Parkway would have on residents.** Some of these concerns related to choice and location impacts as well as equalities and human rights impacts. These concerns were also raised in the Parkway meetings.

This is an entirely valid concern, and it is of paramount importance that if the changes go ahead, the wellbeing of all those affected is maintained. The welfare of people who receive care services is always our primary consideration. The proposed changes are necessary to ensure that we can continue to meet needs in the most effective and sustainable way. Arrangements to move service users to alternative homes will be planned carefully and sensitively with each resident and where appropriate their family. This will involve considering any equalities and human rights impacts and where necessary taking steps to ensure that residents' legal rights and entitlements are respected and not infringed. Specific issues relating to choice and location are addressed below.

A theme emerged surrounding the **impact on choice of the proposed model** if the Council proceeded with no longer offering standard residential care to people with non-complex needs; this was raised by 6 respondents. This concern related to a perception that reliance on the independent sector would restrict choice, particularly in terms of location which is key to maintaining relationships with family and friends. There was also a concern raised about choice of respite provision in the independent sector.

In response, there are a large number of homes in the independent sector offering residential care. The number of homes specialising in residential care for purely personal and social care has increased significantly in recent years; in fact there is greater supply than demand. The Sketty and surrounding area, which is in close proximity to Parkway Residential Home has a particularly high concentration of beds compared to other parts of Swansea. Details of all other homes in Swansea, and those in the vicinity of Parkway have been shared with all those residents and family members who attended the Parkway meetings. In the event that Parkway were to close and residents consequently had to move, the Council would have a legal duty to carefully consider the equalities and human rights impacts that are affected by moving to another care home. This means working with residents and families to ensure that family relationships and similar factors relating to location can be maintained.

There are a number of providers who have informed us of their intention to develop new residential services in Swansea and the care homes market is expected to continue to grow. The proposed changes to the model for residential care are being undertaken to promote greater independence where possible and less reliance on traditional services where beneficial. This will lead to alternative options and increased choice for citizens. We acknowledge the difficulties finding respite services in the independent sector. The proposed changes will improve and increase respite opportunities for carers via Council homes; this is a key driver for the proposed changes.

2 respondents raised some concerns surrounding the **availability of beds** if the proposed model was adopted, with people having experienced difficulty in finding beds in the independent sector previously and a perception that bed blocking occurred in hospitals due to a lack of availability of residential care beds and the proposals would inadvertently transfer costs to the NHS. This concern was also raised by residents and family members at Parkway, who were concerned that there might not be vacancies to move to in the event that Parkway closed.

Independent sector vacancies average at approximately 8%. This equates to approximately 125 beds at any one time so there is more than enough capacity in the independent sector to meet demand. In addition to this, Parkway has had a high proportion of vacant beds for some time. Delayed transfers of care from hospital do occur, but the reason for this in Swansea is rarely due to availability of residential care provision. It tends to be related to delays in choices made by prospective residents and families, delays in agreement of funding and delays in securing care at home. The change to focus local authority provision on short-term reablement and respite is in part driven by helping to reduce delays from hospital. Availability of this type of provision will enable faster hospital discharge followed by a period of care to enable people to return to independent living where possible.

3 respondents commented that they felt that **the proposal to close Parkway had not taken account of current and future demand**.

As outlined earlier in this report, a detailed modelling exercise was undertaken to determine how many beds would be required to deliver the preferred model. This alongside the oversupply of standard residential care in the independent sector led to a conclusion that there was more than enough capacity in the market to cater for current and future demand.

2 respondents raised significant **concern surrounding the cost of independent care homes** and there were comments that third party charges could mean that residents and their families were not able to afford independent care homes. This theme was dominant in both the consultation responses and the face to face meetings that took place with residents and families at Parkway.

Careful consideration has been taken of this concern, and the Council recognises that this is a significant and legitimate issue for any residents and families affected in the event that Parkway were to close.

Private sector homes are mostly commercial enterprises and will charge what the market will bear. Consequently most independent sector care homes charge top up/third party payments. A recent survey confirmed that only 5 homes out of 41 in the independent sector do not charge top ups. As of May 2018, 724 of the 1074 beds registered to provide residential and nursing care in Swansea attracted third party charges.

Whilst currently most care homes charge top ups, most are also prepared to offer a small number of beds at local authority fee rates. This arrangement is fluid and will depend on factors such as vacancy levels and room type.

The high proportion of beds funded by the local authority which attract a third party top up suggests that meaningful choice is restricted. In practice residents transferring from Parkway are likely to be required to pay a third party charge to reside at a home of their preferred choice.

The median average charge is £105 per week. However the highest proportion of charges for people in residential care homes is between £10 and £20 per week, and in nursing homes is £50 and £70 per week. The median point within the most frequently occurring ranges is £40 per week.

Current contract provisions allow Providers to increase charges at the rate of 25% per annum and there are no contractual or statutory limits to the charges that Providers can apply.

The Local Authority has a legal duty to those that it funds to ensure that the person has a genuine choice and must ensure that more than one option is available within its usual commissioning rate (ie no top ups apply). It is highly likely that there may be limited or no choice for residents if they were to move from Parkway of a home that does not apply third party charges. It should be noted that the same duty does not apply to self-funders.

In light of the above, a recommendation is being put forward in this paper for Cabinet to agree to pay up to a maximum of £105 per person per week top up fees for all residents at Parkway (including self-funders), subject to individual circumstances, up-to-date social work assessments and individual Equality Impact Assessments, for the duration of their residential care placement in the event that Parkway closes following the final decision being made. This recommendation is being put forward to mitigate the financial impact of closing on those residents and families affected, and will allow meaningful choice of alternative homes which meet their specific needs and requirements such as preferred location and ability to maintain family relationships for those individuals affected. In proposing this, it is expected that the majority of residents affected would have adequate choice at the lower end of the third party charges applied, but all residents would have several choices of homes that meet their specific individual requirements in the location of their choice.

There was a ***perception that the proposal to close Parkway was being driven by the potential use of the site linked to the land surrounding the Olchfa School site.*** This was raised by one respondent and also a key theme emerging from the meetings at Parkway.

The future use or otherwise of the site adjoining the Olchfa School has had no bearing on the proposals put forward. At this stage, there are no clear proposals surrounding the future use of the Parkway site if it is released following a potential closure. If a decision is made to close Parkway, the Council will commence to look at options surrounding the disposal of the site.

A concern was raised by one respondent that the proposals may lead to the privatisation/closure of all Council owned care homes.

If the proposals are accepted by Cabinet, there is a commitment that there will be no further changes to Council-run care homes within this administration.

4 respondents were concerned that the ***proposals were being driven by budget pressures***. This was also a theme highlighted at the Parkway meetings.

This is undoubtedly a factor. The Council is facing significant budget pressures and at this time of the financial year projecting an overall overspend with a key factor being a significant overspend in Adult Social Care. As a consequence all Councils have to make significant savings, but in doing so need to ensure that they can deliver sustainable services to meet the needs to an ageing populations with more complex needs.

However, the budget is not the only factor driving forward these proposals. Re-shaping services is necessary to deliver the overall new adult services model agreed in 2016, and doing so is in line with the principles behind the Well Being of Future Generations (Wales) Act specifically the wellbeing goals of a resilient Wales and a healthier Wales by developing sustainable services for the future and services which allow an ageing population to maintain their independence for as long as possible. The proposed closure and remodelling of existing services will help the Council to target resources where there is greatest demand and help people to remain living independently for longer. By changing the Council's model of residential care to focus on short-term reablement support, respite and more complex needs, people will be helped to maintain independence and remain at home for as long as possible whilst those with more complex needs will be better supported. Nobody will be left without the care they need as there is sufficient standard residential care provision in the independent sector to meet local need.

A concern was raised by the family members of residents at Parkway that they wanted a guarantee that all residents would continue to have good quality care in the event that Parkway closes.

In the event that Parkway does close, the Council will do everything in its power to ensure that the wellbeing of all those affected is maintained and they all receive good quality care going forward. This will be achieved through careful planning with social work support into any proposed moving on arrangements as well as ongoing good contract monitoring of all independent sector homes.

Counter proposals and responses

The first counter proposal put forward was surrounding **selling off Parkway as a going concern/consider alternative delivery models to allow the residents to remain in Parkway**. This proposal was put forward through both the consultation responses and the face to face meetings held at Parkway.

A range of alternative options has been considered during a detailed commissioning review process and consideration has been given to a potential sale of Parkway as a going concern and alternative delivery models. These proposals were considered either not financial viable or one that could definitely achieve the outcome of ensuring that residents could remain at Parkway. They have therefore been discounted.

In the event that Parkway does close however, due consideration will be made surrounding what will happen to the vacant site. One option would be to sell off the site with a view to an independent provider coming forward to deliver a residential care proposal that addressed a market gap such as dementia nursing. The Council has speculatively asked the sector whether there would be any appetite for such an option, and several providers have come forward with a positive response. Such an option could meet accommodation needs for older people and could also help meet an identified market gap.

The next counter proposal linked to a perception that it would be ***more appropriate to make savings in relation to domiciliary care than residential care***.

This is a valid proposal, but ambitious savings proposals are already in place in relation to domiciliary care. Work is ongoing to recommission domiciliary care provision and there is an overall plan to safely reduce the overall number of domiciliary care hours commissioned. It is therefore not possible to achieve further savings in this area, so this counter proposal is not feasible.

Several respondents commented that ***the Council should find savings elsewhere and not make savings in relation to residential care***.

Whilst this is a legitimate view, as previously outlined the Council as a whole is experiencing unprecedented budget pressures and is forecasting a significant overspend this financial year. The Council is consequently exploring all opportunities to ensure services are sustainable in the future and can be delivered within the budget available. Significant savings are being achieved year on year but re-shaping of services is essential for the Council to continue to meet its legal duties to provide care for an aging population with increasing needs. Adult Services is one of the largest areas of spend of the Council, so it is not financially viable for savings to only be made elsewhere in the Council.

A counter proposal was put forward by the residents and family members at Parkway to ***close St Johns and keep Parkway open instead***. The rationale behind this proposal was that St Johns had achieved the next lowest score following the evaluation exercise.

The Council has considered this proposal and does not feel that this is legitimate on the basis that Parkway scored the lowest following the evaluation exercise. There would be equal impact on residents at St Johns if it were to close, perhaps more so as there are a higher number of residents at St Johns.

An alternative proposal was to ***move all Parkway residents into other Council-run care homes and maintain Parkway itself as a reablement and respite facility.***

This proposal was discounted on the basis that whilst it would clearly be a good outcome for those residents affected, no savings would be achieved.

A suggestion was made to ***close Parkway over a longer period of time,*** and wait until the current residents had moved on or passed away before closing it. In the meantime, the vacant beds could be used for respite.

In an ideal world, the Council would want to support this proposal, but the reality is that doing this would not achieve the move to new model as well as the savings required as quickly as needed. The average length of stay of a resident in a Swansea Council care home is 2.7 years, but some residents have lived at Parkway for significantly longer than this and there is no way to predict how long residents could stay for. In addition, there is a cap of £80 per week enforced by Welsh Government on the charges that can be applied to respite beds so the running costs of Parkway would significantly increase. It is also not considered in the best interest of residents to slowly decrease the number of residents; eventually only one to two residents would remain which would not be beneficial to their wellbeing as there would be little social interaction and stimulation for them. This counter proposal is therefore not considered feasible on the basis that the preferred future model and necessary savings would not be realised.

A counter proposal was put forward to ***fill all the vacant beds in Parkway, with a belief that this would make it financially viable.***

Due to the high overheads involved in running a Council care home, even filling all the vacant beds would not make the home financially viable. The Council significantly subsidises all its internal homes, and in reality residential care is significantly cheaper to deliver in the independent sector. Filling all the beds in Parkway would therefore not be a feasible option to achieve the savings necessary.

The final proposal put forward was that ***all residents in Parkway should be offered a place in a Council run home, in the event that Parkway was to close.***

This proposal would be contrary to the preferred overall model to reshape the Council service to focus on short-term residential reablement, respite and standard residential care for those with complex needs only, as it would involve moving those with non-complex needs into the other Council-run care homes. In addition to this, there are insufficient vacancies in the remaining homes to achieve this, which would lead to a potential significant delay in any proposed closure of Parkway. This in turn would impact on the savings achieved and the move to the preferred future model, and there is a risk that they could be not be achieved quickly enough. This proposal is therefore

not supported by the Council as it is contrary to the preferred future model and is not financially viable.

Themes and responses from meetings with Residents and Family/Carers

Several meetings were held at various times at Parkway Residential Home with Residents and family/carers on 8th May, 21st May, 5th June and 6th June. Parkway staff also attended to provide any necessary support to the residents.

A total of 7 Residents and 25 family members/carers attended these meetings. The following table provides details of key themes from these meetings

Date of meeting	Points raised	Response
Theme 1. Alternative Solutions		
05/06/2018	Family members suggested savings could be made in sheltered housing or that the service could be delivered in the independent sector.	It was explained this had been considered but not a viable option.
05/06/2018	A suggestion was made to fill the vacant beds in parkway from St Johns and close this service instead. This could be a counter proposal but it would still mean a closure and there are more residents in St Johns to move to other homes.	It will still mean that standard care will only be provided by the independent sector.
05/06/2018	Another suggestion was to sell off Parkway as a going concern for someone else to run.	This can be considered as part of the consultation and explored as a viable option. TUPE will apply and may be more expensive so may not be attractive to the independent sector.
05/06/2018	A suggestion was made to use Parkway as respite and gradually phase out. Family member suggested this could be a compromise in the short term and will propose this in the consultation.	It was explained that would increase provision when the Council need to pull back on spend and any proposals would need to reduce spend and be sustainable.
21/05/2018	Carer - Use the beds for Fairwood Hospital to avoid people having to travel	It's a Health Board. We have reablement beds at Bonymaen House.

23/05/2018	What about social enterprises / community co-operatives? Have they been considered as an option?	these were looked at as options developed via a stakeholder workshop which looked at all of the available options – independent providers, local authority and third sector colleagues all took part (group members still felt that the right people were not involved early enough and that the process has not been open enough). If we are transferring services from the local authority to a social enterprise / community co-operative, it needs to be as efficient as possible and we don't have the businesses we need running as effectively as would be required at this time.
08/05/2018	Why not keep Parkway and staff it properly so it can be filled. Need to spend money and to upgrade and could use for reablement as well. As this is the only local authority home in the west, it could be enhanced. Feel the decision is about money.	The Council will concentrate on complex needs as there is a gap and the independent sector are not providing. The Council already provide for complex needs, so are well placed but there is insufficient capacity at the moment. There is a financial consideration. The Council is facing considerable pressure on its budget. Other Councils have taken away their in house provision. Swansea are prepared to invest but there is a limit to what we can provide. There is a financial limit and we have to consider what we can afford and where to focus our efforts. If the proposal does go ahead, we will still need to invest but over a smaller number of sites. Politicians have to balance the decision,

		<p>informed by residents and families, the public survey and ideas. If the proposals are not agreed, there will have to be cuts elsewhere.</p>
08/05/2018	<p>Why not fill the beds in Parkway for reablement.</p>	<p>Councillor Child explained that in an ideal world, yes but we do not have the finances to do this and meet the needs we are not meeting and how we can best meet the needs. The driver for Parkway closing is due to a range of factors such as higher vacancy rate. More than one factor considered and then a collective score. The detail is in the report so please make comments.</p>
05/06/2018	<p>A family member suggested a 3-5 year plan would be a better approach as changing models of care take time. They understood that money has to be saved and appreciate where the Council is coming from, but this would be a kinder way than suddenly closing a care home. Closing a home naturally over time would be more compassionate.</p>	<p>The Leader responded by suggesting that this is put forward as part of the consultation but it may or may not be possible. However it is acknowledged that January 19 is only an indication of when it is planned to close. It was explained that the Council homes are hugely subsidised and the cost is higher than homes in the independent sector. If all homes were 100% occupied we could not afford to run them. Adult Service last year was £4m overspent. There are no good choices and any other option would be unpalatable.</p>

Care Needs		
05/06/2018	Social workers will work with residents and families to asses if complex or not.	Head of Service recognised that some families do not wish to engage in this until a decision is made but explained the reason for undertaking reviews is to better inform residents and families on the assessed need and how the proposal may affect both the resident and the family. A formal review will be undertaken should the proposals be agreed.
05/06/2018	Finally one family member requested that if the home closes, a guarantee that all residents will continue to have quality care. This is the residents' life and they will lose friends and relationships and it is hard for the families	This was acknowledged.
21/05/2018	There will be no services going forward.	Will continue to provide care. Some private home's charge top up. Chief Social Services Officer explained self-funding.
21/05/2018	Carer - If individual wanted to go home will there be 24/7 care provided?	Social Worker Assessment – all possibilities
21/05/2018	Carer - Private Domicilliary Care poor, won't get the same care. Private disgrace, broken society. Parkway is a lovely home.	Geographical areas. Top up fees. Please give some thought we want to make sure you really put your point over to support decision making.
23/05/2018	How do we achieve prevention for those older people living at home?	The key lies in Local Area Co-ordination. 10 out of 22 geographical areas in Swansea are covered so far but we are looking to expand. This approach is very person-centred and individually tailored to people's needs. We still need to look at our prevention work – the council has adopted a Prevention

		Strategy but there is more work to do.
23/05/2018	How can continuity of carers be achieved within domiciliary care?	We are going out to tender for domiciliary care soon and taking a geographically zoned approach so that we have better organised domiciliary care and continuity can be improved – this will take time to achieve though.
23/05/2018	What will be the impact on younger adults using domiciliary care as a result of changes to older people services?	Confirmed that the transition period will be carefully applied to minimise impact and ensure continuity of care. Transition period will not be a fast or rushed process – communication will be key.
08/05/2018	What is the definition of complex needs?	This is explained in the consultation paper.
08/05/2018	If only supporting people with complex needs, it is discriminatory as not providing care to others or supporting other carers.	Will still provide/fund care and support but not necessarily in a Local Authority care home. If you believe this is discriminatory put this in your feedback and it will be considered.
05/06/2018	Domiciliary Care also a worry as not get the hours paid for.	Head of Service explained there is a call monitoring system in place to check the hours are delivered. It was questioned why there are issues on delivery and if there are not safeguards, why wouldn't someone want to go into a care home and is a better alternative than not having the hours delivered in the home. Councillor Child stated that the principle of the Council good, other is bad is not necessarily the case and 70% of provision is within private care homes.

Financial		
05/06/2018	It was questioned if the consultation was meaningful in considering any views, which was confirmed e.g. funding top up fees if residents moved to a private care home will now be considered as part of the final report which will inform the Cabinet decision.	No opinion on the final outcome can be given at this point.
05/06/2018	A query was raised on how much money would be saved if the home closed in January 19?	The Leader explained that the money will cover what we deliver in the future and there will be capital funding. Head of Service confirmed that £550k savings would be achieved.
21/05/2018	Private sector – not very good. Local Authority home more expensive. More individuals are self-funding.	We have presented a paper re: financial matters. Need a consistent approach
21/05/2018	Can you guarantee the Local Authority will pay top up fees.	We have presented a paper re: financial matters. Need a consistent approach
21/05/2018	Value of site / Alternative in facilities/My figures are different/current occupancy/Current usage to proposed/New model	31 st January – there was no hold on admissions. Vacancies from contracting team. Ref: List from providers - These vacancies may not be available today, however when refurbished will be available. Bonymaen House Care Inspectorate Wales Registration
21/05/2018	Chain capital limit. Self-funding weekly fee will go up. 'Swings and roundabouts'.	
21/05/2018	Self-funder have found Local Authority could pay top up fees.	Explained top up fees and will Cabinet meet fees.
21/05/2018	Carer - One extreme to another. Hope it's not about money. Exercise to tick a box. Concerns about Mums and Dads. 'NPT no council Homes decommissioned'.	Head of Service confirmed that Neath Port Talbot had outsourced its Residential Services.
21/05/2018	Carer - Are we going to be the same?	No, funding. Nothing has been said around costs. Must be dealt with sensitively.

21/05/2018	Carer - Why can't you sell off building?	These are Corporate Properties. Corporate funds.
21/05/2018	Carer - Why can't we have discussion around making it financially viable?	
21/05/2018	Carer - No money. What happens, limit under Welsh Government. Small number internal majority private sector care.	Financial – responsibility on Councillors to make that decision. The Council could have outsource, but continue to deliver services to meet needs but under new categories. These are the categories going forward: 1. Respite 2. Complex 3. Reablement. From an Officer / Political point of view we are not looking at Decommissioning all our services.
23/05/2018	Will the buildings be sold if proposals go ahead? - Hollies	For the Hollies, only the day service building would be affected, not the residential home so we would look at how the building could be used to complement the residential home. However there are no concrete plans as yet.
23/05/2018	Will the buildings be sold if proposals go ahead? - Rose Cross	For Rose Cross, the day service operates from the lounge in the residential home so this room would just be opened up for use by residents.
23/05/2018	Will the buildings be sold if proposals go ahead? - Parkway	For Parkway, this would go through the council process to potentially be sold / consideration of options for the site if / when we get to that stage. It is not tied to the Olchfa land sale – the timing is purely coincidental. Feedback: the location of Parkway is good for older people so maybe it could be age-friendly accommodation in future.

08/05/2018	Top up fees if residents have to move to the independent sector.	Each individual circumstance will be considered and what help is needed. Please raise this in any consultation feedback.
08/05/2018	Will the building be knocked down and sold to private developers? Heard it will go to Coastal Housing?	There are no plans at the moment for the site. If it is surplus to the Council, Estates will have a duty to get the best value.
08/05/2018	Concerned that access to new houses (on Olchfa site) is being put above residents.	
08/05/2018	There is money wasted, for example, the Kingsway. Couldn't this be used for social care where it is needed? The priorities are wrong.	Councillor Stewart explained the financial position and the Council has to save £27m. However it will be providing an additional £5m to Education and £6.5m to Social Services. Council tax has increased which brings in an additional £5m. However this is still not enough. The Kingsway development is from a separate pot of money and cannot be used for other areas. This has however been raised with the Welsh Government. There is surplus capacity in standard care and we can provide in house respite/reablement/complex care but only across 5 services. If there is anything else we should have considered in the criteria, please put this in your feedback.
08/05/2018	Has the cost of the land been considered if Parkway closes?	The Council have indicative values for all buildings. If it is sold, it is one off monies. Councillor Stewart explained that the Coastal Housing development at Olchfa has been in the planning for 3 years and is not reliant on Parkway site being sold. It is for the developers to work out

		access and liaise with Planning.
05/06/2018	It was felt that the Cabinet had not looked hard enough to find savings elsewhere.	The Leader explained that £70m savings is required over the next 3 years and there are plans to close 2 primary schools, reduce leisure service, waste management etc. There has been investment in social care but it is still not enough so difficult decision have to be made.
21/05/2018	We should not pay top up fees	We will get back to you.
Location		
21/05/2018	Can't understand building is good, contradictory to complex need info.	Referred to mix
21/05/2018	Service User - I want to stay here!	Not an easy decision, Cabinet will consider. 'We want to get it right'
21/05/2018	We made a right choice placing here	
21/05/2018	What are you doing with building?	Could be land, could be Independent Sector. Lease fit for purpose
21/05/2018	Bonymaen House no parking, crazy selling this off (Parkway).	
21/05/2018	Carer - People here already? If they find a new home, currently looked at Private sector. Could individuals be moved in house? To avoid top up fees? People would be happier to be moved in house.	Can be considered if complex needs. Standard Residential externally met.
21/05/2018	Carer - Comparing to Bonymaen House Comparative on buildings, they look the same.	Use home for respite etc. Logic – no independent Commissioning. Not in a financial position. (Reablement/respite/Complex = Logic) (who pays for it = Challenge. If we have more money we could do a lot more
08/05/2018	Don't want to travel halfway across Swansea, Parkway is close to where I live.	

08/05/2018	Why close Parkway when Rose Cross and St Johns are close to each other?	
08/05/2018	We choose council run homes because they are purpose built whereas they are not in the independent sector.	
Placements		
21/05/2018	Carer - If respite care - where would you place?	Transition/Existence of places/some money 2018/Have had to close two schools due to numbers/Need to make savings to invest/Aware of sensitive issues/Aware of private sector concerns/The safety, happiness of individuals is paramount/We cannot continue to run all Council Services/Will take on board all consultation etc.
21/05/2018	Carer - Respite – we were told we have to do it privately.	Explained new model going forward.
05/06/2018	A family member did have concern that if Parkway was kept open how long would this be for and would they be going through the same exercise in 3 years' time?	Councillor Child could not confirm this but re-affirmed that the Council is in a serious financial position and if the service did not close other ways would have to be found to meet these difficulties.
05/06/2018	It was recognised by family members that the Council are transparent in the consultation and proposals but felt there was no clear plan going forward and it was about the money and that it was inevitable that 'Parkway would close. It was a done deal and we are only going through the process.	It was emphasised that the model of care was the driver and was not just about Parkway. There is increased demand for people wanting to stay in their homes.
21/05/2018	Typical exercise nonsense. Mum 97. You have been running this down. Staff are overworked.	Not a done deal. We acknowledge some residents are not able to understand. We acknowledge this is difficult and challenging. There's not enough money. We are not able to maintain

		service level. Social Services / Education take up most of our funding. Funding - General, Complex care, dementia - this change will allow us to restructure. I really don't want to be here. I will feed back, it's not a done deal. We will run out of money. These proposals should support provision for 4/5 years. Needs must be looked at on an individual basis. If a decision is to close, Chief Social Services Officer and Head of Service will make sure it fine.
21/05/2018	What's a self-funder	Briefed the difference.
21/05/2018	Carer - Council funding Commissioned homes are all the homes on this list from Head of Service ?	Yes
21/05/2018	Carer - Older people – if complex we are avoiding too many moves. Anxious, worry and traumatic time. 'Think outside of box'. Accommodate this more, but not new referrals coming in. Council Services are heavily regulated.	
21/05/2018	Carer - Scoring exercise – you have not involved families. Score 6 properties – 1 would like to have been included in this piece of work. Massive piece of work? Why you didn't you involve us?	
21/05/2018	Carer/Service User - Care home closures came up before to close all homes?	We have provided you this time with more information, better informed decisions to be made. Chief Social Services Officer reiterated new model going forward.
21/05/2018	Carer - Going on 3 years ago	Earlier review, this is a different review
23/05/2018	Group queried whether a co-productive approach was being taken	Head of Service will take this back and emphasised that this work is still in the early stages and there are limitations where contracts and care are involved.

23/05/2018	What about the Equality Impact Assessment (EIA) process?	Confirmed that engagement is covered as part of the process. Group member's keen to offer assistance with EIAs as part of the co-production approach – Head of Service agreed that this could be an option for some areas.
08/05/2018	The SSWB Act states people have a choice and this proposal will not give this choice.	Swansea is unusual in still providing a range of in house provision, not all local authorities do.
08/05/2018	In regards to the survey, why does it ask for sexual orientation?	This is required under the Equalities Act and to capture statistics.
08/05/2018	If NPT and Swansea merge will more homes go?	Councillor Stewart explained that any merger would have a wider effect e.g. council housing but this Council want to continue running services.
Staffing		
05/06/2018	Comments were made that the process to close had already started and that staff had been redeployed.	It was confirmed that as staff are at risk they can apply for jobs but as yet no staff have left.
08/05/2018	What will happen to the staff?	We will be supporting them to find new jobs.
08/05/2018	Bed blocking shows there is a demand for residential care and not enough beds.	The hospital situation is not linked to residential care but to home care, more people are wanting to remain in their own homes. There are vacancies in the residential care sector.
08/05/2018	How many vacancies are there in the other in-house care homes?	This will be provided.
21/05/2018	Carer - Why aren't you running to full capacity? 10 beds available. Care Inspectorate Wales – no demand or staffing. There has been no interest in beds.	No? There have been no blocks on residential admissions. There has been little demand since January. There's no demand.

Vacancies

05/06/2018	There was concern that if residents had to move, there were not enough vacancies in the Council homes and the private homes were not as a good a standard.	Head of Service reassured the group that all homes are monitored to ensure they do meet the required standard, although one family member experience was that the standard drops. The Leader explained that there will be a choice to go to a Council run home if assessed as complex and there was availability. However some may chose location over council run care home and residents and family members will be supported to find a suitable alternative, visiting homes etc.
21/05/2018	Carer - Insufficient beds	Referred to current vacancy list.
21/05/2018	Carer - Place add in Evening Post to advertise vacant beds I am sure you will get a take up of beds.	Strongly suggest - No, as this would be unsettling for all.
08/05/2018	The current position is that there are spare beds and this is inefficient.	The new model will mean there is one care home too many. We have looked at this and which care home least suits the needs for the future, considering a number of factors including the site, other provision, physical layout. The matrix is available on line, with the report.
08/05/2018	There are not many vacancies in the private sector. I have visited 13 homes and no vacancies and the cost is higher and there are top up fees. Also some homes are for assessment or dementia only.	
08/05/2018	Difficult to book respite provision in the private sector.	That is why we will be increasing respite places in our Local Authority homes.

08/05/2018	You are duty bound to find places for people.	Councillor Child replied Yes, if not find what you want can stay. Chief Social Services Officer explained that we do not have enough resource to do all we currently do. We have looked at the population assessment, complex and standard care and the proposals fit with the numbers. Councillor Child explained that more people are wanting to remain in their own home and will move into residential care later in their lives so demand for residential care is not increasing. Home care and reablement are required to support more people to remain in their own home.
08/05/2018	Places are not advertised and the service is being run down. Tried for respite last year and could not get in. The numbers have reduced from 36 to 26.	This had to be done to ensure safe staffing levels and in agreement with Care Inspectorate Wales There were discussions with Health around use of the spare beds but to no conclusion.
08/05/2018	What if there are no places?	There are 37 vacancies in Swansea West (end of April), both residential or dual registered.
21/05/2018	Carer - Can't believe this! Could not find respite. Staff have been trained, equipment and facilities.	
Wellbeing		
05/06/2018	Family members felt that undertaking a review would cause stress when no decision has been made. A concern was raised that a social worker had told them that if they do not have power of attorney the meeting with their father can be held without them.	Reassured that this is not the case and would want family involved but if the resident has capacity they can request not to have family at the meeting.

21/05/2018	Complex needs, training, have looked at rooms, bed blocking NHS why not used beds for hospital. My dad 98 hope he died before move, stressful, wellbeing of Service User not being considering	We have limited finance, we are looking at priorities. There is sufficient provision for lower care within third sector homes.
21/05/2018	Carer - Scenario discussed surrounding the ladies Mum's move. She's 96 given up her home and has to move again – this is unsettling for her.	We want Services to cater for Complex Care. Head of Service and Chief Social Services Officer have produced a new model.
08/05/2018	The residents' welfare is not being considered. You would feel the same if it was your family.	Yes, understand this and therefore we need your views on the proposal so we can make a sensible decision. We know it is upsetting and if the decision is made to close Parkway, every individual will be supported to find a safe, appropriate and affordable provision.
08/05/2018	If there are no beds or don't want to move to a private home, residents can't be evicted by law. If have to move, why not reduce gradually as the most humane way?	Will support and encourage the moves. There will be no new residents but if residents do not move to other provision, it could take years to close which is not financially viable. There will be advocates for individuals, if required as part of the social work reviews. Recognise the age of residents and the stress levels so we are committed to supporting people to move as safely as possible. This has happened in the past and in a number of Councils.
21/05/2018	Carer - What will there be for us as we get older?	

1.3 Equalities characteristics of the respondents to the questionnaire:

We asked respondents who completed the questionnaire to complete an equalities questionnaire. The results were as follows.

Are you...?	
14 (35.9%)	Male
23 (59.0%)	Female
2 (5.1%)	Prefer not to say

Is your gender the same as that which you were assigned at birth?	
35 (94.6%)	Yes
1 (2.7%)	No
1 (2.7%)	Prefer not to say

How old are you ...			
0 (0.0%)	Under 16	11 (28.2%)	56 - 65
0 (0.0%)	16 – 25	7 (17.9%)	66 - 75
1 (2.6%)	26 – 35	3 (7.7%)	76 - 85
2 (5.1%)	36 – 45	4 (10.3%)	Over 85
10 (25.6%)	46 – 55	1 (2.6%)	Prefer not to say

Would you describe yourself Please mark all that apply			
22 (56.4%)	British	0 (0.0%)	Other British (please write in at end)
22 (56.4%)	Welsh	0 (0.0%)	Non British (please write in at end)
0 (0.0%)	English	0 (0.0%)	Gypsy/traveller
2 (5.1%)	Irish	0 (0.0%)	Refugee/Asylum Seeker (please write in current/last nationality at end)
0 (0.0%)	Scottish	0 (0.0%)	Prefer not to say
Write in here			
0 (0.0%)			

To what 'ethnic' group do you consider			
33 (86.8%)	White - British	0 (0.0%)	Asian or Asian British - Bangladeshi
2 (5.3%)	Any other White background (please write in at end)	0 (0.0%)	Any other Asian background (please write in at end)
0 (0.0%)	Mixed - White & Black Caribbean	0 (0.0%)	Black or Black British - Caribbean
0 (0.0%)	Mixed - White & Black African	0 (0.0%)	Black or Black British - African

0 (0.0%)	Mixed - White & Asian	0 (0.0%)	Any other Black background (please write in at end)
0 (0.0%)	Any other Mixed background (please write in at end)	0 (0.0%)	Chinese
0 (0.0%)	Asian or Asian British - Indian	0 (0.0%)	Other ethnic group (please write in at end)
0 (0.0%)	Asian or Asian British - Pakistani	3 (7.9%)	Prefer not to say
Write in here			
3 (100.0%)			

What is your religion, even if you are not currently practicing?

Please mark one box or write in

12 (30.0%)	No religion	1 (2.5%)	Muslim
23 (57.5%)	Christian (including Church of England, Catholic, Protestant, and all other Christian denominations)	0 (0.0%)	Sikh
1 (2.5%)	Buddhist	0 (0.0%)	Other
0 (0.0%)	Hindu	3 (7.5%)	Prefer not to say
0 (0.0%)	Jewish		
Any other religion or philosophical belief (please write in)			
0 (0.0%)			

Do you consider that you are actively practising your religion?

15 (44.1%)	Yes
15 (44.1%)	No
4 (11.8%)	Prefer not to say

What is your sexual orientation

0 (0.0%)	Bisexual	8 (22.2%)	Prefer not to say
1 (2.8%)	Gay/ Lesbian	0 (0.0%)	Other
27 (75.0%)	Heterosexual		
Please write in			
3 (100.0%)			

Can you understand, speak, read or write Welsh?

Please mark all that apply

8 (20.5%)	Understand spoken Welsh	4 (10.3%)	Learning Welsh
5 (12.8%)	Speak Welsh	21 (53.8%)	None of these
7 (17.9%)	Read Welsh	3 (7.7%)	Prefer not to say
4 (10.3%)	Write Welsh		

Which languages do you use from day to day?

Please mark all that apply

36 (90.0%)	English
4 (10.0%)	Welsh
1 (2.5%)	Other (write in)

3 (7.5%)	Prefer not to say
Please write in	
3 (100.0%)	

Do you have any long-standing illness, disability or infirmity?

By long-standing we mean anything that has troubled you over a period of time or that is likely to affect you over time. This could also be defined Under the Disability Discrimination Act 1995 as:

"Having a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities."

11 (27.5%)	Yes
26 (65.0%)	No
3 (7.5%)	Prefer not to say

Does this illness or disability limit your activities in any way?	
11 (30.6%)	Yes
22 (61.1%)	No
3 (8.3%)	Prefer not to say

1.4 Consultation with affected staff and Unions

- Staff briefing meetings held by management, Chief Social Services Officer, Head of Adult Services, Human Resources and Trade Union representation prior to the start of the consultation. In addition meetings with the same group were held during the consultation to brief staff in combination with one to one's arranged as necessary with management/HR and Unions (if requested).
- Frequently Asked Questions (FAQs) created and distributed to relevant affected staff following meetings.
- Staff have been encouraged to participate in the consultation. The primary concern raised by staff was the impact on their jobs. There were 34 staff potentially at risk in Parkway. All staff were given immediate access to the Council's redeployment opportunities. At the time of putting the final recommendations to Cabinet 3 staff had already been successful in securing alternative employment and 2 were undertaking a trial period in an alternative position. There were sufficient vacancies across Adult Services to give the Council confidence that the remaining staff could be accommodated if they wished to remain in employment with the Council. A number of employees had also expressed an interest in the Council's Early Retirement/Voluntary Redundancy scheme and been given provisional figures. This option would be progressed for those staff who wanted to access it, if the final proposals were agreed.
- No formal response has been received from staff.
- Monthly meetings held with Trade Unions; no formal response has been received from the Trade Unions.