Westmorland & Furness Council

Applethwaite Green Care Home public consultation

Public meeting,
Ladyholme Centre,
Windermere,
Tuesday 28 July

westmorlandandfurness.gov.uk

Welcome

Nikkie Phipps
Director of Care Services

Allan Harty
Director of Capital Delivery and Assets

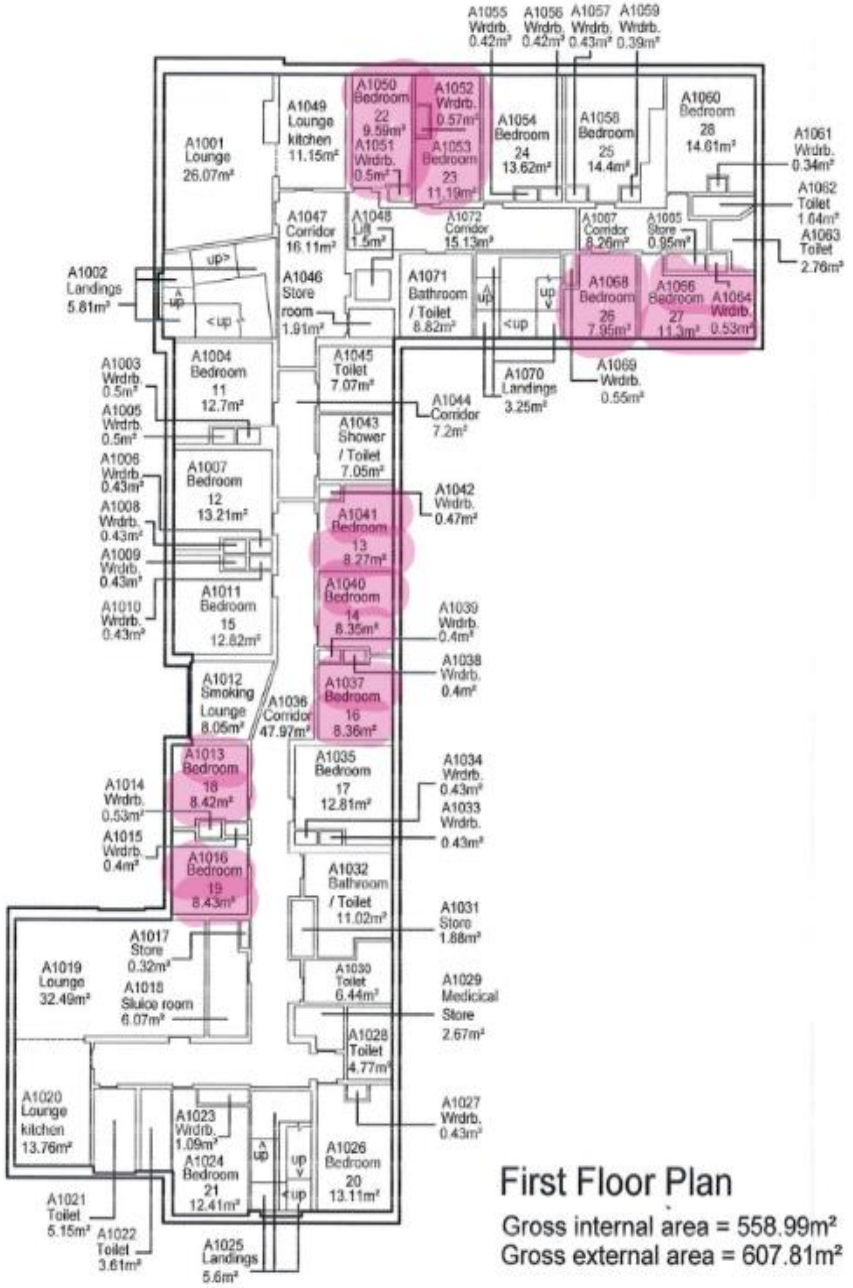
Cllr Patricia Bell
Cabinet member for Adults, Health and Care

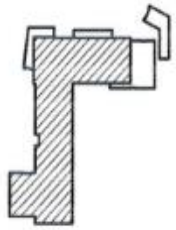
Why is the future of Applethwaite Green under consideration?

- Second highest cost per resident for W&F council-run care homes
- Workforce challenges, highest agency costs – £361k for 2025-26
- Operating at reduced capacity of 16 since 2022
- Public engagement and national research shows that people would prefer to stay in their own homes wherever possible
- Residential services are needing a high volume of investment to stay still – not through lack of maintenance, but through changing standards and buildings not being fit for purpose
- We need to start transforming services to future proof for the coming decades – if not now, then when is a good time?

Applethwaite Green

- Applethwaite Green is a 27-bedded residential home, currently operating at a reduced capacity of 16.
- Highlighted on the right are 9 bedrooms on the first floor which are not big enough to accept wheelchair users or people requiring assistance of two to support with mobility or manual handling issues.
- The building has design principles embedded in it which do not support people with dementia or short-term memory issues
- There are high maintenance bills, and the heat efficiency of the buildings is low compared to options available now.





Location Plan

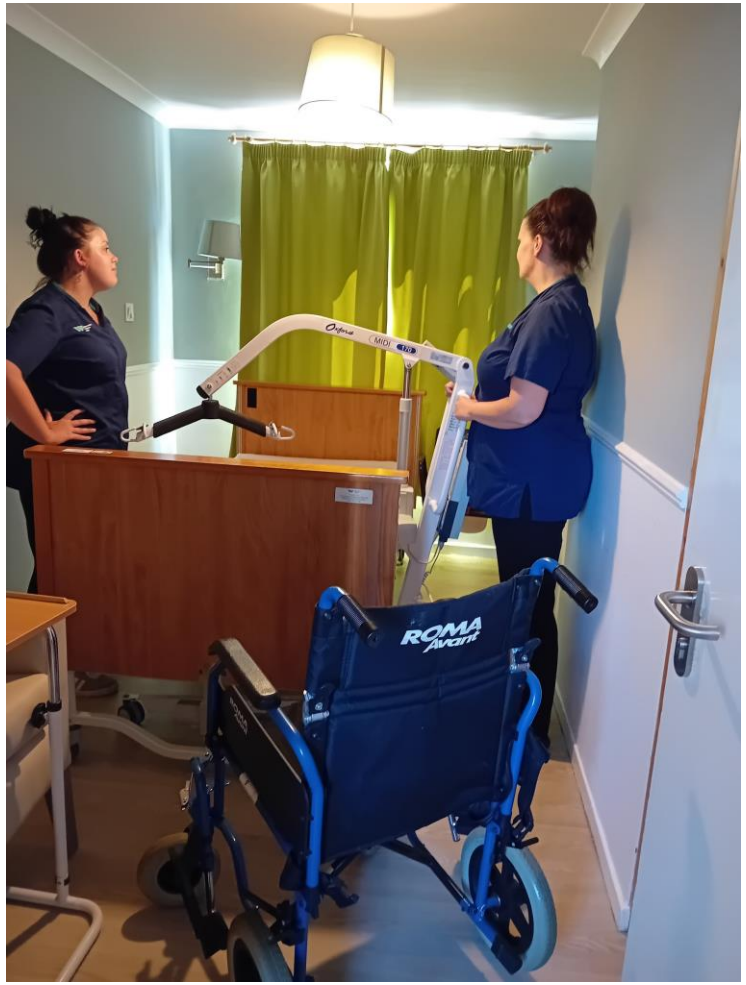
Why personal contributions are not included in financial data

Budgeting for personal contributions income from residents is not recognised against care homes. It goes towards the "Operations" element of Adult Social Care.

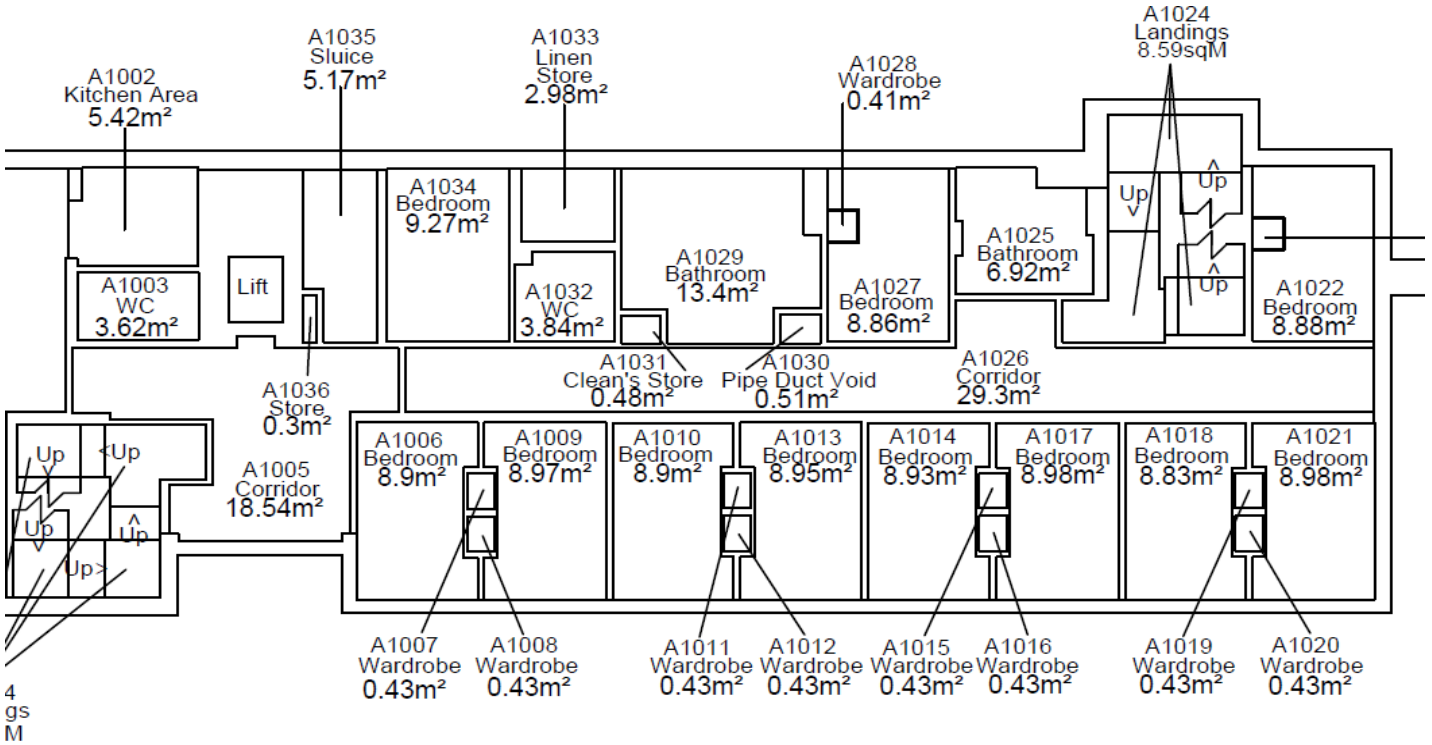
1. **The delivery models** for care homes would not change if individuals were assessed to contribute more or less. The underlying cost would remain the same.
2. **They are not generated by the service.** Personal contributions are determined by financial assessments and charging policies, not by how the service operates. They are an income stream arising from legislation and policy.
3. **They can distort comparisons.** Two services providing identical care could appear to have different net costs simply because one serves people with higher assessed contributions. That would not be a fair financial comparison.
4. **The service has limited control over them.** Managers can influence staffing, contracts and demand management, but they cannot influence an individual's financial assessment or contribution level.
5. **They can change independently of the service.** A person's contribution may increase or decrease because of changes in their financial circumstances or national charging rules, even if the cost and quality of the service remain unchanged.

We can only do so much with what we have

- Should you share your bathroom including your toilet with 4 other people? Would you do this on holiday?
- How do we provide an increased amount of double handed care that is needed?
- How do we promote independence in these rooms?
- What is not in question is the care and support that is being provided, but the safe working environment for staff and users of the services



CQC Guidelines recommend at least 12m2 for each bedroom – no bedroom is that size



Gross Internal Area = 290.38sqM

Gross External Area = 322.81sqM

Example of a room we have in a W&F new build

- This enables us to provide double-handed support
- It supports people who have mobility issues
- All rooms have ceiling track hoists or capability for them to reduce the need for equipment
- All rooms are ensuite, with continual tracking into the en-suite bathroom

Public Consultation 14 May to 19 August

- **Consultation opened Thursday 14 May for 12 weeks.** (Now extended by 2 weeks to 19 August)
- **Online survey, and paper copies** of the consultation document available in Windermere, Ambleside and Kendal libraries
- **Dedicated consultation mailbox** for queries, questions and direct responses to the consultation
- **Public one-to-one information drop-in sessions** held in Windermere, Ambleside, Hawkshead and Coniston, plus were happy to agree to the request for this Public Meeting.
- **Q&A document** published from questions raised at meetings and from survey responses
- **One-to-one engagement with families** and notification about each stage of the process
- **Care home resident meetings** on a one-to-one basis where appropriate - this ensures the quieter voices are also heard
- **Westmorland and Furness Healthwatch** are involved to provide an independent platform and engagement body with care home residents and the community, with a final independent report
- **N-Compass** are undertaking advocacy engagement; this will be in a more generalised and generic way for those people who do not have capacity to be engaged.

Options being consulted on

1. **Do nothing** – the home would continue to run as it is, with a high unit cost, reduced occupancy and ongoing maintenance costs
2. **Refurbish the home** – this would cost an estimated £2.5-£3m. It would generate larger rooms and the opportunity to include ensuites; this would also reduce the number of rooms available. People do need to move out of the service for 12 to 24 months.
3. **Rebuild** – if this option was chosen, people would need to move out of the current service they are in, the home would be demolished and rebuilt on the same site. Two to four years.
4. **Close the home** – people would be assessed by their social worker and engagement will take place to identify alternative options for them to move to.

Following consultation

- Evidence gathered from feedback in the drop-ins and consultation responses will be collated and considered, as will information in relation to the building, financial information – all of this will be pulled together into one decision paper.
- The paper will be shared with Health and Care Scrutiny, Cabinet and Corporate Management Team for comments
- The decision will then be made

Following decision:

An implementation plan will be compiled, depending on the option:

- **Do nothing:** what are the implications and when would the issue need to be revisited?
- **Refurbish or rebuild:** detailed costings and plans, and later, individual assessments for each resident due to need for temporary relocation
- **Closure**: Implementation plan and timetable, individual assessments for each resident and support for relocation

What we know

The Social Care Institute for Excellence highlighted

- **2.1 million** new requests for support in 2023/24.
- **Increasing complexity** typically results in more double-handed care

Intermediate care helps people remain independent - SCIE reports strong outcome data:

- **70%** of people receiving intermediate care following a hospital stay returned to their own home.
- **92%** maintained or improved their dependency score. [scie.org.uk]
- These figures are particularly significant given that many people entering intermediate care are older, frail and have multiple health conditions. [health.org.uk]
- **It delays or reduces progression into long-term care**