

Adult Social Care Care Centres Public Consultation

14 October – 20 December 2024



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Contents Page

- What are the Care Centres and what services do they provide..... 3
- Key findings of the Care Centres review.....10
- Why are we consulting?.....15
- Options.....17
- How to get involved..... 42

Where are the Care Centres and what services do they provide?



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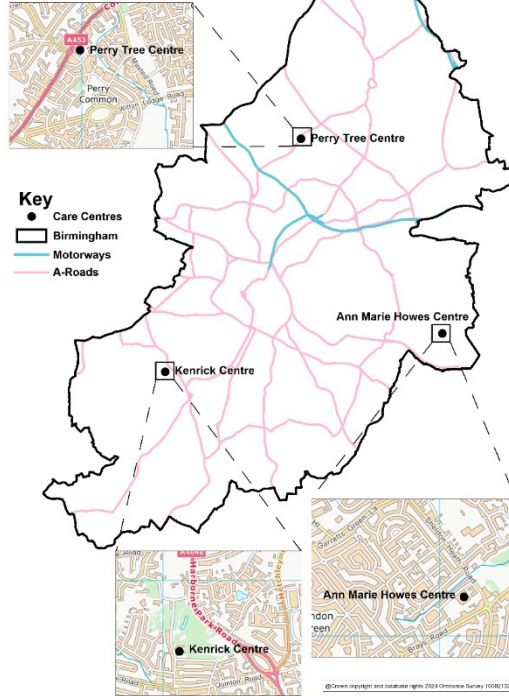
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The Care Centres



The Kenrick Centre

Birmingham Council Care Centres

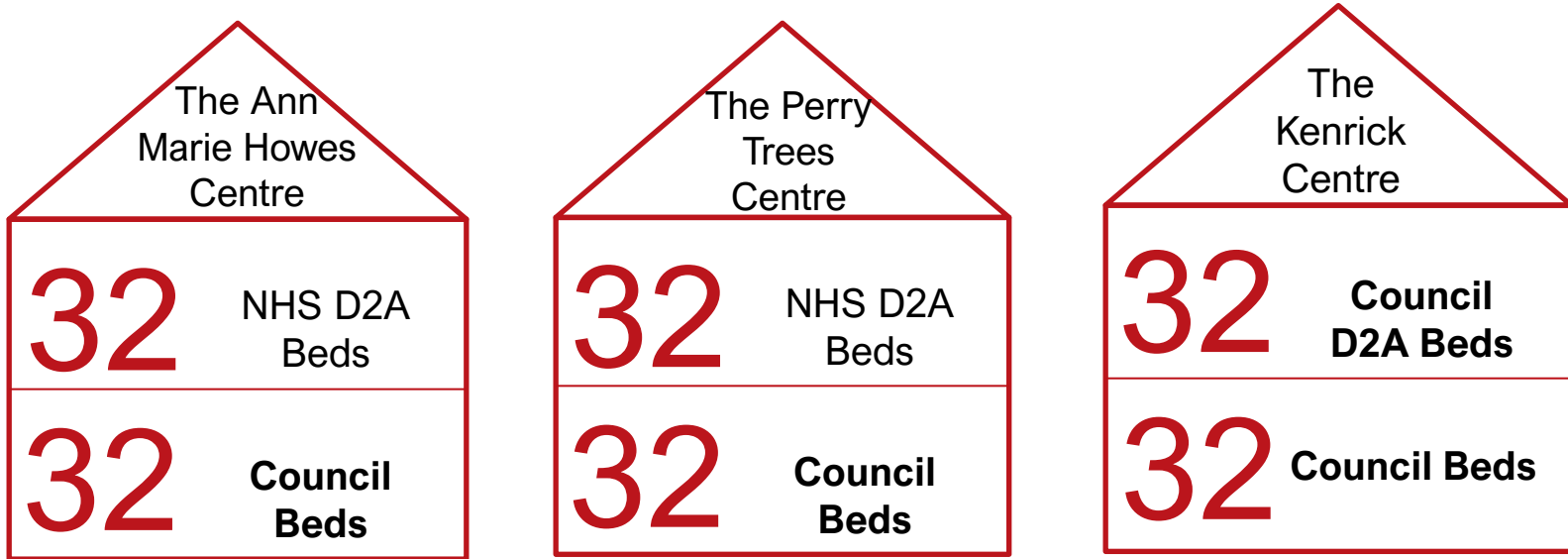


The Perry Trees Centre



The Ann Marie Howes Centre

Current Care Centres and Bed Numbers



D2A means Discharge to Assess (D2A) beds. These are beds where people can go when it is safe and appropriate for them to leave hospital. People stay in these short-term beds to continue their care and assessments, so that any support can be put in place to meet their long-term care needs.

Key statistics

- 3 Care Centres
- 59 long term residents
- 42 short term residents
- 25 empty beds
- 203 permanent staff
- 2 Day Centres operating within the Care Centres
- 96 Discharge to Assess beds delivered from the Care Centres (some by the Council, some by the NHS)
- Annual cost to the Council of approx. £14m

The role of the Care Centres

- The current three Care Centres are home to 59 permanent residents, however they play a wider role in supporting people with care and support needs.
- There has been a longstanding ambition across the Birmingham and Solihull Integrated Care System (ICS) to consolidate some of the current Discharge to Assess bed services operated across Birmingham, into a locality care model. Transforming this out of hospital care as an alternative to acute hospital admission, supporting timely discharge from hospital and delivering rehabilitation to promote a “home first” approach is an ICS priority.
- The Care Centres also provide an office base for our integrated Early Intervention Community Team – a multi disciplinary team of professionals from across health, social care and the independent care market. This service supports people to go home from hospital and to increase their independence after a hospital stay. This is critical to the wider health and wellbeing of Birmingham residents and works closely with our Discharge to Assess bed services.
- There are therefore opportunities which are explored as part of this Consultation Document to make better use of the Care Centres as part of a future Discharge to Assess model.
- However, the Council’s three remaining care centres operate within a large market for care and support in (and beyond) Birmingham. The current Birmingham care market is made of 280 independent care homes providing over 6500 care homes beds. These services provide either residential or nursing care, with a small number of homes providing both. There are currently around 180 of these care homes that specifically provide residential or nursing care to older adults – similar to those operated from the Council’s Care Centres. The Council’s Care Centres therefore only provide (1.96% of total market capacity).

The Care Act 2014

- The Care Act 2014 places a duty on Local Authorities to meet the assessed eligible care and support needs of individuals and their carers when assessed against the National Eligibility Framework.
- While the Local Authority is not duty bound as an organisation to deliver or provide the care and support itself, it must ensure sufficiency of provision – in terms of both capacity and capability – to meet anticipated needs for all people in their area who have eligible needs for care and support (under Section 5). The Council is enabled under the Care Act to meet needs in a range of ways, including provision of services itself, through to provision of funding to allow citizens to self-direct their care and support.
- In addition to the Care Act Duties, under the Care and Support and Aftercare (Choice of Accommodation) Regulations 2014, there is a right for citizens to choose their accommodation when requiring residential care.
- There is currently no duty on the Council to provide the residential care services delivered at the Care Centres directly itself. However, the Council has historically chosen to deliver a range of services directly.

Why did we review these services?

- In September 2023 the Council issued two Section 114 notices as part of the plans to meet the gap within its budget.
- The Council's financial challenges cannot be underestimated and mean that the Council has had to identify significant savings resulting in considerable service changes as a result.
- The Council's budget setting process recommended a review of the Council's internally operated care centres. This review would consider future options for how the services could be delivered as efficiently as possible to support citizens to live a quality life. The proposed savings from this review are £0.346m in the budget year 2024-2025 and £6.4m in 2025- 2026.
- The pressures on the City Council's resources are significant and it is essential that resources ensure that all services offer value for money. However, the Council recognises that it cannot always provide services as efficiently when compared to similar services provided in the independent care sector.

Key findings of the Care Centres review



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The review

- A review took place between May and September 2024 of the current Care Centres service
- The review looked at the current role of the Care Centres
- The review looked at a range of data about the current use, cost and quality of the Care Centres
- The review considered a range of ways the Council could save money
- The review identified a recommended or preferred option

What did the Review tell us about the cost of current services?

- There is a vibrant and effective external market for residential care and the Council currently has a small share of that market.
- The current Council service costs **four times** the amount the Council pays to independent care providers for the same type of care.
- The income from citizen charges is limited by the affordability and financial thresholds under the Care Act – which limits the ability of the Council to recover the full cost of the service. This means the balance of funding is paid for by Birmingham Tax Payers.
- The current staffing model is not sustainable or affordable, with vacancies and sickness absence concerns resulting in high use of agency staff and overtime payments.
- On average 71% of total spend on Care Centres are staffing costs, compared with 54% for older adult residential care provided by the independent care sector.
- The current buildings require some investment and ongoing maintenance, but generally have a capital and rental value via the open market.

What did the Review tell us about current services?

- The Council's services currently provide 'Good' quality services from 2 of the Care Centres, however 1 service has a history of poor performance (The Kenrick Centre).
- The Council's services have previously operated as a provider of last resort in times of emergency, however due to the vibrant independent care market and the number of providers now commissioned by the Council, this reliance is no longer placed on the Council's own services.
- The independent care market has sufficient capacity to meet the needs of all existing long term residents and is of comparable quality (with 72% of independent Birmingham care homes rates as Good).
- Citizens have mixed views about the quality of the current services as shown on the following slide.

Examples of resident feedback

[Building is] a little dreary – could be brighter

[Mr X] said he is very happy with the staff

[Mrs X] doesn't always feel safe as the bedroom door is opened at night

It's a pleasant environment

The staff treat me very good and I'm happy to be here at this age (97 years old) because of how the staff treat and look after me.

I am happy with all the services I receive and am very grateful

I want to go home

I'm not happy about the food

Staff treat me the best way they can!

Need more activities – like games

Why are we consulting?



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Why are we consulting?

Following the review, we are consulting to:

- Ensure that everyone has the opportunity to feedback on the findings of the service review
- Test the proposed options for the future of the service and consider a range of views
- Give sufficient time for people to understand the proposals and allow them to respond properly
- Ensure all consultation responses are considered before proposing a course of action to the Council's Cabinet

Options



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Summary of Three Main Options

- The review has carefully considered a range of options, however it is recognised that these are complex services which has resulted in 12 different options.
- To try and make clear the range of options considered, they have been separated into three main categories:
 - Category 1 - The Council retains all the current Care Centre beds we operate
 - Category 2 - The Council retains some of the current Care Centre beds we operate
 - Category 3 - The Council doesn't retain any of the current Care Centre beds we operate
- Based on the review findings, the Council has a recommended or preferred option (Option 3c) which is set out on slides 28 and 29 below.

Summary of three main categories of options



Using this framework gives a range of 12 options which are described in more detail in the remainder of this section of the report.

Options to extend the current service from 128 beds to 196 beds were considered, but due to the disruption to NHS services and the additional costs of operating more beds, these were discounted.

Option 1a – Complex Care Beds

Description

- The Council would continue to operate services from the three Care Centres but develop these into more specialist or complex care.
- There is greater demand for older adults service, particularly those that can support people living with dementia.
- There would be a need to increase the levels of staffing and training to safely provide care and support to residents with more advanced or complex dementia.
- This option would be for the Council to operate the current 128 beds under this new model.

What does this option mean for residents?

Citizens could continue living in their current home, but would be given the choice to move to another non-Council care home.

Option 1a – Complex Care Beds

Advantages

- ✓ Would allow the Council to continue to meet individual care needs under the Care Act
- ✓ Allows some residents to remain and others to be given a choice to move
- ✓ There is sufficient demand for these services
- ✓ There is sufficient market capacity for those choosing to move
- ✓ Would retain existing staff and invest in additional training
- ✓ Would allow the NHS to retain current facilities to support hospital discharge and local NHS service provision
- ✓ Would see continued use of purpose-built assets

Disadvantages

- × **Would not deliver the required savings and would increase the Council's costs**
- × Existing residents may need to move to another care home which may be unsettling for them and their families
- × Would increase staffing and training costs for the Council
- × No increase in income to cover the additional costs, as the income is based on individual affordability
- × Would not deliver any capital receipts
- × Any decision on the future use/tenure of the Kenrick Centre would be subject to approval by the Trust and Charities Committee and the Charity Commission, which may cause delays and creates uncertainty

Option 1b – Hospital Discharge Beds

Description

- The Council would continue to operate services from each of the current three Care Centres but develop these to support hospital discharge through an intermediate care (D2A) model under the Care Act 2014.
- There is currently sufficient demand for over 116 Council or independent care home beds to support D2A (as well as a further 229 NHS provided beds).
- Due to the short term nature of D2A services, the turnover of residents within such beds and the high number of visiting professionals, this type of service may be disruptive for existing long term residents.
- This option would be for the Council to operate the current 128 beds under this new model.

What does this option mean for residents?

Citizens could continue living in their current home, but would be given the choice to move to another non-Council care home.

Option 1b – Hospital Discharge Beds

Advantages

- ✓ Would allow the Council to continue to meet individual care needs under the Care Act
- ✓ Existing residents could remain or be given a choice to move if they wanted to
- ✓ There is sufficient demand for these services
- ✓ There is sufficient market capacity for those choosing to move
- ✓ Would retain existing staff
- ✓ Would allow the NHS to retain current facilities to support hospital discharge and local NHS service provision
- ✓ Would expand the number of hospital discharge (D2A) beds and allow the Council and the NHS to support more people home from hospital, more quickly
- ✓ Would see continued use of purpose-built assets

Disadvantages

- × **Would not deliver the required savings and would increase the Council's costs**
- × Would decrease income from citizen charges to the Council (under the Care Act these services cannot be charged for)
- × Some existing residents may need to move to alternative provision which may be unsettling for them and their families
- × Any decision on the future use/tenure of the Kenrick Centre would be subject to approval by the Trust and Charities Committee and the Charity Commission, which may cause delays and creates uncertainty

Option 1c – Full Cost Recovery

Description

- The Council would continue to operate long term care services but all services offered will be charged at the rate they cost the Council to deliver. This would include:
 - Charging all residents at full cost – the average bed cost being around £2640/week currently
 - Charging the NHS rent at full cost
 - Charging for all meals and refreshments from the Café at full cost
 - Charging for room hire at full cost
 - Charging for areas of the centres used as office accommodation at full cost
- To attract the level of fees required to cover the full costs of the service, these services would have to be marketed to those who fund their own care and have assets above the current national charging thresholds.
- In order to attract the level of fees required to ensure full cost recovery, it is assumed that a level of capital investment would be required to update the environment and facilities.
- This option would be for the Council to operate the current 128 beds under this new model.

What does this option mean for residents?

Citizens who could afford to pay the full cost, could continue living in their current home. For those that could not afford this, they would need to move to a non-Council care home.

Option 1c – Full Cost Recovery

Advantages

- ✓ May initially deliver the savings if the market average occupancy levels were achieved, but analysis suggests this is unlikely to be sustainable
- ✓ Would allow the Council to continue to meet individual care needs under the Care Act
- ✓ Some existing residents could remain in their current Care Centre if they were able to afford the new fees
- ✓ Residents who could not afford the fees, would be given a choice of alternatives homes, however this may be unsettling for them and their families
- ✓ Would ensure the Care Centres are cost-neutral to the Council
- ✓ Would retain existing staff
- ✓ Would see continued use of purpose-built assets
- ✓ Would allow the NHS to retain current facilities to support hospital discharge and local NHS service provision

Disadvantages

- ✗ **Would not deliver the required savings as it is expected that bed occupancy would reduce significantly due to the rise in costs.**
- ✗ Creates issues of equity and affordability for existing residents
- ✗ The Council would have to charge residents £2640/week compared with a current max. of £990.39/week. This is against a fee rate of £678/week paid by the Council to private care homes
- ✗ Unlikely to recover full cost for all residents as citizen financial contributions are based on affordability rather than the actual cost
- ✗ Would require full market rental valuations to be charged to all building tenants, which may not be affordable and result in service closures
- ✗ All current subsidised meals from the Café would cease and would be charged at the full cost – this may reduce affordability and reduce the number of customers
- ✗ Services would have to be marketed to those who fund their own care and have assets above the current national charging thresholds. This may be challenging with the condition and geographic location of the current services
- ✗ The Council would need to invest in capital improvements in the current buildings, to update the environment and facilities. There is currently no funding available for this work.
- ✗ Any decision on the future use/tenure of the Kenrick Centre would be subject to approval by the Trust and Charities Committee and the Charity Commission, which may cause delays and creates uncertainty
- ✗ By moving to the higher charging rates in Anne Marie Howes and Perry Tree Centres, where the NHS also operate services, it may be considered a two-tier service which is inequitable. If part of the building is not upgraded, it may make it less attractive to those that pay the full cost of care.
- ✗ It is likely to result in significant bed vacancies, as many citizens will be unlikely to choose this service over other high-cost services in and around Birmingham

Option 1d – Efficiencies

Description

- The Council would continue to operate long term care services but on the basis that a wide range of efficiencies would be delivered including:
 - Reductions in staffing levels to safe minimum
 - Changes in staff Terms and Conditions
 - Reductions in the use of overtime and agency staff
 - Increasing productivity and reducing sickness absence
 - Closing the kitchen facilities and buying in meals
- This option would be for the Council to operate the current 128 beds under this new model.

What does this option mean for residents?

Citizens could continue living in their current home. However there would be reductions in staff levels, meal quality and reduced shared facilities.

Option 1d – Efficiencies

Advantages

- ✓ Would allow the Council to continue to meet individual care needs under the Care Act
- ✓ Existing residents could remain or be given a choice to move
- ✓ Would retain some staff, however not all staff would be needed
- ✓ Would improve the efficiency of the service and reduce the current costs to the Council
- ✓ Would allow the NHS to retain current facilities to support hospital discharge and local NHS service provision
- ✓ Would see continued use of purpose-built assets

Disadvantages

- × **Would not deliver the level of savings required**
- × Would require; reductions in staffing levels to minimum safe levels; changes to staff Terms and Conditions; reduction in overtime and agency staff; increasing productivity; reduction in sickness absence; and closing kitchen facilities as a minimum
- × Would require significant negotiation with staff and Trade Unions which is costly and time consuming
- × Any decision on the future use/tenure of the Kenrick Centre would be subject to approval by the Trust and Charities Committee and the Charity Commission, which may cause delays and creates uncertainty

Option 1e – Do nothing

What does this option mean for residents?

No change

Description

- This option does not recognise the significant financial challenges faced by the Council and the requirement to deliver £6.4m of savings from these services in 25/26 and beyond.
- There is a buoyant external care market for these services that costs a quarter of the Council's cost of directly delivering residential care. The Council needs to address this issue.
- If the savings are not delivered, then this saving would have to be delivered from other areas of Adult Social Care.
- The Adult Social Care budget has already been reduced significantly over the last 5 years, with further significant budget savings proposals already agreed for 24/25 and 25/26. There is therefore limited scope for further savings of this scale.

Option 2a Anne Marie Howes, 2b Perry Tree & 2c Kenrick – Only provide services from a single Care Centre

Description

- The Council would continue to operate long term residential care services as currently, but from a single Care Centre.
- The Council currently operates 128 beds across the three Care Centres, each of which accommodates 64 beds. However, at present the NHS are currently occupying the upstairs floors at Ann Marie Howes and Perry Trees.
- The current number of long term residents is reducing is 59 and there would be sufficient capacity within a single Care Centre to accommodate this number of long-term residents.
- In relation to Ann Marie Howes and Perry Tree, notice would have to be given to the NHS to allow all current long-term residents to be accommodated into a single Care Centre.
- Whichever Care Centre remains, could also be the subject of any of the solutions under Category 1 or Category 3.

What does this option mean for residents?

Some citizens could continue living in their current home, but others would have to move to one of the other Care Centres.

Option 2a Anne Marie Howes, 2b Perry Tree & 2c Kenrick – Only provide services from a single Care Centre

Advantages

- ✓ Would allow the Council to continue to meet individual care needs under the Care Act
- ✓ Some existing residents could remain in their current Care Centre (whichever one remains)
- ✓ Residents not wishing to move to another Care Centre would be given a choice to move elsewhere. Some savings may be delivered this way, but any change may be unsettling to residents and their families
- ✓ There would be sufficient beds for all existing residents to move into a single Care Centre
- ✓ Would retain some staff and reduce use of agency/overtime that is currently covering vacancies
- ✓ Would see continued use of one of the Care Centres for its intended purpose

Disadvantages

- × **None of these options would deliver the required level of savings.**
- × Some residents would need to move and the geographic placement and CQC quality ratings of the other Care Centres is likely to be a significant issue for residents and families
- × Any decision on the future use/tenure of the Kenrick Centre would be subject to approval by the Trust and Charities Committee and the Charity Commission, which may cause delays and creates uncertainty
- × If the Kenrick Centre was kept, the current hospital discharge provision currently delivered by the Council (42 beds) would cease to operate at Kenrick Care Centre, placing wider pressures on the Council and NHS and creating longer delays for citizens
- × If Ann Marie Howes or Perry Tree Centres were retained, notice would have to be given to the NHS for their current use of the top floor beds. This would result in the loss of hospital discharge beds and result in longer delays for those leaving hospital who may need this type of support

Option 2d – Only provide services from Ann Marie Howes and Perry Tree Centres

Description

- The Council would continue to operate long term residential care services as currently, but from two Care Centres.
- The Council currently operates 128 beds across the three Care Centres, each of which accommodates 64 beds. However, at present the NHS are currently occupying the upstairs floors at Ann Marie Howes and Perry Trees.
- The current number of long term residents is currently 59 and there would be sufficient capacity within two half Care Centres to accommodate this number of long-term residents.
- As Kenrick Care Centre currently has 64 beds and the current number of long term residents is 59. There would be insufficient demand for Kenrick Care Centres to be combined with another Care Centre. The option to consolidate into Kenrick Care Centre as a single centre is covered under Option 2c.
- This option assumes that only the current Council operated beds are utilised.
- Ann Marie Howes and Perry Tree, could also be the subject of any of the solutions under Category 1 e.g. consolidate into two centres and then deliver further efficiency savings.

What does this option mean for residents?

Residents at Ann Marie Howes and Perry Tree could continue living in their current home, but residents from Kenrick Care Centre would have to move to one of the other two Care Centres.

Option 2d – Only provide services from Ann Marie Howes and Perry Tree Centres

Advantages

- ✓ Would allow the Council to continue to meet individual care needs under the Care Act
- ✓ Existing residents at Ann Marie Howes and Perry Tree could remain in their current Care Centre
- ✓ Residents not wishing to move to another Care Centre would be given a choice to move to an independent care home. Some savings may be delivered this way, but any change may be unsettling to residents and their families
- ✓ There would be sufficient capacity for all existing residents to move into the remaining two half Care Centres
- ✓ Would retain some staff and reduce use of agency/overtime that is currently covering vacancies
- ✓ Would see continued use of two of the Care Centres for their intended purpose.
- ✓ Would allow the NHS to retain current facilities to support hospital discharge and local NHS service provision

Disadvantages

- × **Would not deliver the required level of savings.**
- × Some residents would need to move and the geographic placement and CQC quality ratings of the other Care Centres is likely to be a significant issue for residents and families
- × Doesn't require retention of the Kenrick Care Centre, however any decision on the future use/tenure of the Kenrick Centre would be subject to approval by the Trust and Charities Committee and the Charity Commission, which may cause delays and creates uncertainty
- × The current hospital discharge bed provision delivered by the Council (42 beds) would cease to operate at The Kenrick Care Centre, placing wider pressures on the Council and NHS

Option 3a – Sell services as a ‘going concern’

Description

- The Council would no longer provide the services and would seek to sell the services as a going concern to a buyer that can continue operating using existing resources (including equipment and premises).
- Staff would likely TUPE transfer to the new service provider, assuming the nature of the service remained the same and subject to the relevant legal TUPE processes.
- Any new provider is likely to have to transform the services and reduce their operating costs significantly if they were to contract with the Council as a source of income.

What does this option mean for residents?

Residents would be able to stay in their current home in the short term, but the new care provider could make changes later which may need residents to move.

Option 3a – Sell services as a ‘going concern’

Advantages

- ✓ Existing residents could remain in their current care home
- ✓ There is sufficient demand for residential care services.
- ✓ All staff would likely have a continuation of employment to the new provider
- ✓ Would see continued use of purpose-built assets
- ✓ May allow the NHS to retain current facilities to support hospital discharge and local NHS service provision, but this would have to be negotiated between the Council, the new provider and the NHS
- ✓ Would generate a capital receipt for the Council

Disadvantages

- × **Would not deliver the required level of savings.**
- × Would require complex/timely legal negotiations regarding building use, TUPE transfer of staff and the complex transfer of residents
- × Residents may not wish to have a new care provider operate these services
- × The current fee rate paid to private providers for residential care is £678/week. It is unlikely any new provider would be able to make the current facilities commercially viable at this fee rate
- × Continued NHS use would have to be negotiated and may not be agreed, placing wider pressures on the Council and NHS
- × Future care providers may remodel the service and require residents to move which may be unsettling for them and their families
- × Any decision on the future use/tenure of the Kenrick Centre would be subject to approval by the Trust and Charities Committee and the Charity Commission, which may cause delays and creates uncertainty

Option 3b – Close the services and sell the empty buildings

Description

- The Council would decommission the existing service in full, including the need for all residents to move out, all buildings to be sold and all staff impacts to be managed.
- The NHS could be considered as a Special Purchaser as they already have an interest at Ann Marie Howes and Perry Tree Care Centres and be offered first refusal of the assets. This would allow essential NHS and hospital discharge services to continue.
- Otherwise, these services would be sold on the open market to another care provider or for alternative use or land use only.

What does this option mean for residents?

All residents would need to move to a new non-Council care home.

Option 3b – Close the services and sell the empty buildings

Advantages

- ✓ There is sufficient market capacity for all current residents to move to private care homes
- ✓ The condition/location of buildings/land mean they have a residual market value and could generate a capital receipt for the Council of approx. £4.5m, although this is currently insufficient to cover the current outstanding borrowing
- ✓ The NHS could be considered as a Special Purchaser and given first refusal as they have a current interest in the services, otherwise the open market will determine best future use. This would allow the NHS to retain current facilities to support hospital discharge and local NHS service provision

Disadvantages

- × **Would not deliver the required level of savings.**
- × Existing residents would have to move, which may be unsettling for them and their families
- × If the buildings were not sold to NHS, this would result in loss of the current facilities to support hospital discharge and local NHS service provision. This would result in the loss of hospital discharge beds and result in longer delays for those leaving hospital who may need this type of support
- × Current staff would not be retained, and mitigation or redundancy would be offered
- × May result in alternative use of the buildings or even demolition of these purpose-built assets
- × The sale would be reliant on the open market – there is a risk they may not be sold or may not meet the estimated market value
- × Any decision on the future use/tenure of the Kenrick Centre would be subject to approval by the Trust and Charities Committee and the Charity Commission, which may cause delays and creates uncertainty

Option 3c – Close the services and rent the empty buildings

Description

- The Council would decommission the existing service in full, which would mean all residents would need to move out, all buildings to be sold and all staff impacts to be managed.
- The NHS could be considered as a Special Lesser as they already have an interest at Ann Marie Howes and Perry Tree Care Centres and offered first refusal to lease the assets. This would allow essential NHS and hospital discharge services to continue.
- Otherwise, these services would be leased on the open market to another care provider or for alternative use.

What does this option mean for residents?

All residents would need to move to a new non-Council care home.

Option 3c – Close the services and rent the empty buildings

Advantages

- ✓ **This option would deliver the saving to the Council.**
- ✓ There is sufficient market capacity for those choosing to move, meaning they would have a choice of alternative homes
- ✓ The condition/location of buildings/land mean they have a residual market rental value and could generate a rental income to the Council, albeit this may be insufficient to cover current cost of borrowing for these buildings
- ✓ NHS could be considered as a Special Lessee and given first refusal as they have a current interest in the services. This would allow the NHS to retain current facilities to support hospital discharge and local NHS service provision. Otherwise the open market will determine best future rental use, which may result in the buildings being used for another purpose

Disadvantages

- × Existing residents would have to move, which may be unsettling for them and their families
- × Current staff would not be retained, and mitigation or redundancy would be offered
- × May result in alternative use of the buildings or even demolition of these purpose-built assets
- × If not leased to the NHS, the future use would be reliant on the open market – there is a risk they may not be leased or may not meet the estimated market rental value
- × If the buildings were not leased to the NHS, this would result in the loss of hospital discharge beds and result in longer delays for those leaving hospital who may need this type of support
- × Any decision on the future use/tenure of the Kenrick Centre would be subject to approval by the Trust and Charities Committee and the Charity Commission, which may cause delays and creates uncertainty

The Council's Preferred Option – Option 3c

- Based on a thorough analysis of the options available to the Council to deliver the required level of savings, **Option 3c** is the preferred option.
- This option will ensure delivery of the required £6.4m saving for 2025/26
- This would mean existing permanent residents would need to move to a new care home, however there is sufficient capacity and choice in the wider market to meet the needs of current residents and residents would be supported with these decisions.
- The Council would lease all the buildings, with the NHS being identified as a Special Lessee for all three sites (subject to any decision on the future use/tenure of the Kenrick Centre).
- This will ensure the buildings continue to provide an invaluable service to the wider health and social care system and to support more people home from hospital, more quickly.
- This option will secure an ongoing rental income to the Council.
- This option meets the Integrated Care System's ambition to make better use of these services to support people being discharged from hospital.
- This ensures the building are put to ongoing public use and supports delivering of the Council and NHS duties under the Health and Care Act 2022 to deliver more integrated services.
- Any decision on the future use/tenure of the Kenrick Centre would be the decision of the Council's Trust and Charities Committee as owners of the land. In turn, they would require approval from the Charity Commission to enter into any future contracts. Future use of the building is being discussed with the Trust and Charities Committee should an option be taken to vacate the land.

Impact and Equality Considerations for Option 3c

- It is recognised that for the current 59 long term residents, this is their home and any move may be unsettling for residents and their families. Particularly for those older residents, more frail residents or those with dementia.
- Support will be given to existing residents throughout any changes in care home, including support from social workers at the appropriate time to ensure any transition is well-managed.
- Social workers will ensure that residents and their families have access to information, advice and guidance throughout any moves, to support them to make informed choices and decisions about their future care needs and any new care home.
- Residents and families may be concerned more generally about the impact any move may have. Social workers will support residents and ensure that moves are managed safely and to minimise the impact on residents and families wherever possible.
- The Council will ensure that our duties under the Care Act 2014 will continue to be met and care needs for each person will be assessed and addressed in their individual care plan which will focus on their needs and interests. Any alternative provision considered will be suited to residents' individual care needs.
- The Council will also continue to fulfil its obligations under the Care and Support and Aftercare (Choice of Accommodation) Regulations 2014, providing residents with a choice over their accommodation. The resident and - where appropriate - family members will be fully involved in decision making.

Impact and Equality Considerations for Option 3c Continued

- There may be concerns about the quality of alternative provision; location of alternatives; visiting arrangements; and affordability. There are sufficient alternative care home beds available that will ensure a choice of quality, location and affordable care homes are available to residents.
- Care homes will usually visit potential new residents to; assess their needs to ensure they can be met; to discuss the move; to reassure residents and families; and to build familiarity and confidence.
- If residents have formed close friendship groups and all parties wish to maintain these, the Council will do all it can to support moves, within the usual legal processes and availability of beds.
- A new care home may benefit some residents; there may have a change in care needs; they may be unhappy at their current care home; they may wish to move to be nearer to family. For some, this may be an opportunity to address these issues.
- There may be concerns about the future use of the buildings, however the Council are keen that these remain for ongoing public use or use to support communities wherever possible. However, the Council and NHS have a longstanding commitment to make better use of the Care Centres to support hospital discharge and local NHS service delivery.
- The **Equality Impact Assessment** has some further information about the impact for those with Protected Characteristics and can be found in the Consultation Pack.

How to get involved



 *RESET*

 *RESHAPE*

 *RESTART*

What support will be available to current Care Centres residents during the consultation?

- It is recognised this will be a difficult time for residents and their families
- The options are complex, but the Council needs to share all of the options we have considered
- Some options may mean a choice as to whether residents wish to move
- Some options may mean residents need to move to another home
- Residents will be offered emotional and communication support at the face to face consultation meetings
- Care Centre staff will be present during face to face consultation meetings to support residents and their families
- The consultation will makes clear the specific impact of each option on residents
- The consultation team will be on site at the three Care Centres throughout the consultation period to support residents and families

Public Consultation

14th October 2024 – 20th December 2024

- **Public consultation launches Midday on 14th October 2024**
- **14th October – 20th October 2024**
 - Launch questionnaire, mailbox and webpages and publish all documents
 - Resident and family letters issued
 - Attend any existing resident meetings to explain process if required
- **21st October – 24th November 2024**
 - All face to face consultation meetings
 - All online consultation meetings
 - Promotion of consultation and questionnaire
- **25th November – 15th December 2024**
 - Drop in sessions at Care Centres
 - Support with questionnaire completion as needed
 - Collection of questionnaires
 - Promotion of consultation and questionnaire
- **16th December – 20th December 2024**
 - Drop in sessions at Care Centres
 - Support with questionnaire completion as needed
 - Collection of questionnaires
 - Promotion of consultation and questionnaire
- **Public consultation closes Midday on 20th December 2024**

Estimated Timelines

Estimated Dates	Expected Activities
14 October – 20 December 2024	Public consultation
21 December 24 – 30 January 2025	Public consultation analysis and report writing
31 January 2025	Cabinet report publication deadline
11 February 2025	Cabinet meeting
17 February – <u>30 June 2025</u>	Implementation of decision – subject to options and consultation findings may include: <ul style="list-style-type: none"> • Changes to the current services • Moves for existing residents • Formal consultation with and changes for Council staff • Changes to the buildings or renting/selling them

How to get involved

- The public consultation period runs from: Midday 14 October 2024 to Midday 20 December 2024
- The Public Consultation Pack consists of the following documents and can be found at [Consultations to help us reshape | Birmingham City Council](#)
 - Care Centres Consultation Document
 - Be Heard questionnaire
 - Schedule of Consultation Meetings and Events
 - Easy Read Care Centres Consultation Document
 - Equality Impact Assessment
- You can have your say in the public consultation by:
 - Reviewing the consultation pack and completing an online Be Heard questionnaire: [Care Centres Consultation Survey](#)
 - For permanent residents, you will receive a letter but can attend one of our face to face meetings: **details on pages 47 – 50 and timetable available here:** [ASC - Care centres public consultation schedule | Birmingham City Council](#)
 - For families of long term residents, you can attend one of our face to face or online meetings **details on pages 47 – 50 and timetable available here:** [ASC - Care centres public consultation schedule | Birmingham City Council](#)
 - For everyone else, there are 4 online events, please join us: **details on pages 47 – 50 details on pages 47 – 50 and timetable available here:** [ASC - Care centres public consultation schedule | Birmingham City Council](#)
 - You can also email us with your views or questions at: CareCentreConsultation@birmingham.gov.uk
- The Be Heard questionnaire, Consultation Document and Easy Read documents are also available in hard copy at all Care Centres. Please ask as Reception.
- For more information on these and other savings proposals, please go to: [Consultations to help us reshape | Consultations to help us reshape | Birmingham City Council](#)

Resident and families consultation events – Ann Marie Howes

Group	Date and Time	Meeting Format	Details	Venues
Residents	22/10/2024 - 9.30am	In Person	Ann Marie Howes - Session 1 (residents will be invited by letter)	Communal Lounge, Ann Marie Howes Centre B26 2DU
Residents	22/10/2024 - 11am	In Person	Ann Marie Howes - Session 2 (residents will be invited by letter)	Communal Lounge, Ann Marie Howes Centre B26 2DU
Families	23/10/2024 - 6pm - 7.30pm	Online	Ann Marie Howes - Families Meeting (families will be invited by letter)	AMH Relatives/Carers/POA - Join the meeting now Meeting ID: 364 809 448 151 Passcode: W3euZK
Residents	24/10/2024 - 9.30am	In Person	Ann Marie Howes - Session 3 (residents will be invited by letter)	Communal Lounge, Ann Marie Howes Centre B26 2DU
Residents	24/10/2024 - 11am	In Person	Ann Marie Howes - Session 4 (residents will be invited by letter)	Communal Lounge, Ann Marie Howes Centre B26 2DU
Families	24/10/2024 - 2pm - 3.30pm	In Person	Ann Marie Howes - Families Meeting (families will be invited by letter)	Day Centre Room, Ann Marie Howes Centre B26 2DU

Resident and families consultation events – Kenrick

Group	Date and Time	Meeting Format	Details	Venues
Residents	28/10/2024 - 9.30am	In Person	Kenrick - Session 1 (residents will be invited by letter)	Communal Lounge, Kenrick Centre, B17 0QX
Residents	28/10/2024 - 11am	In Person	Kenrick - Session 2 (residents will be invited by letter)	Communal Lounge, Kenrick Centre, B17 0QX
Families	28/10/2024 - 2pm - 3.30pm	In Person	Kenrick - Families Meeting (families will be invited by letter)	Gym, Kenrick Centre, B17 0QX
Residents	29/10/2024 - 9.30am	In Person	Kenrick - Session 3 (residents will be invited by letter)	Communal Lounge, Kenrick Centre, B17 0QX
Residents	29/10/2024 - 11am	In Person	Kenrick - Session 4 (residents will be invited by letter)	Communal Lounge, Kenrick Centre, B17 0QX
Families	29/10/2024 - 6pm - 7.30pm	Online	Kenrick - Families Meeting (families will be invited by letter)	Join the meeting now Meeting ID: 333 249 124 09 Passcode: ZVFmf4

Resident and families consultation events – Perry Trees

Group	Date and Time	Meeting Format	Details	Venues
Residents	04/11/2024 - 9.30am	In Person	Perry Tree - Session 1 (residents will be invited by letter)	Communal Lounge, Perry Trees, B23 5BX
Residents	04/11/2024 - 11am	In Person	Perry Tree - Session 2 (residents will be invited by letter)	Communal Lounge, Perry Trees, B23 5BX
Families	04/11/2024 - 6pm - 7.30pm	Online	Perry Tree - Families Meeting (families will be invited by letter)	Join the meeting now Meeting ID: 388 716 929 668 Passcode: ndLJK2
Residents	06/11/2024 - 9.30am	In Person	Perry Tree - Session 3 (residents will be invited by letter)	Communal Lounge, Perry Trees, B23 5BX
Residents	06/11/2024 - 11am	In Person	Perry Tree - Session 4 (residents will be invited by letter)	Communal Lounge, Perry Trees, B23 5BX
Families	06/11/2024 - 2pm	In Person	Perry Tree - Families Meeting (families will be invited by letter)	Activity Room Room, Perry Trees, B23 5BX

Public and Stakeholder Events

Group	Date and Time	Meeting Format	Details	Venues
Public	30/10/2024 - 3.00pm	Online	Public Consultation (Online - day)	Public Consultation Join the meeting now Meeting ID: 357 921 087 762 Passcode: bDD7Pw
Public	07/11/2024 - 6.00pm	Online	Public Consultation (Online - Evening)	Public Consultation Join the meeting now Meeting ID: 375 702 530 059 Passcode: RhdnrN
Public	12/11/2024 - 3.00pm	Online	Public Consultation (Online - day)	Public Consultation Join the meeting now Meeting ID: 359 441 206 700 Passcode: RAZh2x
Public	14/11/2024 - 6.00pm	Online	Public Consultation (Online - Evening)	Public Consultation Join the meeting now Meeting ID: 328 414 169 396 Passcode: NCq6yQ
Stakeholders	11/11/2024 - 2.00pm	Online	Care Centre Building Users - Age UK, Balance Day Centres and other external building users (not Council or NHS)	Join the meeting now Meeting ID: 377 754 941 676 Passcode: M7onHL
Stakeholders	14/11/2024 - 10.30am	Online	Partners (Online)	Partners Briefing (online) Join the meeting now Meeting ID: 353 222 396 090 Passcode: aPTkis



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