# Adult Social Care Centre Consultation

**Frequently Asked Questions (20/12/2024)**

This Frequently Asked Question (FAQ) is designed to provide additional information in addition to that which is already published on the council website at: [ASC - Care Centres Consultation | Birmingham City Council.](https://www.birmingham.gov.uk/downloads/file/29628/asc_-_care_centres_consultation)

It has been developed in response to questions that the consultation team have received during the consultation process. This FAQ document will be kept updated. However, should you have any further queries that are not included please email us at: CareCentreConsultation@birmingham.gov.uk

**Consultation Process**

**Q1**: **Why a 9- week consultation? Its inconsistent and short for both the residents and the employees. Legally it should be a 12- week consultation for redundancy so why is it shorter?**

A: The nine-and-a-half-week consultation was launched on the 14th of October and closed at midday on the 20th of December 2024. The public consultation is not in relation to the staff within the Care Centres.

**Q2**: **Individuals in charge of LPA’s can attend meetings but why involve the citizens if, in the eyes of the law, we are representatives of them. How can we know the right questions are being asked when we are absent?**

A: The choice was offered to representatives to attend the consultation meetings with citizens, in addition to targeted meetings with family members, carers, advocates and/or representatives.

**Resident care and location**

**Q1. How many Care Centres are there? And are they all in scope of the changes?**

A: Birmingham City Council currently provides residential care for adults at three Care Centres in Birmingham – the Ann Marie Howes Centre; the Perry Tree Centre; and the Kenrick Centre, all are in scope of the review.

**Q2. What support will residents get if they need to be rehoused?**

A: All proposals are currently subject to consultation and no decisions have been made. The feedback received from the consultation will inform a final proposal and report to the Council’s Cabinet for decision in March 2025. If the preferred option were to be agreed which would mean residents may need to move, then the City Council would fully support the residents and their wider family to make an informed decision.

To confirm, no decisions have yet been made. This will happen at the Cabinet meeting in March 2025.

If the decision selected means a move to a different Care Home, the support to residents will include a social worker working with each resident affected to identify suitable care homes with vacancies that would meet the residents care needs.

If the decision selected means a move to a different Care Centre, then the support would be planned in a way to cause least distress to the residents impacted.

**Q3. Is there capacity in Birmingham to rehouse all residents who are affected by the change?**

A: If residents, subject to Cabinet decision, must move to a private Care Home, we anticipate that there will be sufficient capacity to accommodate all fifty-nine residents. There are approximately two hundred care homes in Birmingham, all care homes are regulated by the Care Quality Commission. Citizens, families, and advocates would be given relevant information about care homes within their chosen geographical location and that would be suitable to meet their assessed care needs.

If the option of moving to another Care Centre was selected, then we would have sufficient capacity to accommodate all the current residents.

**Q4. If the decision was made to close care centres, do carers/family get a choice of what home residents will be relocated to?**

A: Residents and their families remain at the centre of this assessment; therefore, the choice of a new care home and its location will be decided by themselves following a comprehensive reassessment of their needs carried out by a dedicated social work team who will also be aware of the capacity in the private care homes in the city**.**

**Q5. What will happen to the residents who do not have family support?**

A: All citizens who do not have family support will be supported throughout by a dedicated team of experienced and professional social workers who will ensure all residents assessed care needs are met. In addition, the City Council has appointed an independent advocacy service (Pohwer) who will support all citizens, and particularly those citizens who do not have families.

**Q6. What is the definition of complex care?**

A: This includes the rapid progression of a citizen’s journey through dementia that may require additional care and support. This more complex care borders nursing care or medical interventions that the current home may not be registered to provide. This could also include one to one staff support and the use of specialist technical equipment such as syringe drivers, oxygen, etc.

**Q7. Does Birmingham City council understand how much impact it would have on residents, their families, and carers if they had to move care centre?**

A: All proposals are currently subject to consultation and no decisions have been made. The feedback received from the consultation will inform a final proposal and report to the Council’s Cabinet for decision in March 2025. If the preferred option were to be agreed, then the City Council would fully support the residents, families, and carers to help them make an informed decision.

As a part of the consultation, we recognised the benefits of conducting a Health Impact Assessment which helps evaluate any potential health effects of a proposed change. (See question 8 for more information on health impact assessments).

However, we do appreciate that it is a difficult time for residents and their families. If you have any immediate concerns about a resident at any of the care centres please contact in the first instance Delroy Bonnitto, the multi-disciplinary Team Manager for advice and support: Delroy.G.Bonnitto@birmingham.gov.uk

**Q8. What health impact analysis has been undertaken regards the existing residents of the three care centres?**

A: An Equality Impact Assessment (EIA) was completed as part of the care centre review process and is publicly available on our website [Equality Impact Assessment - Review of care centres | Birmingham City Council](https://www.birmingham.gov.uk/downloads/file/29646/equality_impact_assessment_-_review_of_care_centres) This EIA will be reviewed throughout the consultation and ahead of any formal decision by the council. The initial and final EIA will be provided to Cabinet along with the report to support them to make an informed decision.

However, because of feedback we have received during the initial stage of consultation, we have agreed to conduct a Health Impact Assessment (HIA) which will be available on our website before the consultation closes. A HIA is a practical way to consider the potential, and sometimes unintended, effects of a policy or strategy change on the health of a population. This is particularly useful for considering effects on vulnerable or disadvantaged groups.

The goal of the HIA is to provide timely recommendations during the decision-making process to promote healthy environments, minimize poor health outcomes, and reduce health inequities.

**Q9. Do Local Authorities have a statutory responsibility to provide care homes to elderly people?**

A: The Care Act 2014 places a duty on the Council to meet the assessed eligible care and support needs of individuals and their carers (assessed against the National Eligibility Framework). The Council is enabled to meet needs in a range of ways, including providing services itself through to providing funding to allow citizens to self-direct their care and support. It must however ensure sufficiency of provision, of both capacity and capability, to meet anticipated needs for all eligible people in their area.

**Q10. How many sitting tenants are there upstairs and downstairs of the three care centres?**

A: Ann Marie Howes BCHC NHS Unit: There is a total of thirty-two citizens in situ at any given time on the intermediate rehabilitation unit, however this number is subject to fluctuation given the rapid turnover as per patient recovery and discharge plan.

Ann Marie Howes Residential Unit BCC Ground floor: There is a total of thirty-two beds on the residential unit, however this is made up of twenty-two beds dedicated to long stay citizens and ten beds are allocated to Enhanced Assessment Beds (EAB)

Perry Tree Centre BCHC NHS Unit: There is a total of thirty-two citizens in situ at any given time on the intermediate rehabilitation unit, however this number is subject to fluctuation given the rapid turnover as per patient recovery and discharge plan.

Perry Tree Centre Residential Uni BCC Ground floor: There is a total of thirty-two beds on the residential unit, however, this is made up of twenty-five beds dedicated to long stay citizens and seven beds are allocated to Respite and Temporary Stay.

Kenrick Centre Enhanced Assessment Bedded Unit. There is a total of thirty-two citizens in situ at any given time on the EAB Unit, however, this number is subject to fluctuation given the rapid turnover as per citizens recovery and discharge plan.

Kenrick Centre Residential Unit BCC Ground floor: There is a total of thirty-one beds on this unit, however, this is made up of twenty-five long stay beds, and six beds dedicated to Respite Care and Temporary Stay.

**Q11. Can residents, their families and advocates have follow-up meetings with Birmingham City council decision makers?**

A: We recognise the importance of feedback coupled by the need to ensure that everyone is given the opportunity to contribute to the consultation. Face to face meetings with senior managers have been arranged from the 13th to the 17th of December to further support the consultation.

**Q12**: **How do you move everyone out and ensure they are settled?**

A: No decision has been made to move citizens out of the 3 Care Centres, the final recommended option will be further informed by the analysis of responses received from the consultation and will be subject to decision, by the Councils Cabinet in March 2025. Dependent on the decision made by Cabinet, all residents will receive the required support, pertinent to the decision.

**Q13**: **What criteria would be used to decide where residents go?**

A: No decision has been made. If the decision by Cabinet was to move citizens, all residents and family representatives would be supported on a one-to-one basis to make the right decision for them. Friendship groups could be considered where it is possible to do so.

**Q14: Is BCC aware of the massive impact this will have on citizens and families?**

A: The Council has completed an Equality Impact Assessment which will be updated following the close of the consultation and published on the Council website. The initial and updated EIA’s will be included in the report to Cabinet in March 2025, to ensure when considering their decision, they are aware of any potential impacts and their mitigation. In addition, a Health Impact Assessment has been completed during the consultation and will be updated following the close of the consultation and the analysis of responses received. The Health Impact Assessment will also be included in the Cabinet Report to ensure the Council’s Cabinet is sighted on the potential impact of any decision and the mitigation.

**Q15: What is the quantitative and qualitative rationale for this decision?**

A: The rationale for the preferred option, subject to consultation was based on a comprehensive review of the 3 Care Centres. The rationale is described in the consultation documentation. No decision has been made.

**Q16. What do you mean by wrap around service and can residents and carers and family members access it?**

A: The wrap around support is not a specific service, it is a collection of additional types of support citizens and their families can access, dependent on their individual circumstances and support requirements. The wrap around support currently, prior to any decision, is from staff at the Centres and where required support from health. Subject to any decision, access to several partner organisations who can provide specialist support in relation to dementia and older adults will be made available, if and when required. A Social Worker would be allocated to each resident to support them in any decision making.

**Q17. Who are the agencies involved in this process?**

As above.

**Q18. What support will be provided to residents during the transition. Will costs such as transporting belongings be covered and how much space will residents have in a new place?**

A: No decision has yet been made. If the decision by Cabinet in March 2025 was to move residents, financial support would be considered on an individual basis and determined by the unique circumstances of each resident. If the decision were made to move citizens, each resident and their family/advocate/representative would be supported to make the most appropriate choice for them.

**Q19. How will the Council ensure the quality of care in private care homes?**

A: All private Care Homes contracted by the Council are now required to have a Care Quality rating of outstanding or good. Care Homes that are contracted by the Council are monitored in respect of quality by the Council and by the Care Quality Commission as required by law.

**Q20. Residents have great relationships with the care staff. How will this be addressed?**

A: The care staff are supporting the residents at what is a difficult time. No decision has been made in relation to the Care Homes.

**Q21. What impact will the closure of Care Homes have on the NHS and the wider health and social care system?**

A: No decision has yet been made. A long-standing ambition with health colleagues has been to work in a more integrated way within local communities. The current recommended option would potentially strengthen this commitment. We have invited Health organisations, including the NHS to contribute to the consultation.

**Q22. What would happen in respect of a sale or lease of the Kenrick care centre as Birmingham City council do not own the land which it sits upon?**

A: As part of the covenant agreement the land at the Kenrick Centre cannot be sold, however the site can continue to be used for care and support services offered to the elderly citizens of Birmingham.

**Q23. Who owns the land that Kenrick is built upon?**

A: The land upon which the Kenrick Care Centre is built is held in Trust and was gifted to the Council in the 1930’s. The Care Centre is owned by the Council. As the land is held in Trust by the Council, this is overseen by the Trust and Charities Commission.

**Staff Implications**

**Q1. Have the staff been told to look for new jobs?**

A:The staff have not been told to look for new jobs. Staff have received a briefing on the public consultation, as have their Trade Union representatives. Depending on the option approved, subject to consultation, at the Cabinet meeting in March 2025, there may be staffing implications, which would be subject to staff consultation at this point.

**Q2. What would the proposed changes mean for staff at the three care centres?**

A: Until a decision has been made by the Councils Cabinet in March 2025, following the public consultation, at present there are no planned changes for staff. When the decision has been made, if there are staffing implications a formal staff consultation will be launched.

**Q3. The Care Centres currently provide services for residents and an agile space for staff to use. How will residents and staff access these services if the building were to be sold or rented out?**

A: Subject to the consultation and the decision made by Cabinet, if residents do move to a different care home, they would be advised how and where they can access the potentially affected services in the future.

If staff use the Care Centres as a work location, subject to consultation and the decision by Cabinet, staff who use the centres as an agile workspace will be communicated with if there is an impact on them continuing to use the space.

**Q4. What impact will the changes have upon social worker workloads?**

A:The work, post cabinet decision, will, if required, be supported by a dedicated team of professional and experienced social workers. All work regarding the review process will be person centred and proportionate and will vary as everyone’s needs will be different. The aim of the social workers intervention will be to ensure dignity, sensitivity and respect is upheld throughout the reviews.

**Q5. What are the current staff vacancies across each of the three care centres?**

A: On 4th December 2024, Ann Marie Howes: currently there are x2 Care Staff Vacancies x3 Housekeeping and x1 Head Chef, however this is subject to change as a recruitment drive is underway.

Perry Tree Centre: currently there are x 2 Care Assistant Vacancies x1 Senior Care Vacancies and x1 Head Chef Vacancy however this is subject to change as a recruitment drive is underway.

Kenrick Centre EAB Unit: currently there are x10 Care Assistant Vacancies x2 Senior Care Assistants and x1 Assistant Manager this is subject to change as a recruitment drive is underway.

Kenrick Centre Residential Unit: currently there are x10 Care Assistant Vacancies x2 Senior Care Assistants this is subject to change as a recruitment drive is underway.

**Q6. The staff at the care centres are passionate and caring, why would the council want to lose such an asset?**

A: The proposals are currently subject to consultation and no decisions have been made.

**Q7. What analysis has been carried out to measure the impact on the NHS? Would the closure of care centres result in a delay in patients being released from hospital beds?**

A: All proposals are currently subject to the consultation and no decisions have been made. The feedback received from the consultation will inform a report to the Council’s Cabinet for decision in March 2025. If the preferred option were to be agreed, then the City Council would work with our Health Partners to mitigate any identified risks associated to the Cabinet decision.

The NHS have been invited to provide a response to the consultation as one of our partner organisations.

**Decision making process.**

**Q1. If the decision is made to close the Care Centre, what will be the timescales for rehousing the residents and where would they go?**

A: All proposals are currently subject to consultation and no decisions have been made. The feedback received from the consultation will inform a report to the Council’s Cabinet in March 2025. If the final proposals were to be agreed the planning for implementation of the proposals would begin.

**Q2.** **Have Cabinet been invited to see the Homes?**

A: The Cabinet members are able to visit the Care Homes if they choose to do so.

**Q3. When it goes to Cabinet who approves it? Worst case, we have to close, who signs it off? Is there an appeal process?**

A: The Council’s Cabinet will consider the recommendations in the final report and will make a decision based on the information provided. The Health and Social Care Scrutiny Committee may ‘call in’ the decision by Cabinet withing three working days after the publication of the decision, for further consideration if there are constitutional grounds for doing so.

**Q4. Why does it seem that there is only one viable option?**

A: The review of the Care Centres informed three main options, with one option being the Council’s preferred option. However, the analysis of responses received from the consultation may change the recommended option.

**Q5. How will we be informed of the decision?**

A: The final decision will be published on BCCs official website, the team manager with the support of the service managers based at each care centre, will arrange to meet with residents and their families to provide feedback in person and in writing and to talk you through the next steps depending on the decision made.

 **Costs and financial implications**

**Q1. What is the rationale behind the six million financial savings targets? How has this figure been determined, and is it realistic?**

A: Birmingham City Council is facing significant financial challenges but is also committed to ensuring the best outcomes for citizens wherever possible within their available resources. The £6.4 million which has been identified as the saving for the Care Centres, has been identified by the responsible Directorate with agreement by all Council Members. This figure was arrived at by comparing the budgeted costs to The Council to operate the Care Centres against the cost of externally commissioned long term residential care provision.

**Q2. How do you quantify £2,640 per resident as a cost per week. And if the decision is to close Care Centres, will we still be charged the same amount?**

A**:** This is only one of the twelve options that you are invited to comment on as part of the process, however this is the cost to the council of each individual resident in each Care Centre per week, based on the number of occupied beds at the time. All citizens residing in a local authority home are financially assessed on what they can afford to pay as opposed to the full cost of the care placement being £2,640. So, the charge to residents if you need to move will include a reassessment of each individual case. The current maximum contribution towards care that citizens are charged is included in the annual fees and charges review which is part of the budget setting process and approved by full Council annually.

**Q3: The Care Centres are x4 the cost of the private sector- what has the Council done to explore why that is? If they know it costs four times more, they must have explored where cuts can be made. Why have they not made these cuts?**

A: A comprehensive review was completed to inform the options and the preferred option for consultation. The Care Centres are x4 the cost of the Care Centres in the private sector due to a number of factors. The Council’s Care Centre costs are higher than those in the private sector due to higher operating costs. This includes staffing where the Council’s terms and conditions are more generous than those in the private sector.

**Q4. Circumstances have changed now in light of the BCC update in the news in relation to the equal pay settlement and the pension fund. If you get a cash injection will the consultation stop?**

A: The consultation will inform the report to Cabinet in March 2025 and currently the savings proposal remains unchanged.

**Q5. How will the closure of the Care Centres provide long term financial benefits?**

A: The closure of the Care Centres will provide an ongoing financial benefit due to the reduction in costs of providing long term residential care to citizens.

**Q6. When did you stop taking new residents? Would the service be viable if it were at full capacity?**

A: An operational decision was made in September 2023 to hold any new long-term residents. A number of vacant beds have been converted for short term use. The service would not be viable longer term if all the Centres were at full capacity due to the high running costs which do not offer best value as compared to the independent care home sector. Also, as the contribution from citizens towards their care is capped as per the fees and charges annual review the income received would not cover the full cost of providing care within the Care Centres.

**Q7. What does reassessment look like?**

A: A new assessment would be carried out in the same way for citizens as their original assessment, by a social worker who is appropriately qualified. The assessment focusses on disability, how this affects the things you want to do in your everyday life (known as ‘outcomes’) and how this affects your wellbeing.

**Q8 What are the implications of each of these options. We need to see the detail.**

A:Full details of the advantages and limitations of each of the options, including the financial implications can be found on our website, birmingham.gov.uk [ASC - Care Centres Consultation | Birmingham City Council.](https://www.birmingham.gov.uk/downloads/file/29628/asc_-_care_centres_consultation) pages 20-39.

**Q9. How would Birmingham City council merge three care centres into one? Would the care centres have the capacity to enable this?**

A: Given the number of citizens residential vacancies that exist within all three care centres, there would be sufficient places to merge all three centres into one location. Should this be the recommended option to the Council’s Cabinet, following consultation, then this would be done in a timely and sensitive manner to reduce distress and disruption to citizens wellbeing and service continuity.

**Q10. The February decision date is too short and does not give residents and their families sufficient time to fully consider their options.**

A: Thank you for all your views at the consultation events and through the Online consultation platform. The views and comments you share will be considered and analysed for a report which will be presented to the Council’s Cabinet.

As a result of the participation and feedback we have received, a decision has been made for the report to be presented at the Council's Cabinet meeting on 18th March 2025. This will allow a thorough review and analysis of all the responses received during the consultation period.

**Q11. Is there a combination of options which could be employed to keep the care centres open for residents?**

A: The care centre review will consider future options for how the services can be delivered as efficiently as possible to support citizens to live a quality life. Savings are expected to be delivered from this review; however, this could be from one of the twelve options suggested or from a combination of the options or from an alternative option which may have been put forward during the consultation process.

**Q12. How will you keep residents, and their families informed?**

A:Citizens, relatives, and advocates will be kept fully informed throughout the entire consultation process, post consultation and following the Cabinet decision in March 2025.