

**Directorate for People
Commissioning Centre of Excellence
Norman Power Care Centre – Proposals for change, including proposed
decommissioning of the Council’s residential care service
Consultation Findings Report**

Purpose

To analyse the consultation findings relating to a range of proposals for change to Norman Power Care Centre.

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1. Introduction

Birmingham City Council (the Council) runs four Care Centres that support older adults who are frail or have dementia. Norman Power Care Centre is based in Ladywood and is one of the four that were built and completed in 2008 as part of the Older Adults Modernisation programme. The other centres are; Perry Tree Centre in Kingstanding, Ann Marie Howes Centre in Sheldon and Kenrick Centre in Harborne.

The Centres are currently used to provide a range of services including:

- Residential Care for older adults;
- Intermediate Care (for those stepping up/down from/to hospital);
- Older adults day care (which is the subject of separate proposals);
- Community café and internet access;
- Information and advice hubs; and
- Rooms for hire which are used by a number of organisations to run activities.

The Care Centres each contain 64 beds split over two floors, half of which are used for long term residential care and half for intermediate care or enhanced assessment. The 32 intermediate care beds at Norman Power Centre are currently not in use but the residential care beds are.

Between 4th August 2016 and 6th November 2016, the Council consulted on proposals for change to the residential service provided at Norman Power Centre.

The purpose of the consultation was to find out what people thought about a range of proposals and to use the information to support further development of the proposals and form a recommendation to be presented to the Council's Cabinet.

The purpose of this report is to present the findings of the consultation.

2. Background

2.1 Council Business Plan and Budget 2017+

The scale of funding reductions and the pace of change in which we now operate is unprecedented. To effectively manage this ever-changing environment, the Council has recognised the need for radical change in how our organisation works; its roles and functions and the culture that determines how we work together with and for Citizens of Birmingham.

Part of the Council's Business Plan and Budget 2017+ included proposals for change to the Council's internally operated Specialist Care Services. This included Norman Power Care Centre.

2.2 Why are the changes being proposed?

The Council recognises that it cannot provide residential care for older adults in the Care Centres in a way which represents value for money when compared to providers of similar services within the care market. This has resulted in the need for the Council to review its future provision of this service.

The high specification of the accommodation lends itself to the delivery of services to people with complex needs who have a significant dependency on care and support services.

A single provider in each Care Centre would enable operational savings and efficiencies.

There is scope to find alternative use for the Care Centres or to find an alternative provider to operate services from the accommodation.

3. Options to be considered

The Outline Business Case considered three potential options and carried out an initial appraisal of these. These options formed the basis of the consultation.

3.1.1 Option 1 – No change

Under this option Norman Power Care Centre would continue to operate as normal.

3.1.2 Option 2 – Stop delivering residential care in Norman Power and change the use of beds to deliver step-up/step-down recovery beds to be delivered by organisations external to the Council.

Under this option the Council would stop delivering residential care at Norman Power. The Council would lease the Care Centre to alternative providers. People who are currently resident would be reassessed to identify their eligible care and support needs, provided with assistance to plan future care and support and find alternative accommodation. People would be offered alternative accommodation in other residential homes in the city.

3.1.3 Option 3 – Use the Care Centres for the delivery of high dependency dementia nursing care, but to be provided by organisations external to the Council.

Under this option the Council would stop delivering residential care at Norman Power Centre. The Council would lease the building to an alternative provider to deliver high dependency dementia care. People who are currently resident would be reassessed to identify their eligible care and support needs, provided with assistance to plan future care and support and find alternative accommodation. People would be offered alternative accommodation in other residential homes in the city.

4. Methodology

4.1 Consultation

4.1.1 Questionnaire

Between 4th August and 6th November 2016, the Council held a public consultation on the three proposed options outlined in Section 4.

An online version of the questionnaire was available publicly on the Birmingham Be Heard website and a postal copy was sent directly to all service users and their family / carers. A range of options were also made available for people to respond including by email, post and telephone. A summary of the questions can be seen in Appendix A.

In addition, service users, their families / carers and staff were invited to share their views at consultation events and focus groups.

Responses can be expected from around 20 older adults who currently use the services and their family and carers, employees and others, 9 staff members and from people attended the events and focus groups.

4.1.2 Other methods

There were a number of ways family carers, service users and citizens could get involved and have their say in the consultation process:

- Email – gave carers and service users the option to ask a question, provide feedback and share their views.
- Suggestion Boxes - Service users and carers were given the opportunities to write down their opinions and post them in one of the suggestion boxes at Norman Power.
- Telephone - Service users and carers also had the option to speak to us about the consultation and the proposals being made.
- Face to Face - Consultation meetings took a more personal approach and allowed officers to explain the rationale behind the proposals and hear first-hand the thoughts and feelings of carers, family members and service users.

There were two meetings specifically for carers; staff had group and individual consultation meetings and the residents had individual face to face meetings.

4.2 Analysis of responses

All responses were submitted onto the Council's Be Heard consultation database. The completed extract was down loaded into Excel format and responses were coded to enable detailed analysis. The coding used can be seen in Appendix B.

Quantitative analysis was undertaken using Excel and providing a number of how many people supported or did not support each option. The qualitative responses were analysed in two different ways:

- All comments were considered overall and any emerging themes/common issues were highlighted accordingly. The comments for each question were then considered and again common themes/issues highlighted.
- The comments were also then coded using a range of themes (Appendix B). This approach enabled each question to be evaluated individually and the number of comments under each theme to be counted. Therefore it could be established how many comments supported each option or how many were against each proposal.

For the other methods of consultation the main themes were identified and all comments considered.

5. Findings from the questions we asked

5.1 Quantitative (closed question) analyses

Overall there were 12 responses of which 42% were family members, advocates or friends of service users, 17% local residents, 8% employees and 33% recorded as other.

Table one outlines the level of support or opposition for each proposal from the consultation with key findings including:

- Option 1, no change received the most support from three quarters of respondents and 67% registered strong support.
- Most opposition was recorded for option 2 with 75% of respondents against and 58% saying they were strongly opposed.
- Over a third of respondents were strongly opposed to option 3.

Table 1: Percentage of respondents who support, were neutral to or oppose the options

Question	A Support	B Neutral	C Oppose	Total
1	75%	0%	25%	100%
2	17%	8%	75%	100%
3	42%	17%	42%	100%

Further data can be seen in Appendix C.

5.2 Qualitative (open question) analyses

In addition to gauging the level of support or opposition for each option, respondents were asked to let us know the reasons for their response and to consider, if the option was implemented how it might affect them. The majority of respondents provided comments at each stage, many more than one.

5.2.1 Common themes and issues

When the comments are considered overall the following represent the main themes and issues recorded:

- The Council are currently providing a good service.
- Older people find change challenging and unsettling, especially if experiencing dementia.
- Health will be affected.
- There will be an impact on the family as well as the service user.
- Residents are currently comfortable and stable.
- The Council can be expensive and maybe external providers would be cheaper.
- There needs to be a dementia focused service.
- People were concerned about the private sector; service standards and cost.

- It was acknowledged that savings need to be made and some options were not financially viable.
- There was concern that the other Care Centres would also face change and consultation.
- There would be an impact on the NHS and potential bed blocking.

It should be noted that the most comments were recorded for option 1.

5.2.2 What respondents thought of the options?

Option 1- No Change

- **Why support or oppose**

In general people commented that they thought the Council provided a good service and should continue to do so. But, some felt that they were expensive and maybe other providers should be explored. In addition it was felt that change would be challenging and unsettling for residents.

Overall 31% of comments related to the perceived good service provided by the Council and 13% to the effects of change or that the Council is too expensive and other providers should be considered.

- **How would it affect you?**

People commented that older peoples' health would remain stable with this option and that it would provide peace of mind for the family.

Overall 20% of comments related to the potential effects on health and that residents would have stability with this option providing peace of mind for the family.

Option 2 - Stop delivering residential care in Norman Power and change the use of beds to deliver step-up/step-down recovery beds to be delivered by organisations external to the Council.

- **Why support or oppose**

The main opposition illustrated by the comments to this option is that residents would face disruption whilst currently they are stable and settled which would be confusing and upsetting

Overall 15% of comments related to the unsettling and disruption factor and that this option would be confusing and unsettling for residents.

- **How would it affect you?**

There was a real mix of comments regarding the affect that this option would have, with an equal number stating that there would be no direct affect or that the proposed changes would be detrimental to residents.

Option 3 - Use the Care Centres for the delivery of high dependency dementia nursing care, but to be provided by organisations external to the Council.

- **Why support or oppose**

Many comments reflected that this could be a more viable option and could be cheaper. It was highlighted that a service is required to meet the specific needs arising from dementia.

Overall 25% of comments reflected that this could be a viable option whilst 17% highlighted the need for a dementia focused service.

- **How would it affect you?**

The main affect highlighted by the comments received is that residents could remain at the Norman Power Care Centre and hence there would be no direct affect. A range of comments reflected concerns around health and the private sector.

Overall more than a quarter of responses felt that there would be no direct affect with this option as people could remain at the Centre.

5.3 Additional comments

There was a wide range of additional comments with some respondents stating they had no further comments or suggestions.

Key themes appearing in the additional comments included:

- A service was needed;
- Suggestions such as making more use of the current beds; and
- Increasing marketing.

5.4 Other methods

Feedback was also received from a number of one to one interviews with service users and the key findings included:

- There was concern about where people would end up.
- Residents were happy and settled at the Norman Power Care Centre.
- People were worried about what would happen to the staff and that they would not be as well cared for in the future.
- People were concerned that residents' health would deteriorate.
- There was concern about the impact on family with one person stating they would rather struggle at home than move their partner elsewhere.

Some suggestions were:

- BCC should look after people;
- Could the building be used more effectively?
- Could Council Tax be increased to address the funding gap?

In addition specific one to one meetings were held with staff and key findings included:

- A quarter of staff expressed concern about the effect on residents, in particular a detrimental effect on health.

- 19% of staff expressed concerned about the potential loss of jobs and what would happen in the future.
- 19% of staff stated they were also worried about being able to pay bills and the impact on lifestyles.
- Several members of staff stated that there was a clear need for the service.

There were also two consultation meetings with carers and key findings included:

- The impact on family and residents cannot be reduced.
- There are more options that should be considered such as a staggered approach.
- The current options are too rigid and narrow.
- People feel safe and secure here and their cultural needs are met.
- It is an ethnically diverse model of social interaction and should be seen as a flagship.
- Concern that the private sector would not deliver the same level of care or meet cultural needs.
- There are implications for the other three Care Centres and places where residents may have to go.
- The consultation document is misleading and unclear and consultation should start again considering other options.
- There will be an effect on health and longevity with lives shortened.
- It doesn't make sense as the building has already lost intermediate care.
- If it was used to its full potential and managed properly it would make money.
- Don't understand why beds can't be opened up to stop bed blocking.
- The suggestion was made that the Council, if it has to implement its plans, could make provision within this decision to enable the current service users to remain resident within Norman Power even if the building was leased by an alternative provider to provide a different service.

Appendix A – Summary of questions

Option 1

- Question 1 - Do you support option 1?
- Question 2 – Please tell us why you support or oppose option 1?
- Question 3 – If, after consultation, option 1 is implemented tell us how it might affect you?

Option 2

- Question 1 - Do you support option 2?
- Question 2 – Please tell us why you support or oppose option 2?
- Question 3 – If, after consultation, option 2 is implemented tell us how it might affect you?

Option 3

- Question 1 - Do you support option 3?
- Question 2 – Please tell us why you support or oppose option 3?
- Question 3 – If, after consultation, option 3 is implemented tell us how it might affect you?

Additional question

Do you have any alternative suggestions the Council could implement to achieve the savings it needs to make through changes to the Norman Power Care Centre?

There was also a range of questions about you, for example age and ethnicity.

Appendix B - Analysis Coding

B1. Quantitative coding

- A – Strongly support
- B – Support
- C – Neutral
- D – Oppose
- E – Strongly oppose.

Who?

- A – Family member, advocate or friend of a resident.
- B – Older citizen.
- C – Employee.
- D – Local resident.
- E - Other.

B2. Qualitative coding

Option 1 – why support/don't support?

- A – Don't support as not financially viable.
- B – Concern private sector.
- C – BCC should provide service.
- D – BCC provides a good service.
- E – Change hard on older people.
- F – BCC expensive.
- G – Explore other providers.
- H – Detrimental to health and stress levels.
- I – Support options 2 & 3 for Norman Power, but could be consultation on other centres in the future.

Option 1 – how might it affect you?

- A – Health would be stable.
- B – Peace of mind for family.
- C – Want option to choose BCC services.
- D – Adverse effect of change.
- E – Miscellaneous.
- F – People would remain stable.
- G – No real alternative.
- H - Will enable the retention of a significant intermediate care resource in the City.

Option 2 – why support/don't support?

- A – Option used previously by NHS but service now closed.
- B – BCC should run some services.
- C – Why cause so much distress?
- D – Cheaper alternative.

- E – Confusing and upsetting for residents.
- F – Older people currently comfortable and stable.
- G – Should not just be about money.
- H – Effect on health.
- I – Vital service to community.
- J – Miscellaneous.
- K – Services would be more accessible.
- L – Support options 2 & 3 in respect of Norman Power, but could be consultation on other centres in the future so oppose this option.

Option 2 – how might it affect you?

- A – Would need reassessing.
- B – Want BCC service.
- C – Concern private sector.
- D – No direct effect.
- E – Detrimental effect of change.
- F – Travel upheaval.
- G – Effect on family.
- H – Miscellaneous.
- I – Effect on intermediate care beds and NHS provider.

Option 3 – why support/don't support?

- A – More viable option/cheaper.
- B – Service needed dedicated to needs of dementia clients.
- C – BCC should be an option.
- D – Would cause distress.
- E – Miscellaneous.
- F – Effect on health.
- G – Effect on family.
- H – Would still be a service.
- I – Support options 2 & 3 for Norman Power, but could be consultation on other centres in the future so oppose this option.

Option 3 – how might it affect you?

- A – Could remain at Norman Power.
- B – Concern private sector.
- C – Cause distress.
- D – No effect.
- E – Welcome decision.
- F – Concern health.
- G – Impact family.
- H – Effect on intermediate care beds and NHS provider.

Additional comments

- A – No other suggestions.
- B – Care centres already cut to bone.

- C – Concern private sector.
- D – Miscellaneous.
- E – Remove bed blocks and fill beds.
- F – Use beds upstairs for care.
- G – Keep day centre and restaurant.
- H – Increase marketing.
- I – ‘Build up’ local alternative providers.
- J – Retain multi-purpose use of building.
- K – External provider to run services to generate an income.

Staff consultation

- A – Impact on residents.
- B – Loss of jobs and future for jobs.
- C – Unable to pay bills and change in lifestyle.
- D – Clear need for service.
- E – Other alternatives should be explored.
- F – Want to stay with BCC.
- G – Older people penalised before others.
- H – Concern about quality of external organisations.
- I – In position that won’t be too affected by proposals, for example can take redundancy.

Appendix C – Data

C1. Quantitative data

Table 1 shows the number of people expressing their support or opposition for each option.

Table 1 – Support or opposition

Question	A Strongly support	B Support	C Neutral	D Oppose	E Strongly oppose	Total
1	8	1	0	1	2	12
2	1	1	1	2	7	12
3	1	4	2	1	4	12
Total	10	6	3	4	13	

Table two shows the percentage levels for support or opposition by each option.

Table two – Percentage support or opposition

Question	A Strongly support	B Support	C Neutral	D Oppose	E Strongly oppose	Total
1	67%	8%	0%	8%	17%	100%
2	8%	8%	8%	17%	58%	100%
3	8%	33%	17%	8%	33%	100%

Table three combines all support or oppose responses.

Table 3 – Combined support or oppose

Question	A Support	B Neutral	C Oppose	Total
1	9	0	3	12
2	2	1	9	12
3	5	2	5	12

Table four shows the percentage levels for support or opposition by each option.

Table four – Percentage support or oppose

Question	A Support	B Neutral	C Oppose	Total
1	75%	0%	25%	100%
2	17%	8%	75%	100%
3	42%	17%	42%	100%

C2. Qualitative data

Table Five Option 1

Why support / don't support option?	Numbers of responses
A – Don't support as not financially viable.	1
B – Concern private sector.	1
C – BCC should provide service.	1
D – BCC provides a good service.	5
E – Change hard on older people.	2
F – BCC expensive.	2
G – Explore other providers.	2
H – Detrimental to health and stress levels.	1
I – Support options 2 & 3 for Norman Power, but could be consultation on other centres in the future.	1
Total	16

How might it affect you?	Numbers of responses
A – Health would be stable.	2
B – Peace of mind for family.	2
C – Want option to choose BCC services.	1
D – Adverse effect of change.	1
E – Miscellaneous.	2
F – People would remain stable.	1
G – No real alternative.	1
H - Will enable the retention of a significant intermediate care resource in the City.	1
Total	11

Table six Option 2

Why support / don't support option?	Numbers of responses
A – Option used previously by NHS but service now closed.	1
B – BCC should run some services.	1
C – Why cause so much distress?	1
D – Cheaper alternative.	1
E – Confusing and upsetting for residents.	1
F – Older people currently comfortable and stable.	2
G – Should not just be about money.	1
H – Effect on health.	1
I – Vital service to community.	1
J – Miscellaneous.	1
K – Services would be more accessible.	1
L – Support options 2 & 3 in respect of Norman Power, but	1

could be consultation on other centres in the future so oppose this option.	
Total	13

How might it affect you?	Numbers of responses
A – Would need reassessing.	1
B – Want BCC service.	1
C – Concern private sector.	1
D – No direct effect.	2
E – Detrimental effect of change.	2
F – Travel upheaval.	1
G – Effect on family.	1
H - Miscellaneous.	1
I – Effect on intermediate care beds and NHS provider.	1
Total	11

Table seven Option 3

Why support / don't support option?	Numbers of responses
A – More viable option/cheaper.	3
B – Service needed dedicated to needs of dementia clients.	2
C – BCC should be an option.	1
D – Would cause distress.	1
E – Miscellaneous.	1
F – Effect on health.	1
G – Effect on family.	1
H – Would still be a service.	1
I – Support options 2 & 3 for Norman Power, but could be consultation on other centres in the future so oppose this option.	1
Total	12

How might it affect you?	Numbers of responses
A – Could remain at Norman Power.	2
B – Concern private sector.	1
C – Cause distress.	1
D – No effect.	2
E – Welcome decision.	1
F – Concern health.	1
G – Impact family.	1
H – Effect on intermediate care beds and NHS provider.	1
Total	10

Table eight Additional comments

Additional comments	Numbers of responses
A – No other suggestions.	2
B – Care centres already cut to bone.	1
C – Concern private sector.	1
D – Miscellaneous.	1
E – Remove bed blocks and fill beds.	1
F – Use beds upstairs for care.	1
G – Keep day centre and restaurant.	1
H – Increase marketing.	1
I – ‘Build up’ local alternative providers.	1
J – Retain multi-purpose use of building.	1
K – External provider to run services to generate an income.	1
Total	12

Table nine Staff consultation

What is the impact of the proposals on you	Numbers of responses
A – Impact on residents.	9
B – Loss of jobs and future for jobs.	7
C – Unable to pay bills and change in lifestyle.	7
D – Clear need for service.	3
E – Other alternatives should be explored.	2
F – Want to stay with BCC.	2
G – Older people penalised before others.	2
H – Concern about quality of external organisations.	2
I – In position that won’t be too affected by proposals, for example can take redundancy.	2
Total	36