

Redesign of Intermediate Care Services in Warrington

Public Consultation Outcomes Report

1.0 Introduction and Background Intermediate Care

Intermediate care services provide support for a short time to help a person recover from an illness, injury or crisis and increase their independence (where possible). Intermediate Care is provided by a team of professionals, who will work with the person (and their carer(s)) to achieve what they want to be able to do. Intermediate care may:

- Help people remain at home when they start to find things more difficult.
- Help people recover after an injury, an acute illness, an operation, or a crisis.
- Help people avoid going into hospital unnecessarily.
- Help people return home more quickly after a hospital stay.

Intermediate Care is provided in 2 settings:

- Home-based
- Bed-based

1.1 Future Vision

In 2019 the NHS Long-Term Plan outlined clear expectations for an ***'increase in the capacity and responsiveness of community and intermediate care services.'***

All areas of England were required to:

1. Deliver services within two hours of referral in line with NICE guidelines, where clinically judged to be appropriate.
2. Deliver reablement care within two days of referral to those patients who are judged to need it.
3. Provide more NHS community and intermediate health care packages to support timely crisis care (with the ambition of freeing up over one million hospital bed days nationally).
4. Deliver services through flexible teams working across primary care and local hospitals, developed to meet local needs, including GPs and specialty and associate specialist (SAS) doctors, allied health professionals (AHPs), district nurses, mental health nurses, therapists and reablement teams.
5. Ensure access to extra recovery, reablement and rehabilitation support to wrap around core services and support people with the highest needs.

The national commitment to enhance and improve intermediate care was underpinned by evidence that people in England can now expect to live for far longer than ever before – but these extra years of life are not always spent in good health, with many people developing conditions that reduce their independence and quality of life. Councils and the NHS can play a key role in helping people specifically manage a crisis and/or long-term conditions, making sure they receive the right kind of support to help them live as well as possible.

When the NHS Long-Term Plan priorities were announced, Warrington did not have the right services in place to meet the requirements. Existing intermediate care services had challenges around waiting times and recruitment. There was not the capacity in services to respond consistently to referrals within 2 hours.

A local programme of work called **'Living Well with Frailty'** was established to help oversee improvements in care and support, particularly for people living with frailty in Warrington.

For intermediate care services those changes included:

1. A model of care that is integrated from the perspective of the person using the service and their families/carers (nurses, social workers, therapists etc. working closely together with primary care, community and hospital services and offering a seamless customer journey).
2. Processes (triage tools and assessment procedures) and pathways (steps taken with individuals by services) that are effective and efficient.
3. A focus on home-based services to ensure that when appropriate, patients can receive the care/interventions required in their own home/community rather than in a bed-based setting to avoid an acute admission and ensure an acute length of stay is not extended.
4. Bed-based care provided in a building(s) that is/are fit to deal with future demands.
5. A system that can support more people per day, more quickly.

1.1.1 Local Model

The Warrington population already benefits from a range of Intermediate Care Services, including three bed based intermediate care units, providing 58 beds in total, a Rapid Community Response Service (RCRS), established in 2020, and an intermediate care at home, therapy and reablement community-based service. Staff from Bridgewater Community Foundation NHS Trust and Warrington Borough Council are co-located in these services, working in partnership with staff from a range of other services/providers. Intermediate Care Services are staffed by multi-disciplinary teams who provide a range of assessment, intervention, treatment and support in a step up (supporting people at home instead of going into hospital) and step down (supporting people to return home instead of staying in hospital) service model.

Warrington Borough Council and Warrington Clinical Commissioning Group (CCG) supported by the Warrington Better Care Fund (BCF) have delivered a project to review and redesign bed-based and community-based intermediate care services. The focus for Warrington is on ensuring that people spend more of their lives living well and independently, with a lower requirement for personal care. We want to ensure that frail people particularly receive more early intervention at home to improve outcomes and reduce the need for hospital and/or respite care.

We want to make sure that we have the correct ratio and type of bed-based and community-based services for the future and that our buildings are fit for purpose. We aim to deliver services that will keep people independent and living well at home for as long as possible and to ensure the model of delivery is appropriate for the future needs of the population in Warrington.

We want to redesign intermediate care services that deliver on the Warrington vision and the NHS Long Term Plan ambitions, about providing better community-based services that can prevent people needing to go to hospital.

Supporting people through better community based intermediate care services is a vital part of a whole system model that can improve wellbeing in Warrington. The Association of Directors of Adult Social Services summarise the importance as follows:

'People have the best outcomes when they are helped to avoid having to go to hospital or return home from hospital safely and without delay, with support targeted on their needs. The evidence is clear that home is the most appropriate place for resolving crises and recovery for nearly all people being discharged from hospital...We need to extend best practice and re-orientate services and funding to help more people to get home when that is the most appropriate place for them – and to stay at home'¹.

We are passionate about improving our community offer. We want to provide more dynamic ways of helping people quickly and with a more diverse range of supports e.g., supporting access to diagnostics in the community, providing reablement for a few days (rather than over several weeks) if that's all that's needed. By working closely with other services e.g., Integrated Community Teams, the Frailty Assessment Unit and Hospital Geriatricians we aim to improve the experience of recovery at home. Where an individual needs to be cared for in an intermediate care bed we want to make sure that we continue to provide an excellent quality of care.

2. Local Involvement, Engagement and Consultation Plans

The Intermediate Care Redesign Project Steering Group, on behalf of the Senior Responsible Officer for the Project, undertook a period of pre-consultation engagement on the future requirement for intermediate care. Pre-consultation engagement took place over Winter/Spring 2019/2020. Patients, carers, staff, people working with intermediate care services and people referring to or aware of intermediate care services were involved in the planning, development and consideration of the future of intermediate care services by giving us their feedback on what worked well and what didn't work well within Intermediate Care Services at the time, via 1:1 interviews, focus groups and/or through a survey. Information from these sessions informed ideas for improvements to services as well as options for re-providing Padgate House.

A full summary of our pre-consultation engagement work is provided in Appendix 2.

2.1. Pre-Consultation Engagement – What have our stakeholders already told us?

Our pre-consultation work aimed to ensure that stakeholders views informed any planning around improvements to be made in Intermediate Care Services, including being aware of the need for change and the emerging intentions, being able to be involved in the development of ideas for service improvements and having an opportunity to share views on any issues relevant to Intermediate Care Services, including those pertinent to Padgate House.

A summary of 'You said, We did' from our pre-consultation engagement is provided in Appendix 3. In outline, the main themes were:

¹ file/LGA-ADASS%20Statement%20on%20Community%20Care%20and%20Health%20Discharge%20new.pdf

- People who use intermediate care services (including reablement and bed-based care) had positive experiences of community and bed-based intermediate care services and they were keen to see good quality care provision continue.
- People who work in and with intermediate care services and the experts we spoke with highlighted opportunities for ensuring good quality care into the future.
- Processes and practices need to be improved to make working together easier and to ensure that good quality care, treatment and support can be provided more efficiently.
- IT systems need to enable sharing of information across disciplines.
- Buildings providing bed-based care need to be fit for purpose.

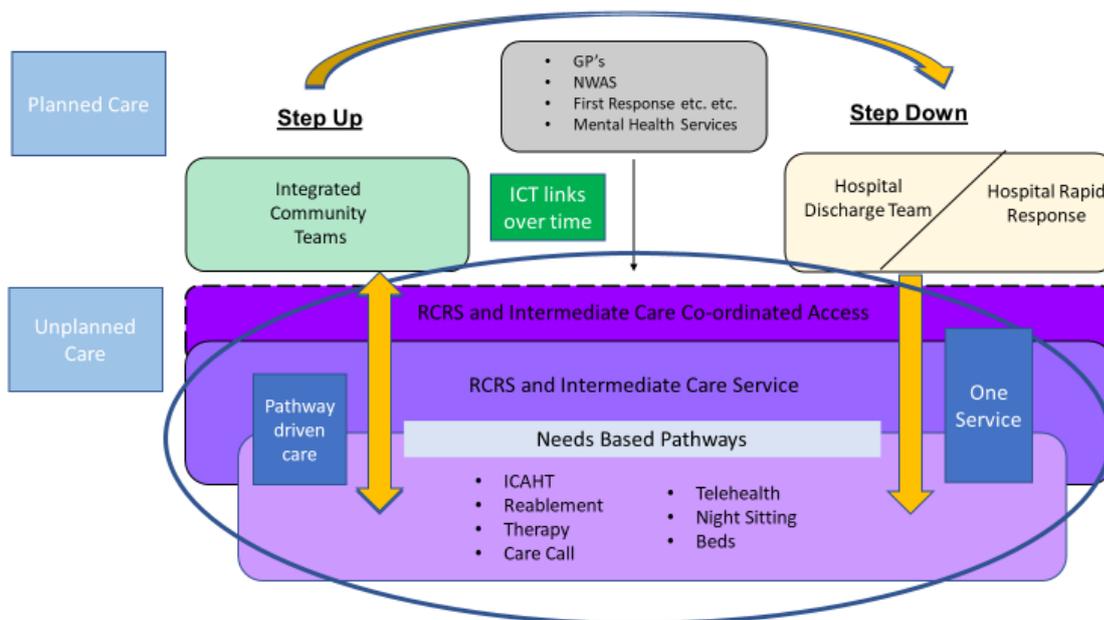
In line with the responses to the pre-consultation engagement, a number of service improvements have been initiated. These include:

- Enhanced community service capacity to help us support people in a crisis to stay safe and well at home and avoid emergency respite care and/or hospital by meeting the 2-hour target for referrals (Rapid Community Response Service).
- Increased community carer support workforce to help us meet the 2-day target in reablement.
- Extra bed based intermediate care (Woodleigh) to support with system pressures.
- Development of 13 care and referral pathways to support more effective and efficient assessment, treatment, and care delivery.
- More focus on 'step up' care, i.e., supporting people to stay at home instead of going to hospital where that is appropriate as well as 'step down' i.e. helping people leave hospital.
- More aligned IT systems for intermediate care services so that staff can have access to more shared information.
- Joint working between the Rapid Community Response and the Primary Care Home Visiting service to support an integrated approach to home based crisis support.
- Team training that includes awareness raising about holistic and strengths- based working, in the context of frailty.
- Improved team processes for access to reablement and therapy support.

The implementation of the improvement work above has not involved a substantial variation of service for patients, it has been an enhancement of the current service, therefore this element of our re-design work has not needed to be formally consulted on. However, we cannot deliver the improvements required in some of the bed-based elements of intermediate care without making changes to frontline services. The future requirements in some of our buildings requires us to think differently. This is particularly relevant at Padgate House.

3. Proposal

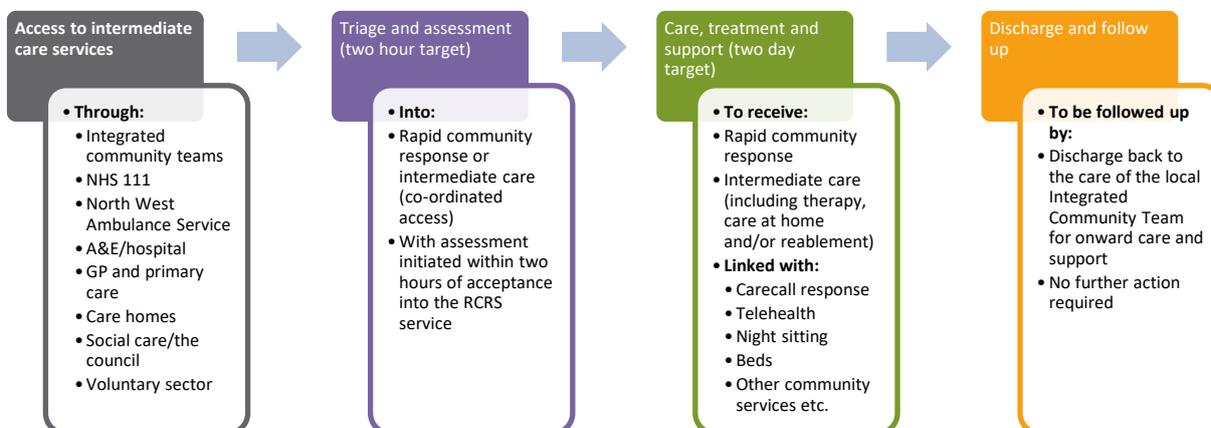
To meet national and local expectations, Warrington has developed a new model for the future arrangement of intermediate care services. A visual representation of the model is provided below:



Intermediate Care Future State 9.6.20

The patient pathway² through the service model was represented as below and shared in the public consultation engagement summary.

Both the model and the pathway are premised on services working more closely together with a clear 'journey' for patients all the way through and a focus on support at home.



Delivery of the future model involves community and bed-based services providing high quality and effective care but challenges with the building at Padgate House must be addressed to enable the best possible care to be delivered into the future.

² Note: this pathway has since been refined and will further evolve as the model takes operational shape.

There are currently 35 beds provided at Padgate House (an additional 23 intermediate care beds are commissioned in separate units in Warrington from private sector providers). The building is owned by Warrington Borough Council.

Padgate House is a relatively old building. Whilst CQC rate the standard of care delivered in Padgate House as 'good' and our patients feed back to us that they are highly satisfied, Padgate House as a building is not fit for purpose for future intermediate care provision.

We have assessed the building and identified several challenges, including:

- The inability to provide en-suite bathrooms for patients.
- Insufficient parking for staff and visitors
- Corridors and doorways are too narrow for modern equipment.
- Heating system in need of replacement, no air conditioning
- Inadequate therapy rooms
- Inadequate storage space
- Lack of space for visiting.
- Lack of potential to accommodate extra beds or extra office space to enable co-location of other beds or additional staff.
- Part of a split site arrangement with other bed based intermediate care providers (which generates challenges for staff who must travel to provide support to patients in bed-based care)

The council needs to consider the future of Padgate House, based on these challenges. There are three main options that were identified, and these have been out to the public in consultation:

Option 1: Maintain the current arrangement.

Option 2: Build a new intermediate care facility.

Option 3: Re-provide the beds from Padgate House through existing provision.

4. Compliance with Statutory Duties

The public consultation on the future of Intermediate Care Services was a joint consultation between Warrington Borough Council and Warrington Clinical Commissioning Group. NHS commissioning organisations have a legal duty under the National Health Service Act 2006 (as amended) to 'make arrangements' to involve the public in the commissioning of services for NHS patients ('the public involvement duty'). For CCGs this duty is outlined in Section 14Z2 (and Section 13Q for primary care services) of the Act to fulfil the public involvement duty, the arrangements must provide for the public to be involved in (a) the planning of services, (b) the development and consideration of proposals for changes which, if implemented, would have an impact on services and (c) decisions which, when implemented, would have an impact on services.

Further to this the Consultation Institute states "there are many statutory requirements for consultation, but the truth is that ALL significant changes to long-standing services need consultation.

The Courts provide their own incentive to engage. It's called the '*doctrine of legitimate expectation*'. If the public has a sound basis for expecting to be consulted, then failure to do so can lead to losing a Judicial Review. And Judges have ruled that if people have been accustomed to the benefit of a service, then its withdrawal without consultation can in many circumstances, be unlawful".

When undertaking any public consultation in the UK the Gunning Principles must be applied. These principles are a set of rules that must be adhered to, please see Appendix 1 for how they were adhered to in this consultation.

5. Public Consultation

A formal public consultation to seek views on proposals for the future of intermediate care services, including options re Padgate House has been undertaken. Consultation activity was used to engage on the whole model for intermediate care, building based and community and respondents were invited to share any views.

The timings and co-ordination of the consultation process were aligned with the legal restrictions around Covid-19 and the perceived 'best time' to do the consultation work. Considering Covid-19, advice from the Consultation Institute was sought prior to initiating the consultation. Advice was received on digital engagement as well as safe efforts to ensure some face-to-face engagement. Avoiding unnecessary delay to the progression of the work was a risk balanced against the challenges of consulting during Covid-19. The consultation was prioritised because of the importance of Intermediate Care Services in supporting people in a crisis to avoid hospital and supporting people in hospital to leave hospital as soon as is possible. The advice from the Institute combined with the local priority assigned to the service led to the consultation being undertaken at the time that it was and with the approach that is described in more detail below.

5.1 Aim

The aims of the public consultation were:

- To ensure that the local population was able to sufficiently share their views on the proposals for the future of intermediate care services, including any preferences for the options provided around Padgate House.
- To ensure that the local population was able to be involved in the development of the future model for Intermediate Care Services.
- To ensure any issues and themes raised could be taken into account in any onward work and that any potential mitigating actions are considered.

5.1.1 Timescales

Monday 7th December 2020 – Sunday 28th February 2021

Warrington Health Overview and Scrutiny Committee were informed of the intended consultation by written update, provided on 11th November 2020.

5.1.2 Methodology

The public consultation took place over twelve weeks. The methods of engagement and communications for the consultation were varied (including digital sessions, written correspondence, surveys, group meetings and face to face support) as was the target audience. See Appendix 4 for the completed communications and engagement activity action plan.

5.1.3 Summary Document and Survey

A summary information pack, in accessible format, was created for the consultation explaining the need and vision for the new model of care and the options for Padgate House. Also provided were:

- An engagement summary
- A 'quick guide' explanation of Intermediate Care (developed by National Institute for health and Care Excellence and the Social Care Institute for Excellence),
- The 'You Said, We Did' report,
- The Pre-Consultation Engagement report,
- FAQs
- A survey

All documents were made available via the Council intermediate care consultation webpage with the option to obtain information in various formats.

5.1.4 Attendance at Events, Meetings and Third Sector Groups

Face to face group meetings were not encouraged during this consultation, because of Covid-19 restrictions so instead a range of meetings were attended digitally. These meetings were with various groups including:

Wyre Disability Partnership
Padgate House
Brampton Lodge
Woodleigh
Getting Engaged
Irwell Rd
Health Forum
Digital Public Engagement Events (2)
Speak Up

5.1.5 Public Drop Ins

In addition, CCG and Council staff spent time at digital public events to capture views and experiences. Two such sessions were held, attended by 28 people in total.

5.1.6 Communications

Communications were far reaching and varied. Summary documents were sent electronically to a wide range of stakeholders and displayed on websites. Additional written versions were sent out for information and response. Social media and media announcements were made as were corporate briefings.

Stakeholder briefings were sent to health and social care stakeholders including third sector and voluntary sector partners, primary care, the hospital, adult social care services, Healthwatch, the Health Forum, Warrington Disability Partnership etc.

Social media was used throughout the consultation, the evidence of the reach of this is highlighted in the action plan in Appendix 4.

The consultation was advertised in the local media.

Information was posted prominently on the CCG and Council websites.

6. Respondents

143 people provided an individual response to the consultation survey and 136 people attended group sessions to provide feedback. 26 people currently using (or having recently used bed based intermediate care services) also provided feedback via face-to-face interview with known care staff (where this was possible).

6.1 Breakdown of respondents (summary)

Of the 143 individual respondents, 104 identified themselves as a local Warrington resident. A summary breakdown of individual respondents is as below:

1. Please select the option that most closely represents how you will be responding to this consultation. We ask this to ensure we have received views from a wide range of people across the borough with different interests.			Response Percent	Response Total
1	A local resident who lives in Warrington		72.73%	104
2	A person who works in Warrington		15.38%	22
3	Local Borough, Town or Parish Councillor		4.20%	6
4	Local business owner		0.00%	0
5	An agent responding on behalf of an individual, group or organisation		0.00%	0
6	A group or organisation		0.00%	0
7	Visitor to Warrington		0.00%	0
8	Other (please specify):		7.69%	11
			answered	143

1. Please select the option that most closely represents how you will be responding to this consultation. We ask this to ensure we have received views from a wide range of people across the borough with different interests.

	skipped	1

Other (please specify): (11)

1	10/12/2020 21:38 PM ID: 154414645	Specialist Nurse
2	21/12/2020 12:11 PM ID: 155109256	owner of Brampton Lodge
3	11/01/2021 17:07 PM ID: 156216189	My family all live in Warrington
4	18/01/2021 09:36 AM ID: 156925180	Family member of somebody who was in receipt of intermediate care in Warrington
5	19/01/2021 16:34 PM ID: 157134211	Social Worker in IMC services
6	30/01/2021 12:32 PM ID: 158063084	Public Governor
7	17/02/2021 16:46 PM ID: 159802161	Gp
8	01/03/2021 07:53 AM ID: 160762288	Social worker with WBC
9	01/03/2021 07:55 AM ID: 160623479	Care worker
10	01/03/2021 08:52 AM ID: 159381013	Relative of someone who lives in Warrington

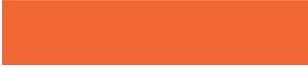
1. Please select the option that most closely represents how you will be responding to this consultation. We ask this to ensure we have received views from a wide range of people across the borough with different interests.

			Response Percent	Response Total
11	01/03/2021 08:57 AM ID: 160617518	Employee of ICAHT		

9. Age

			Response Percent	Response Total
1	Below 16 If below 16, please state age in the box below		0.00%	0
2	16-24		0.00%	0
3	25-34		9.01%	10
4	35-44		9.01%	10
5	45-54		18.02%	20
6	55-64		25.23%	28
7	65-74		17.12%	19
8	75-84		11.71%	13
9	85 or over		5.41%	6
10	Prefer not to say		4.50%	5
			answered	111
			skipped	33

9. Age			
		Response Percent	Response Total
Age, if under 16 (1)			
1	03/02/2021 13:27 PM ID: 158434638	71	

10. Gender			
		Response Percent	Response Total
1	Male		29.09% 32
2	Female		68.18% 75
3	Other		0.00% 0
4	Prefer not to say		2.73% 3
		answered	110
		skipped	34

11. Is your gender identity the same as you were assigned at birth? Please select one option.			
		Response Percent	Response Total
1	Yes		95.33% 102
2	No		0.93% 1

11. Is your gender identity the same as you were assigned at birth? Please select one option.

			Response Percent	Response Total
3	Prefer not to say		3.74%	4
			answered	107
			skipped	37

12. What is your relationship status? Please select one option.

			Response Percent	Response Total
1	Single		8.33%	9
2	Married		53.70%	58
3	Co-habiting		10.19%	11
4	Separated		0.93%	1
5	Divorced		5.56%	6
6	Widowed		11.11%	12
7	In a same sex marriage		0.00%	0
8	In a same sex civil partnership		0.00%	0
9	Prefer not to say		10.19%	11
			answered	108
			skipped	36

13. How would you describe your ethnic origin? Please select one option

			Response Percent	Response Total
1	White (go to Q13.1)		88.57%	93
2	Mixed/multiple ethnic groups (go to Q13.2)		3.81%	4
3	Black/African/Caribbean (go to Q13.3)		0.00%	0
4	Asian / Asian British (go to Q13.4)		1.90%	2
5	Other ethnic group (go to Q13.5)		0.95%	1
6	Prefer not to say (go to Q14)		4.76%	5
			answered	105
			skipped	39

14. How would you describe yourself? Please select one option.

			Response Percent	Response Total
1	Heterosexual/straight		90.20%	92
2	Lesbian/Gay woman		0.98%	1
3	Gay man		0.98%	1
4	Bisexual		0.98%	1

14. How would you describe yourself? Please select one option.

			Response Percent	Response Total
5	Other		1.96%	2
6	Prefer not to say		4.90%	5
			answered	102
			skipped	42

15. Your religion or belief. Which group below do you most identify with? Please select one option.

			Response Percent	Response Total
1	No religion or belief		22.43%	24
2	Christian		62.62%	67
3	Buddhist		0.00%	0
4	Muslim		0.93%	1
5	Hindu		0.93%	1
6	Sikh		0.00%	0
7	Jewish		0.00%	0
8	Prefer not to say		13.08%	14
			answered	107
			skipped	37

16. Are your day to day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? Please select one option.

			Response Percent	Response Total
1	Yes a little		16.51%	18
2	Yes a lot		23.85%	26
3	No (do not answer the next question)		54.13%	59
4	Prefer not to say (do not answer the next question)		5.50%	6
			answered	109
			skipped	35

17. If you answered 'yes', please state the type of impairment. If you have more than one please tick all that apply.

			Response Percent	Response Total
1	Physical Impairment		66.67%	30
2	Sensory Impairment		15.56%	7
3	Learning Disability/Difficulty		8.89%	4
4	Long-standing illness		31.11%	14
5	Mental Health condition		20.00%	9
6	Autistic Spectrum		2.22%	1

17. If you answered 'yes', please state the type of impairment. If you have more than one please tick all that apply.

			Response Percent	Response Total
7	Other Developmental Condition		0.00%	0
8	Other (please state):	<input checked="" type="checkbox"/>	4.44%	2
			answered	45
			skipped	99
Other (please state): (2)				
1	01/03/2021 11:18 AM ID: 160850151	Known health problems all life		
2	01/03/2021 11:36 AM ID: 160853550	Dementia		

7. Main Findings

128 out of 143 respondents said they fully or mostly understood the reasons for the Council (and partners) wanting to make changes to intermediate care services. 29 comments were received. Of these:

- 7 were expressing preferences for Padgate House to continue,
- 4 were supporting change,
- 4 were raising concerns about the affordability of any new provision,
- 4 was emphasising the need for quality to be the main priority and
- 10 were 'non- specific' comments, e.g., 'My Grandson advised me to fill this in'.

2. To what extent do you understand the reasons for us wanting to make changes to Intermediate Care Services? Please select one option.

			Response Percent	Response Total
1	Yes I fully understand		58.45%	83
2	I mostly understand		31.69%	45
3	No I do not understand		7.75%	11
4	Don't know		2.11%	3
			answered	142
			skipped	2

99 out of 131 respondents strongly supported or supported the proposed future model provided in the engagement materials (the vision, the design principles, and the intentions for the future). No comments were received.

3. Please indicate the extent to which you support the model proposed for the future of Intermediate Care Services? (i.e. the vision, the design principles, and the ways that we expect to change some aspects of these services in the future). Please select one option. You can read more about the model proposed for the future of Intermediate Care Services at www.warrington.gov.uk/IMC

			Response Percent	Response Total
1	Strongly support		37.40%	49
2	Support		38.17%	50
3	Neither support nor oppose		18.32%	24
4	Oppose		3.05%	4
5	Strongly oppose		3.05%	4
			answered	131
			skipped	13

102 out of 140 respondents thought that proposed changes would offer an improved service. 45 comments were received. Of those:

- 6 were expressing preferences for Padgate House to continue,
- 16 were supporting change,
- 2 were raising concerns about the affordability of any new provision,
- 12 suggested that support depended on other factors e.g., 'depends on the competence of the staff in any future provision' and 'depends how much families are involved in the design and planning of a new building'.
- 6 were 'non- specific' comments, e.g., 'the carers are really nice'.
- 3 were not in support

4. Do you think the new model will offer an improved service? Please select one option.

			Response Percent	Response Total
1	Yes definitely		42.86%	60
2	Yes mostly		30.00%	42
3	Unsure		18.57%	26
4	No		8.57%	12
			answered	140
			skipped	4

94 out of 141 respondents strongly agreed or agreed that the beds at Padgate House might need to be re-provided in the future. 42 comments were received. Of those:

- 12 were expressing preferences for Padgate House to continue,
- 20 were supporting change,
- 2 were raising concerns about the affordability of any new provision,
- 4 suggested that support depended on other factors e.g., 'depends what else is made available'
- 2 were 'non- specific' comments, e.g., 'I was at Woodleigh for a few days'
- 2 were not in support

5. To what extent do you agree or disagree that the beds at Padgate House might need to be re-provided elsewhere in the future? Please select one option.

			Response Percent	Response Total
1	Strongly agree		39.72%	56
2	Agree		26.95%	38
3	Neither agree or disagree		17.73%	25
4	Disagree		6.38%	9
5	Strongly disagree		9.22%	13
			answered	141
			skipped	3

7.1 Options

In agreement

Of the individual respondents who went on to indicate a preference for a future option (97 respondents), the majority selected Option 2 as their preferred option (79 respondents strongly supported/supported Option 2 compared to 24 for Option 1 and 30 for Option 3).

6. If you strongly agree, or agree, that the beds at Padgate House might need to be re-provided elsewhere in the future, please can you indicate the extent to which you support options 1, 2 and 3. Please select one option in each row.						
	Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Response Total
OPTION 1	12.3% (10)	17.3% (14)	24.7% (20)	28.4% (23)	17.3% (14)	81
OPTION 2	59.3% (54)	27.5% (25)	8.8% (8)	4.4% (4)	0.0% (0)	91
OPTION 3	10.3% (8)	28.2% (22)	28.2% (22)	24.4% (19)	9.0% (7)	78
					answered	97
					skipped	47

A preference for Option 2 was expressed in 9 out of the 11 group feedback sessions too and by 8 of the 26 patients using (or having recently used) bed based intermediate care services.

7.1.1 Disagreement

8 respondents opposed or strongly opposed the overall intentions for intermediate care for the future and 22 respondents disagreed that the beds at Padgate House needed to be re-provided at all. Of those opposing the model or the need to re-provide the beds the comments provided suggested that they perceived Padgate House as a suitable building and did not agree that there was a need for change. Mitigation for this could be within the next phase of feasibility during which a clearer expression of how Padgate House cannot be developed to meet standards required for the future could be produced. This potential action will be discussed with Project Steering Group members.

Much of the commentary provided in the consultation (especially in the group sessions) was not in disagreement with the overall intentions or the need to re-provide the beds. Opinions were provided that help inform the next phase of the work; it can be organised thematically as follows:

- The importance of focusing on home first, step up care and community provision.
- The importance of maintaining high standards of care and a good culture,
- The need to reuse the site at Padgate in a purposeful way,
- Ensuring that technology is fully leveraged in the future,

- Maintaining a commitment to working closely with Primary Care and local community settings and making services more integrated,
- Ensuring close connectivity with the hospital
- Being clear on affordability of services for the future
- Any potential unintended consequences, e.g., will more intermediate care beds reduce the availability of respite beds?
- The need to ensure good access to domiciliary care so that people can be discharged from intermediate care in a timely way,
- Need to have any bed-based services accessible via public transport,
- The importance of good infection control in any building.

The comments provided and thematically grouped above, will be added to an updated version of the 'You Said, We Did' report (from the pre consultation engagement) with support and oversight from the Project Steering Group membership. Actions agreed as required to address any comments will be included in the onward mobilisation plan.

Of note from the comments (and evident in responses made to an invitation for respondents to suggest other options than those listed as Options 1, 2, or 3; Question 7 in the survey, respondents n.26), are suggestions made by respondents (both individually, n.6 and in groups n.4) across a key theme:

- that any potential existing sites and buildings have been fully explored and considered, before proceeding with a new build.

Analysis of the commentary received suggests that the public would wish the Council (and partners) to provide assurance on this issue.

By response, an additional desktop exercise has been completed to check whether any new existing and potentially suitable buildings have become available since the initial checks were made in Spring 2020. The findings are summarised below (Table 1).

Existing Buildings Assessment (Refresh)	
Comments	Response
<i>'Are there any other Community Care Home Premises within Warrington which may be 'For Sale' & may only need a redesign?'</i>	Colleagues across the Council considered whether any alternative buildings had become available since the initial scan of existing opportunities in Spring 2020.
<i>'Warrington Borough Council own a lot of buildings within the Borough and rather than a complete new build why can't we pursue to convert these buildings along the options of a Padgate House Rehabilitation Block with ample car parking spaces'.</i>	Existing Care Homes in Warrington Nothing suitable available. Two separate units at Birch Court that are empty/mothballed but the environment is not bespoke to a care setting designed for delivery of Intermediate Care Services, thus renovation and refurb could be required and there is no certainty that the current building owners would agree (they have not been approached). There is also no certainty that renovation of an existing site will be cheaper or quicker than a new build.
<i>'Are any other potential sites being considered for a new facility? What about the University campus at Padgate as I understand the facilities are moving into the town centre?'</i>	Existing Land Sites

<p><i>'Padgate campus is to become vacant. I do wonder in terms of the existing facilities and location whether part of the site would be a feasible location.'</i></p> <p><i>'Old Houghton Hall site'</i></p> <p><i>'But looking to the future, should the provision of a new build IC facility become timing coincident with a new Warrington hospital, then perhaps the CCG/WBC should consider combining the two facilities on one site? This would streamline step up/step down access, plus rapid transfer in an emergency to A&E'</i></p> <p><i>'Has the Council really checked whether there are any vacant or available buildings?'</i></p> <p><i>'It is important to check whether there is an existing building that could mean we don't need options 2 or 3'</i></p> <p><i>'The Nursing Home market is changing so there might be some nursing homes available for sale now'</i></p> <p><i>'Have we ruled out any off the shelf building options?'</i></p>	<p>The site at Bewsey Old School is currently the only site the Council has earmarked for this type of use.</p> <p>Existing Sites (Other) The site at Lilycross is outside of Warrington and is currently being leased from the owners by Warrington CCG for 12 months to April 2022. Warrington and Halton Hospitals Trust, Halton Council and Halton CCG are all involved in discussions about future use. The site can accommodate 60 beds and is currently being operated by an independent sector provider.</p> <p>Sources Canvassed:</p> <ul style="list-style-type: none"> • The Housing Forum (with development organisations) • The Care Home Weekly Call/Communication (with provider organisations) • CCG and Hospital colleagues
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In summary, the latest findings based on looking at existing options for buildings confirm that there is no suitable available existing building for a new provision, within Warrington. It is noted that a potential existing facility has been identified outside of Warrington, that site is known as Lilycross. A feasibility assessment has not been undertaken on that site, but the facility is known to accommodate 60 beds and to be in current (short-term) use for care delivery.

8. Equality Assessment (EA) and Public Sector Equality Duty (PSED)

The law requires that any new service, significant change in service, reduction or removal of service has an equality impact assessment to see if there are negative impacts, i.e., direct or indirect discrimination on particular people because of their protected characteristic, relating to the action. If there are negative impacts, then the CCG and the Council must be cognisant of its Public Sector Equality Duty when making decisions with a view to mitigating the impact or in extenuating circumstances explaining why it cannot. Equality Impact Assessment documents:

- I. Set out the detail of the change in relation to the equality legislation.
- II. Analyse the input from interested parties.
- III. Identify any concerns and worries related to equality issues.
- IV. Assess the impact of change against the health inequalities duty.
- V. Propose recommendations for committees to consider.
- VI. Determine if the Public Sector Equality Duty (PSED), section 149 Equality Act 2010 has been met.

Legitimate reasons for the consultation on intermediate care services include:

- The bed based Intermediate Care Service at Padgate House is not fit for purpose for the future and re-providing the beds currently provided there will require a material change in service delivery (either a change of building, or of location etc).

An initial EIA was completed at the outset of this project (see Appendix 5), as part of a wider assurance process, to assess the situation prior to implementing changes. The consultation has invited people to express a view on what the preferred change (option) should be. Once the preferred option is confirmed the draft EIA will be updated to reflect an assessment based on forecast impacts around Padgate House and the preferred option. Based on the findings from the consultation we can say that:

- The majority of consultees supported the need for change within Intermediate Care Services, supported the new overall model and the vision and accepted the proposal to re-provide Padgate House.
- Option 2 was the preferred options for the future re-provision of Padgate House
- A number of comments were made around future considerations, including opinion that will inform further development and opinion regarding the use of potential existing buildings.
- The Project Steering Group will action the feedback provided to inform the future. A desktop exercise has identified one existing building to potentially consider further.
- The Public Sector Equality Duty will be met subject to the Project Steering Group actioning feedback and a decision being made about any future consideration of Lilycross.
- Consultation was conducted and responses have been received across a demographic spectrum. No significant discrimination has been determined. Any risks that will have equality/human rights implications and need to be mitigated will be considered by commissioners and decision makers based on a refreshed EIA and prior to making a decision on the preferred option.

9. Conclusions

Based on the outcomes from the Public Consultation, Option 2 is the preferred option from those provided and Lilycross is the only potentially suitable existing option.

10. Next Steps

This consultation report will be taken for discussion and final decision to the following groups during March and April 2020:

- **ICTB – 17th March**
- **Health Scrutiny – 23rd March**
- **HWBB – 25th March**
- **BCF – 1st April**

The feedback on the proposal to re-provide Padgate House and the expressed preference for Option 2 (with supporting information) will be considered and a decision made.

The findings from the consultation will be shared as part of the onward progression of feasibility work.

Julie Haywood
Project Manager
3.3.21

Appendix 1. Adherence to the Gunning Principles

When undertaking any public consultation in the UK the Gunning Principles must be applied. This has been confirmed by the Court of Appeal in 2001 (Coughlan case).

When planning this consultation, the four principles below were applied:

1. When proposals are still at a formative stage - *Public bodies need to have an open mind during a consultation and not already made the decision but have some ideas about the proposals.*

Yes, as evidenced in the options provided and the invitation for respondents to suggest other options.

2. Sufficient reasons for proposals to permit 'intelligent consideration' - *People involved in the consultation need to have enough information to make an intelligent choice and input in the process. Equality Assessments should take place at the beginning of the consultation and published alongside the document.*

Yes, the consultation was supported by a wide range of accessibly formatted supporting information which was made available and promoted.

3. Adequate time for consideration and response - *Timing is crucial – is it an appropriate time and environment, was enough time given for people to make an informed decision and then provide that feedback, and is there enough time to analyse those results and make the final decision?*

Yes, the consultation was open for 12 weeks and activity was scheduled to comply with Covid-19 requirements and to avoid any cutting across of information being shared.

4. Must be conscientiously taken into account - Think about how to prove decision-makers have taken consultation responses into account.

Yes, all responses have been considered and reported on thematically. An additional exercise was completed in response to public feedback and the results have been reported to decision making groups for consideration alongside the preferred option (Option 2), should those groups deem that appropriate.

Appendix 2



IC Redesign Comms
and Engagement W

Appendix 3



03 You said we did
[revised].docx

Appendix 4



02 IMC
Consultation Comm

Appendix 5



Warrington IC
Review Assurance W