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Contact: Mrs J Roach
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Date 22 October 2014

Closure of Care Homes and the Effect on other Services

At Mid Devon District Council we recently held a Special Meeting of the Scrutiny Committee in order to look at the issues surrounding the closure of the Devon County Council care homes.

At that meeting Members resolved to open a conversation with other agencies to investigate whether it would be possible for all of the organisations involved in providing care to look at ways of working together to try and alleviate pressures. We are aware that we are not the lead authority but we do feel that we would like to raise issues of concern, for example, we frequently hear of bed blocking because hospitals are unable to discharge patients. We consider that it is a matter of concern that a valuable resource such as a DCC care home is being closed when it might be a more cost effective way of providing rehabilitation, respite care or convalescence. If people are discharged home too early then it is more than likely that there will be re-admissions and the cost of a second admission might outweigh the costs of a rehab bed. Once the resource has gone then an opportunity could be lost forever.

We are also concerned that there does not appear to be an overall strategy for looking holistically at how we as a society are going to address long term health and social care needs.

It appears to us that each agency has severe pressure in terms of funding their services and are all having to make difficult decisions. As local Councillors we are aware of the significant support that is available by tapping in to voluntary service in communities. We are also aware that sometimes it is the little things that enable folks to feel supported and enable them to cope in difficult situations. Community hubs and schemes such as the Blackdown Support Group have an important role to play. It is important that people who are willing to invest time and effort in such schemes are not overly burdened with having total responsibility for fundraising.

Local Parish and District Councils could have a very important role in providing back up support and help to lonely and vulnerable people.

District Councils are heavily involved in Local Plan's; could community hubs be integrated in to new communities?

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The Committee agreed that I should write to all who have responsibility in relation to policy and funding in health and social care, with the aim of asking if you would be willing to meet as a group to discuss the above points.

I would be very grateful if you could contact me to confirm that you would be interested in meeting to discuss these matters.

Yours sincerely

Jenny Roach (Councillor)
Mid Devon District Council

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Date

COPY OF LETTER SENT TO DCC, CCG AND LOCAL MP'S

Dear

I am writing with reference to my letter of 30 September 2014 regarding reductions to care services and the possibility of working together to produce a joined up approach. I have attached a copy of the letter for your information.

At the last meeting of the Scrutiny Committee I had to report that I had not received a response to that letter from you. The committee asked me to write to you to say how disappointed they were that the letter had not been responded to or at least acknowledged.

Whilst we are aware that we do not have much influence in this area we remain concerned that there does not appear to be a holistic approach. This concern is shared by members of the public who have difficulty comprehending why they see on the local news that discharges from hospital are being delayed because there are no care beds. Then at the same time they hear that residential beds for the elderly are being cut by Devon County Council. There are also frequent reports of ambulances are stacking in A and E for the same reason.

As a committee we can see benefits to each of the agencies getting together to look at a more joined up approach to this situation. It may well be that you have already adopted this approach in which case it would be reassuring to be made aware of any progress.

Regards

Jenny Roach
Chairman of the Scrutiny Committee MDDC

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Email from Councillor Stuart Barker of Devon County Council, Received on 22 December 2014, in response to an email requesting an answer to the enquiry about working with other agencies.

Thank you for the email however I do not have a letter sent directly to me dated 30th September. I did have a letter dated 2nd October and I responded to that letter. Jennie Roach subsequently wrote a response to that letter on 25th November with more questions which has been with officers and a response should be with you this week. Responses are normally made within 28 days unless there are unforeseen circumstances. The copy of an open letter you attached was sent to Parishes and others was dated 30th September but wasn't addressed specifically to me - your letter dated 2nd October did cover the questions raised at your scrutiny meeting so that was the one requiring an answer.

I think there is a misunderstanding about the position of hospital discharges. This is subject to national reporting and government regularly publish the relevant figures. If you look at the reports you will see that on average the responsibility rest significantly more with NHS services – typically in Devon they would be responsible for around 75% of delayed discharge issues. There have been few DCC social care delay issues in your area so the question of availability of residential beds is not an issue. The vast majority of discharges are to home where it is necessary to have nursing and reablement services available. Continuing Healthcare Care and Nursing Care are not DCC responsibilities.

I am afraid that the assumptions in the letter do not seem to have an evidence base but are personal views. Where we have been discharging directly to home and not using care homes for some time. In East Devon we have seen a significant reduction in readmissions within 3 months and 6 months and a reduction in the number of people needing a longer term social care support. People who access the reablement teams on discharge to home attain the facility to continue living independently much earlier than those discharged to either residential homes or cottage hospitals. The east Devon service is overseen by the Consultant Geriatrician based in the RD&E hospital and it achieves to support a higher number of people than was the case when a residential home was used. That residential home ceased providing the service over three years ago and has not been missed.

Devon has had an integrated approach to services with our CCG colleagues for over three years and has been jointly using section 256 funds from the NHS during that time. From April 2015 this will be replaced by the Better Care Fund which has been jointly agreed between DCC and both CCGs, we were recently notified that our joint plan has been approved by Government. Integrated plans have to work across the whole of Devon and not just in one local area.

I have noted the invitation to scrutiny meetings next year and am considering the position with officers before responding.

Regards

Stuart

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Your ref: Date: 23 December 2014
Our ref: JI/TH Please ask for: Tara Hooper

Dear Mrs Roach,

Thank you for your letter to Councillor Barker of 25th November, which has been passed to me for response. Councillor Barker is currently taking advice regarding the appropriateness at this stage of attending your meeting. I have responded to the comments and further questions you set out in your letter as below.

One of the main concerns is the lack of clear information in all our correspondence in relation to options available under the Localism Act. It appears that expressions of interest have to be made in March, as the decision to close was taken after March 2014, does this mean that expressions of interest could be made in March 2015?

The Localism Act right to challenge is not applicable to these services as decisions have been made to end services as described under Grounds for rejection – see below

Grounds for rejection are contained in the Schedule to the Community Right to Challenge (England) Regulations 2012 (2012 No 1647) (Fire and Rescue Authorities and Rejection of Expressions of Interest) (read with Regulation 4). The grounds are:

“1. The expression of interest does not comply with one or more of the requirements specified in section 81(1) or in regulations made by the Secretary of State under section 81(1)(b) (duty to consider expression of interest).

2. The relevant body provides information in the expression of interest which, in the opinion of the relevant authority, is in a material particular inadequate or inaccurate.

3. The relevant authority considers, based on the information in the expression of interest, that the relevant body or, where applicable:

(a) any member of the consortium of which it is a part, or

(b) any sub-contractor referred to in the expression of interest, is not suitable to provide or assist in providing the relevant service.

4. The expression of interest relates to a relevant service where a decision, evidenced in writing, has been taken by the relevant authority to stop providing that service.

Did any staff members show an intention to set up a social enterprise? Were staff informed at any time of this option and the Government's commitment to encouraging staff to take over and run services?

Staff in other areas of the county have taken this route. There is no requirement for Devon County Council to specifically communicate this opportunity to staff, however Trade Unions and staff are aware of this alternative; indeed this is not the first time services have been under review and Devon County Council staff have decided to take this route in the past.

Mid Devon District Council supported a bid for a 50 bed care home in the grounds of Alexandra Lodge. At the point this decision was made Councillors were unaware that Charlton Lodge would be closing. In the report to Council regarding the provision of this extra care facility Devon County Council committed £1 million and MDDC committed £300k to the scheme. Given the change in circumstances, could that finance be used to refurbish Charlton Lodge to provide the extra care housing which is predicted will be the way to meet future needs?

The funds are committed to Extra Care Housing at Alexandra Lodge.

The question relating to risk assessments has still not been answered, the risk assessment as printed in DCC reports assesses risk, following mitigation, as a 'possible minor' – all available information indicates that the risk of an enforced move is higher than has been assessed.

Please could you provide the information to which you refer.

In your response to Question 9 you state 'Well UK is not overseeing the process. Transitions are managed by very experienced DCC staff. Well UK is evaluating how the process was received by sampling residents, day service users who have moved to new homes or services and their families.' Please would you explain how Well UK are going to sample the people involved in the moves, what is the sample percentage/number? When will Well UK be reporting back and who will be receiving their report. Will this report go directly to DCC Scrutiny?

In your response, you state 'it is expected that an interim report will be presented to Scrutiny when there are sufficient numbers sampled' surely, as this is an ongoing process, the Scrutiny committee will want to be aware of the effect of these moves on those who have already moved? It might be that information on the progress of the planned closures may require a re-evaluation of the process?

Well UK is meeting the specification which set out:

"The bidding organisation will be required to start work 28th July 2014 to initially and in partnership with DCC managers, familiarise themselves with the DCC transitions process and practice guidance issued to the transitional teams and with national guidance and best evidence where that exists and to refine and develop a schedule/programme of work to be agreed with the Residential and Day Projects board on 5th August 2014 that will:

- a) *Following an initial discussion with the transitional managers to provide any initial risk based assessment of, and any recommendations for, improvement in relation to the*

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DCC principles, standards, processes and practical arrangements being proposed, to ensure they are fully compatible with national guidance and best evidence.

- b) *Provide a project plan to implement from 5th August to review a sample of at least 60 care home residents (subject to service users' agreement) and at least 120 day centre users who will have already been supported into alternative service provision. These reviews will be a robust and a detailed analysis of how the processes of transition was experienced / delivered for each of the people within the sample. If appropriate the carer for the individual will also be able to express their views.*

This plan should describe in detail the work to be undertaken in phase 1 involving approximately 15 residential placements and 30 day care placements. (Phases 2-4 will be a development from this starting position taking into account any lessons learnt from the previous phase)

- c) *Devise a method of gaining the views and experience of at least 60% of the service users who have not participated in the sample"*

This is an iterative process that enables learning gained from working with and supporting one group of residents and their families/ representatives to the next.

Reporting to Devon County Councils People's Scrutiny will, as described by Councillor Barker, be at points where there are sufficient numbers of reviews completed. This does not replace the interim reporting, and opportunity day by day, for Well UK to raise any concerns directly to the senior management involved in the transitions work.

The Centre for Public Scrutiny (What Rotherham and Mid Staffordshire tell us about Scrutiny, and where it's lacking. September 2014) make several relevant points, in particular; 'In both Stafford and Rotherham, scrutiny appears to have placed too much store on the assurances of people in authority that everything was fine. Even if they had wanted to ask challenging questions, it appears they did not have access to the information to do so.' In view of these comments it would be helpful if the question in relation to Well UK and the evaluation to date could be made available before the next round of closures takes place.

Do all residents and service users involved in the planned moves have access to independent advocates?

DCC continues to work within the Mental Capacity Act Code of Practice which states, 'The Act's starting point is to confirm in legislation that it should be assumed that an adult (aged 16 or over) has full legal capacity to make decisions for themselves (the right to autonomy) unless it can be shown that they lack capacity to make a decision for themselves at the time the decision needs to be made. This is known as the presumption of capacity. The Act also states that people must be given all appropriate help and support to enable them to make their own decisions or to maximise their participation in any decision-making process.'

As homes move into closure phase, an experienced team of staff is working closely with individual residents and their families to facilitate moves. The members of this team work closely with the Manager and staff of the home who have supported residents before, during and after their moves. All residents are helped and supported to fully participate in and make choices and decisions about their future.

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Independent advocates have been and will continue to support those residents with no family, carer or appointed representative. For residents without the capacity to understand the decisions relating to the changes and who do not have the support of family or a Power of Attorney, they will be fully supported by an Independent Mental Capacity Advocate (IMCA) within the requirements of the Mental Capacity Act to support them with decisions required in selecting and moving to a suitable alternative home.

I trust this provides a response to the issues and further questions you have raised. Please let me know if you need any further clarification.

Yours sincerely

A handwritten signature in black ink that reads "Jan Ingram". The signature is written in a cursive style with a large initial "J".

Jan Ingram
Assistant Director, Social Care Provision