

## **People Scrutiny Committee – 22<sup>nd</sup> October 2013 – Public Questions Priory & Delaware**

### **Question from Bruce Coull to the Executive Councillor for Adult Social Care, Health & Housing**

#### Question

The possible medical effects of closure on residents of Delaware House and Priory House Care Homes.

#### Answer

When a decision is made by the Council as to the future of Delaware and Priory, then full NHS and Community Care Act 1990 assessments of need will be carried out on all residents if required. The assessments would include the medical impact of re-accommodation, seeking the clinical expertise of the GP, the Dementia Specialist Nurse (if appropriate) and any other relevant community clinical service (District Nurse, etc).

### **Questions from John Slack, to the Executive Councillor for Adult Social Care, Health & Housing**

#### Question 1

Cabinet resolved that the findings of the Task & Finish Panel i.e. to close Priory House be accepted and instructed officers to commence the Consultation Process. What is the point of a Consultation Process when the decision has already been taken for financial reasons to close Priory house.

#### Answer 1

No decision has yet been taken on the future of Priory House.

#### Question 2

Cabinet made it clear that no decision about any of the options could be or would be made until the views of the current residents their relatives and carers, members of staff, their trade union representatives, key stakeholders and the general public had been sought and duly considered. Can you tell me how the views – which was an overwhelming voice for both homes to remain open as is – of these people and bodies of people have been DULY CONSIDERED when the Corporate Director for People has recommended the closure of Priory House.

#### Answer 2

The views expressed in the consultation process are set out in the report before the Committee this evening. These views have informed the report and the recommendations. Members of the Committee and Cabinet will also carefully consider the consultation responses along with all other material consideration when reaching a decision.

## **Question from Susan Ranson to the Executive Councillor for Adult Social Care, Health & Housing**

### Question

At the Council meeting on 17<sup>th</sup> October, Cllr Salter was asked would relatives have to pay a top up for their loved ones extra needs in the private homes should the unthinkable happen with closures. Cllr Salter's answer was NO unless they wanted to!!!

Can someone please explain to the families what on earth this answer means as the way I heard it meant that if we couldn't afford to pay any top up as myself and many others can not afford to then their loved ones would not be cared for adequately as they are now in Priory and Delaware because the extra care would be more than the set amount of £430.

### Answer

That is not what this means. If a decision is taken to close either or both Care Homes the Council is confident that it can meet the needs of current residents in independent homes at a cost to the Council it can afford and it will not require top up fees from relatives.

## **Questions from Jacqueline Gardner, to the Executive Councillor for Adult Social Care, Health & Housing**

### Question 1

I am concerned about the meaning of "developed"; does this mean that the new facility is built, fitted out and with the complete Delaware staff plus a further complement of suitably qualified staff (if resident numbers are increased in the new home) ready to welcome and care for existing Delaware residents?

### Answer 1

If Cabinet decide to go ahead with the Delaware proposals as recommended in the report there will be work to do to identify an appropriate partner and then develop the details of a scheme. The consultation process has indicated that there are a number of partners ready to work with the Council and that they believe an affordable development is possible including dedicated services for people with dementia. As of now no partner has been agreed and no details have been developed. We would estimate the timescale for developing a partnership and detailed plans and implementation would be at least three years. We would want the current service to run until the new service is ready to welcome residents which would mean a straight transfer to the new building

### Question 2

We understand that Council officers commissioned architectural plans for the redevelopment of the "Delaware site" on 24<sup>th</sup> June 2013. Given this degree of preparation it is reasonable to assume that officers have also drafted a schedule for this redevelopment. When is it estimated that Delaware House will close?

## Answer 2

No, the plans were indicative only to help care providers and developers to see if a redevelopment is feasible. This was a key element of the consultation process undertaken to inform the Cabinet decision. As explained in the answer to your first question there is a considerable amount of further work required if this is to go ahead, but as the plans are developed all people would be kept up to date as to the progress.

## **Questions from Suzanne Easton, to the Executive Councillor for Adult Social Care, Health & Housing**

### Question 1

*Please see section 2.2 of the report* - Exactly what is meant by the “*Delaware site*” and are we correct in assuming that this refers to all council owned property on the corner of Delaware Road and Maplin Way?

### Answer 1

Yes but actions need to be worked through still by the Council.

### Question 2

What does “*a dedicated dementia facility*” mean and, apart from the assumed specialist dementia residential care home, what other elements are intended?

### Answer 2

This is still subject to discussion. As well as a specialist dementia residential care home, it could include extra care housing for dementia and also some dedicated health services. It is important to stress that Southend Borough Council acknowledges there is a need for Specialist Dementia Care that will grow in time.

## **Questions from Lindsay Easton, to the Executive Councillor for Adult Social Care, Health & Housing**

### Question 1

What new consultation process is envisaged for planning and agreeing the process of moving residents and staff from Delaware House to the new facility and when will this process start?

### Answer 1

Assuming the Delaware proposals are agreed, we would seek to keep residents and staff updated on the progress of the plans in the initial stages; however when closer to the time of moving, all necessary people that will need to be involved will be, as the success in any move will be in the planning of transition.

### Question 2

*Please refer to report Section 4.29 sub-sections 2 and 5; Section 4.55 and Section 7.8 on risk assessment* – The research literature overwhelmingly supports the view that moving people with advanced dementia more than doubles death rates i.e. moving is likely to kill some Delaware residents. Will the Cabinet commit to moving residents no more than once?

### Answer 2

If we have to move people from Delaware this will be done carefully. Hopefully this will be only once, and every effort will be made to ensure things like the layout of residents rooms remain the same with familiar things around them.

## **Questions from David Easton, to the Executive Councillor for Adult Social Care, Health & Housing**

### Question 1

How will Delaware House staff (who are acknowledged experts in the day to day caring for people with severe and “end stage” dementia) be involved in developing the detailed plans for the “dementia facility”?

### Answer 1

If and when we get to this point, key staff will be invited to contribute to developing this new facility, along with other key professionals.

### Question 2

Will the Council maintain the ratio of staff to residents currently in operation at Delaware House in “the new facility” and will the whole “Delaware family” (all staff and all residents) move to the new home in the “facility” according to current best practice?

### Answer 2

Staffing levels will reflect the level of need of the residents at that time. Any residents that are in Delaware at that time will move over to the new facility.

## **Questions from Andrew Pay, to the Executive Councillor for Adult Social Care, Health & Housing**

### Question 1

When will Delaware House residents (that are capable) and their families finally be able to see the plans, budget and timetable for the proposed dedicated dementia facility.

### Answer 1

If the Delaware proposal is agreed, then once we have a Partner or Partners to work with us, a Project Group will be set up to involve service users, families and key professionals

### Question 2

Please refer to report section 4.6 and 5.2 and the quoted differing rates. The report is contradicting and confusing. How can the council state that Delaware House is expensive to run when there is no comparable local service to compare its expense against, given that Katharine Marks visited Delaware house on 15<sup>th</sup> October 2013 stating that in her experience she has not seen a home doing what Delaware House does outside of the NHS?

## Answer 2

Discussion with other providers and experience suggests larger homes can be run more efficiently. We accept that the service run by Delaware House would be significantly higher than the £430 rate. For this reason the report recommends Delaware continues but we try to find efficiencies.

## **Questions from Patricia Baron, to the Executive Councillor for Adult Social Care, Health & Housing**

### Question 1

Can the Council show us which homes are comparable (not compliant!) to Priory House which exist at £430 per week and how will you convince residents, families / advocates and professional staff that this is the case?

### Answer 1

The fact that the Council supports over 600 frail people in independent care homes suggests a wide range of needs are currently being met. We believe with careful planning this can be achieved.

### Question 2

Please explain why the Council started the consultation without carrying out the mental health capacity assessments (which were completed after the consultation finished) which is a breach of the "Deprivation of Liberty Act" and shows a significant flaw in the Consultation (which has excluded at least 16 residents from the start of the process)?

### Answer 2

Before the Consultation even started, some families and staff did not want the residents to end up receiving a great bundle of papers about the consultation without someone they knew telling them in a more sympathetic way. For this reason, as well as the Council's own decision that residents should be involved as much as possible in the consultation process, we put in the additional resource of Advocates and additional staffing to carry out the reviews and Mental Capacity Assessments where needed.

Where there was "reasonable belief" to suggest that residents may have lacked capacity to participate in the consultation and give their informed views as to the future of Delaware and Priory, a mental capacity assessment was undertaken by a suitably trained and qualified social worker. Where a person lacked capacity, and appropriate, the families were able to advocate on their behalf, also as appropriate,

At such time as a decision is made by the Council as to the future of Delaware and Priory, then full NHS and Community Care Act 1990 assessments of need will be carried out on all residents if required. The assessments would include the medical impact of re-accommodation, seeking the clinical expertise of the GP, the Dementia Specialist Nurse (if appropriate) and any other relevant community clinical service (District Nurse, etc).

Where there is belief that a person may lack capacity to consent to a particular change of accommodation, an MCA will be carried out. For those people who have no friend or family to represent them, the social worker will commission an Independent Mental Capacity Advocate as a statutory requirement.

The Council is not in breach of DoLs. The Deprivation of Liberty Safeguards are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home or hospital only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them.

### **Questions from Len Smith, to the Executive Councillor for Adult Social Care, Health & Housing**

#### Question 1

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#### Answer 1

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#### Answer 2

I have already answered this question from Mr Slack.

### **Questions from Norma Webb, to the Executive Councillor for Adult Social Care, Health & Housing**

#### Question 1

Closure cannot be contemplated unless comparable alternatives exist, this information has been requested many times, yet no answers have been forthcoming, surely this should have been considered thoroughly before delivering the options paper for consultation. For example if the real costs were more or similar would closure be an issue?

#### Answer 1

As stated above we believe across the 69 other homes in the Borough alternatives are available at a lower cost to the Council.

#### Question 2

Why has the council not given consideration to any of the alternatives put forward from the consultation process? Failure to provide fundamental information and show any regard for the ideas, suggestions, and wishes of those consulted demonstrates that the Council have simply gone through the motions with no clear intention of acknowledging any of the concerns raised.

## Answer 2

The views expressed in the consultation process, including alternatives are set out in the report before the Committee this evening. The views have informed the report and the recommendations.

## **Questions from Lynda A. Wilkinson, to the Executive Councillor for Adult Social Care, Health & Housing**

### Question

Is the Corporate Director and/or the responsible Councillor willing to provide a detailed account of the “soft marketing” exercise conducted in respect of Priory House particularly with regard to Option 3 and the possibility of its modernisation with third party funding and if he or she is not willing to do so, why not?

### Answer

Unfortunately, whilst there was interest in a partnership around the provision of specialist dementia care as provided by Delaware House, there was no interest for this in the soft market testing for Priory House.