

**Update meeting for 'Ageing well in Devon' Focus groups  
Tuesday 13 July 2010**

Notes including collated questions and comments. Some questions were received in advance of the meeting from:

**Pensioners Action Forum (Cliff Bell, Member of Executive)**  
**Senior Council (Cliff Bell, Yvonne Wardrop)**  
**LINK Devon – modernization focus group (Marjorie Brace, Cliff Bell and Dave Goodman)**

We believe that notes below cover the questions raised.

Meeting was attended by:

Barbara Starkiss	Blackdown Support Group
Audrey MacInerney	UNITE
Dylis Slater	PALS
Andy Lyle	TASS
Ann Wilson	TASS
Marjorie Brace	LINK Devon
Sue Howell-Richardson	Age Concern Devon
Julie Ayre	South Molton Patient's Voice
David Goodman	Friends of Beech House
Martin Hindry	Friends of Beech House
Cliff Bell	Pensioner's Action Forum
Yvonne Wardrop	Senior Council
Jenny Stephens	ACS
Malcolm Vede	
Paul Collinge	
Geoff Thomas	
Paul Giblin	
Pauline Shields	

**Apologies** were received from Trish Whitfield, EDVSA; Maggie Bonnell, Kingscare; Debbie Avery, Westbank; Dianna Hardiman; Sonia Barton, Carers' Chair; Martin Rogers, Age Concern Exeter.

The meeting was opened by Jennie Stephens, Interim Executive Director, who thanked everyone for their participation. Jennie gave a short presentation reminding people of the challenges we now face and the extensive amount of work which had been undertaken to get to where we are today. Input from previous meetings of this group had influenced the way in which the transfer process had been planned. Our commitment to residents, carers, families and staff was underlined and the current transfer process explained, together with timescales. It was noted that some of the members of the original group had felt that there should have been more communication during the interim period, even though there was in fact little to say.

A lively question and answer session followed, (some questions had been pre-submitted) and the following points were noted:

**1) What happens if an emergency admission or carer respite is needed?**

Reassurance was given that we have the capacity to deal with such emergencies as and when they occur.

The importance of sufficient respite, both residential and home based was acknowledged. We need to ensure greater flexibility and wider choice of respite services. There is a real challenge in block contracts for residential respite, as too often these beds are not used and as such have

significant cost. We do not want to limit our options by tying ourselves to a block contract at this time. Therefore we need to consult carers about how emergency and planned respite needs can be best addressed in the future.

Other options to consider include Rapid Response services to support people at home.

**3) Day care – will the new providers be contracted to continue this service?**

Yes, for existing users. However new providers (independent and 3<sup>rd</sup> sector) of day opportunities will be encouraged to enter the market and provide greater choice to new individuals requiring day opportunities. Therefore people who are newly referred will have a choice of whether to use existing day care or something different. The new care home providers will have a choice whether to offer day care to new clients or not, but to be clear existing day care users at the point of transfer will continue to be provided with day care from that home, for so long as they need it and wish to continue to attend.

The Putting People First programme will give individuals more choice and control and encourages innovative alternatives to day care.

**4) Who will monitor the new providers?**

DCC will rigorously monitor as we do with all our contracted services. We will only consider transferring the care homes to operators that can convince us that their client care and staff management standards are acceptable to us. We have eight tender questions that will ensure that residents are treated as individuals not numbers. In addition providers are closely monitored by CQC the national regulator.

**5) What happens if no-one bids for a particular home?**

Options – we could amend the offer, or find another type of provider. The residents will be looked after as now. DCC will look for suitable alternatives to operate and manage the homes perhaps making use of third sector and social enterprises but ultimately it could mean a managed closure and the transfer of residents to another home.

**Dementia**

There is a local need for dementia day care. Although Dementia cafes are invaluable they are not 'day care' or respite for carers?

This was acknowledged. It is likely that for those with very significant needs including those with severe dementia that day centre models will continue to be relevant. However even day centre models will be required to ensure that they offer a more personalised service for people who attend.

**6) Registration – When does CQC inspection take place?**

New owners will apply to CQC for registration.

Will the new owners be required to cover all categories needed including the most severe?

The home would be under an obligation to ensure it could meet the needs of individual requiring the type of residential care for which it is registered ( but not nursing care). We are being clear with providers that the needs of individuals requiring residential care are increasing and indeed any experienced good quality provider should be aware of this anyway.  
NB This is exclusively an older people's service.

**7) Rurality – How will quality staff be found to staff services both new and old?**

We will be asking providers as part of the tender, how they intend to recruit and train staff. The existing staff will transfer with the home. DCC's Workforce Development Team are working on

eLearning packages to 'upskill' staff in their own workplaces rather than travelling sometimes long distances to attend courses. There will be opportunities for staff to progress.

**8) How do WE understand what is happening?**

Better and more frequent communications are paramount to avoid worry and distress.

**9) Day care provided by the voluntary sector – is there any new money?**

There is no new money, it is how we spend it that must change and central Government are reducing the money given to local authorities, however the intention is to spend less on backroom services to protect those on the frontline.

**10) Review of Voluntary Sector Provision**

The voluntary sector does and will be expected to continue to provide a valuable contribution meeting the health and social care needs of vulnerable individuals. However the same principles of personalised services offering choice and good outcomes and value for money must be applied. Consequently, contracts are being reviewed and improved and better relationships with third sector organisations, alongside the existing meetings for providers, are being developed.

**11) Need for stronger local relationships as per 15 yrs ago**

More empowerment for local managers.

The challenges faced by local health and social care managers was acknowledged as was the feeling that they had less contact with voluntary organisations in their areas than might have been the case in the past. DCC is committed to having a good relationship with the voluntary sector and will take that issue on board in future discussions with the sector (see 10 above).

**12) Daycare**

Councillor Barker' was not present to verify or not what he said at a meeting referred to in this meeting. Therefore we cannot support what was said at this meeting. The Executive director confirmed the direction of travel which has been agreed with Members. We are reviewing day care and we believe that personal budgets are likely to lead to a wider range of services and additional models of service delivery.

**13) Who is going to pay for re-furbishment?**

It is anticipated that new providers will look carefully at the fabric of buildings and what will need replacing. This will be reflected in the level of their tenders. New owners will be subject to CQC registration requirements and we will be looking to monitor the development commitments included within the successful bids.

**14) More involvement in drafting tenders. Can we have the opportunity now to study and voice concerns on the tender document?**

Time lines are an issue and the tender documentation had already been developed and included the issues raised. There will be further opportunity to be involved at the presentation stage.

**15) Stand-alone day care opportunities for the third sector – will TUPE arrangements be invoked?**

The stand-alone day centres are not part of this process and are being considered separately alongside those day centres provided by the independent and not for profit sectors.

## **Summing up by Jennie Stephens.**

We will:

- Review who gets information and improve communications
- Draft a high level, easy to understand, summary sheet that organisations can share with users and the public (**attached with these notes**)
- Include PALS in any communications or discussion
- Produce a Question and Answers sheet available to download
- Give special consideration to the problems in rural areas
- Identify a senior manager to link with this group to address any reasonable questions arising from the process

**END OF NOTES**