

# **Consultation about the propose closure of Oakleigh Care Centre**

## **QUESTIONS AND ANSWERS**

**As at 30 November 2010**

This document outlines the key questions and answers in relation to the proposals to close Oakleigh Car Centre up until the end November 2010.

### **1. THE OPTIONS FOR OAKLEIGH AND THE CONSULTATION**

**1.1 Q. It seems as though the Council has already decided to close Oakleigh?**

*A. The Council will only make a decision about whether to close Oakleigh in March 2011, after a statutory consultation. Officers have had to think ahead, in order to consider the risks and issues of the various options, including closure.*

**1.2 Q. Is anybody doing anything to try and keep Oakleigh open?**

*A. The Council needs to save a significant proportion of its budget, and is reviewing every area of service. We have explored a number of options for Oakleigh including transferring the home to another provider or reducing staffing levels. Our work so far has suggested that these alternatives do not seem viable. We are fully prepared, during the consultation, to consider any options which will deliver the savings the Council needs to make.*

**1.3 Q. The council is consulting on the closure of Oakleigh. Have you investigated any other options?**

*A. A number of other options have been considered and these are outlined in the Executive report (dated 4<sup>th</sup> October 2010) that proposed the consultation. The other options considered were:*

- *Reducing staffing costs or other overheads*
- *Transfer the existing building and service to another care home provider*
- *Transfer the service (staff and residents) to another provider*
- *Charging the full cost of the service to residents or the Council*

The report provides details of the outcomes of these considerations

**1.4 Q. Does it matter if the building is out of date?**

*A. It does not matter if the Council continues to be the provider, although we know that potential residents would usually prefer private rather than shared facilities such as toilets. However the building limits the options we can pursue to reduce costs. Oakleigh was a registered service before 2002, when the new care home regulations came into force. Because the service is still being managed by the same provider (i.e. the Council) the home is allowed to continue to register as a care home. If a new provider took over the home it would be a 'new' registration and only rooms over 12sqm would be permitted. In effect this means we would not be able to reduce costs by externalising the service.*

**1.5 Q. Why can you not transfer the service to another provider and TUPE transfer the staff?**

*A. If the service transferred to a new provider and staff TUPE'd to this provider, then the new provider would need to register Oakleigh as its own service. The Care Quality Commission would view this as a new application and the room sizes would not meet the new standards. The home could not be registered as a service provider because of the non-compliance with Care Quality Commission regulations.*

**1.6 Q. The building was recently refurbished. Was this not**

**to extend its registration life?**

A. *The refurbishment improved the quality of the environment within Oakleigh, but the room sizes still do not meet new Care Quality Commission standards.*

1.7 Q. **Why could the council not continue to provide the service, but sub-contract the staffing? This may be an option to reduce the cost of providing care in Oakleigh.**

A. *If the Council sub contracts the provision of care in any way the sub contractor would become the provider. The new provider would then need to register the service with CQC and the room sizes would not meet minimum standards.*

1.8 Q. **Why close the only 3 Star excellent home in the borough? The Council should be proud of it and see it as its flagship.**

A. *The Council is very proud of Oakleigh and the quality of care provided. However there is no getting away from the cost. Oakleigh is almost twice as expensive as similar provision in the private and voluntary sector, mostly because of our staff costs. In addition the level of investment we would need to make the building fit for the future is simply not available to us.*

1.9 Q. **Could the Oakleigh manager be allowed to sell the beds privately rather than only to Council funded people?**

A. *He is, and currently two people are paying the full cost, over £1,000 per week. However we are fully aware that the cost puts off most self funders when compared to what it will buy them elsewhere.*

1.10 Q. **The report says you are going to cease new**

**admissions. Surely if you do that the unit cost will go up and then it will be a foregone conclusion that you have to close?**

A. *The decision to cease new admissions is being requested because we don't think it is right to be bringing in new residents when the future of the home is in question. However the knock on effect of that is, as you state, that the unit cost will go up. We have made members aware of the issue at the outset to ensure that the likelihood of increased unit costs during the consultation will not affect the Council's final decision.*

**1.11 Q. When a nearby health facility closed to new admissions a lot of the staff left early and then the unit had to close because they didn't have the staff. How are you going to stop that from happening here?**

A. *That is a risk, and one that is very hard to give you any certainty about. We hope very much that the staff will remain, and take comfort from knowing how committed they are to Oakleigh and to the residents. The staff here are, as we have said, well paid, and the council's pension and redundancy provision is good. However some staff may wish to leave sooner if they have an attractive offer, and in practice it will be very difficult to keep them if they want to go. It is something we will need to keep a very close eye on as we go forwards.*

**1.12 Q. Is there really anything we relatives can do which might make the Council change its mind?**

A. *We have carefully considered the options and made this proposal as a result after a great deal of thought. However, we want to hear everyone's views and, if we've got it wrong, we will change our proposals. We want to do the best we can within available resources and welcome alternative suggestions through an open and transparent consultation process.*

1.13 Q. **Could we have a copy of the report which went to the councillors? Can you provide us with a list of other people consulted?**

A. *The report (Proposal to Consult on the Closure of Oakleigh Care Centre, The Executive, 4 October 2010) is available on the Council Website as is the initial consultation timetable, which identifies the people being consulted about the proposed closure. Additional people and groups have been identified to be involved in the consultation since the consultation process has been implemented. If any other individuals or groups want further involvement in the consultation process they should contact Alan Grierson at the Civic Offices.*

*Paper copies of the consultation report and associated papers can be obtained from Alan Grierson. His contact details are:*

Alan Grierson  
Head of Provision  
2<sup>nd</sup> Floor  
Civic Offices  
St Nicholas Way  
Sutton, SM1 1EA

Tel: (020) 8770 5771 or (020) 8770 4903

Email: alan.grierson@sutton.gov.uk

1.14 Q. **Has the consultation been advertised through the local press?**

A. The Council provided a press release in relation to the public consultation about the proposed closure of Oakleigh to local media including local papers and Radio Jackie on 28 September. The local press, including the Sutton Guardian and the Sutton Advertiser, reported the consultation in the following week.

1.15 Q. **It is not always easy for carers to attend meetings and this makes it difficult for them to voice their views?**

A. *Carers and all other people can voice their views by writing to Alan Grierson (contact details above). There are a number of documents aimed at helping people to express their views. These are included in the consultation papers also available from Alan Grierson. The Council's website also provides a questionnaire aimed to help people express their views.*

## **2. AVAILABILITY AND QUALITY OF ALTERNATIVE PROVISION**

2.1 Q. **There are going to be more and more older people. How do you know there will be enough homes and places?**

A. *We know that, at present, we have capacity in good quality homes in the independent sector and our research has shown that this capacity is increasing. In addition, the Council is planning to develop a specialist dementia resource centre at Franklin House which will increase capacity and provide a range of high quality specialist dementia services for Sutton residents.*

*However, we are not just focusing on care homes as we believe that for some people, their needs could be better met in the community. We have therefore ring-fenced some of the savings to be made from closing Oakleigh to help develop and pay for these alternative services which help us to address any future capacity challenges.*

2.2 Q. **How many Dementia Care Homes are in the**

**borough? Could we have a list of them all with their star rating?**

- A. *The Care Quality Commission no longer awards star ratings as of 30<sup>th</sup> June. However, there are 8 other registered homes for people with dementia in Sutton and their last inspection them the rating below:*

Residential Home	Star rating
Elmglade	2
Grange Cottage	2
Montclair	2
Rutland House Care Home	2
Sandilands Lodge	2
St Mary's Lodge	2
Wellesley Lodge	2
Woodcote House	Never been rated

*In addition to this there are 18 nursing homes in Sutton that can provide care for people with dementia. 14 of these homes have been rated as 2 star good services, 3 have never been star rated, and one only has one star indicating it is adequate. This home is not approved by the Council.*

*The nursing homes in Sutton that can provide care for people with dementia are:*

Nursing Home	Star rating
The Avenue	2
Beverley Lodge	2
Bridge House Care Centre	2
Broadlands	2
Carshalton	1 (not approved by the Council)
Cheam Cottage	2
The Croft	2
Crossways Care	Never been rated
Grantley Court	2
Grennell Lodge	2
Jesmund	2
Lodore	Never been rated

.....continued

<b>Nursing Home</b>	<b>Star rating</b>
Shirley View	2
Southdown	2
St Judes	2
Sutton Court Care Centre	Never been rated
Tordarrach	2
Willow Lodge	2

2.3 Q. **Are the council not under-estimating the growth of Dementia? The figures in the consultation document are much lower than the government forecast.**

A. *The London Borough of Sutton was the first Council nationally to commission a population needs assessment of people living with dementia. Over recent years the Council has made good progress in modernising and expanding the range of services available for people with dementia, and the Council is confident about the availability of alternative residential care and the need to invest in specialist community based dementia services.*

2.4 Q. **When the homes hear of this isn't there a chance that they will put up the prices and hold the Council to ransom?**

A. *A number of homes in the borough are run as charities or other not-for-profit organisations so there is little reason for them to do so. Those homes which are run as profit making businesses are managed in a competitive environment, and to many the placements they receive from the Council make up the majority of their business. The Council works in partnership with homes and has a good idea of the rates which they normally charge. Any homes which were seen to be 'profiteering' risk damaging partnership working arrangements and their reputation, and ultimately losing future placements from the Council.*

2.5 Q. **I hear that there are people in St Helier waiting for places- doesn't that suggest that there aren't enough**

**places?**

A. *There should be no reason why people are waiting in St. Helier for places unless they are waiting for a placement at a specific home. People looking for places in care homes are offered a choice of three homes normally, and Placement Officers have indicated that they do not have a waiting list for care home placements.*

2.6 Q. **We don't think the quality is available in the private and voluntary sector, we looked at other homes before coming here. What are you doing to make sure there is good quality care available?**

A. *The Council has a wide ranging quality assurance programme ongoing, involving a range of professionals from Adult Social Services and Housing. We work with homes to share good practice and address areas of concern where they are identified. In response to the concerns from relatives the Council's Health and Wellbeing Scrutiny Committee will also be carrying out its own investigation of the quality and availability of care homes in the borough, which will inform the consultation.*

*In addition to this Cllr Stears and Dr Adi Cooper are personally visiting some homes themselves.*

2.7 Q. **How can you ensure that you will see the "real" home when you carry out your inspections?**

A. If possible the inspections will be unannounced. Adi Cooper has asked that any relatives with specific concerns to give the details to Annie Griffiths for collating. Councillor Stears has given an assurance that any concerns will be investigated.

2.8 Q. **Why do you think that Oakleigh is the only 3 star dementia home in the borough?**

A. *The homes are inspected and have been star rated by the Care Quality Commission. This star rating system ended on 30<sup>th</sup> June this year. . Although there are no residential services within Sutton that achieved a three star rating there are 9 dementia services within a five mile radius of Civic Offices (of which 2 are Nursing Homes) that achieved a three star rating, and commissioners within Sutton continue to work with local provider to improve services.*

2.9 Q. **Who is the Care Quality Commission accountable to?**

A. *The Care quality Commission reports to the Department of Health.*

2.10 Q. **Why could Rick Mayne not go and mentor some of the private homes managers?**

A. *Rick has supported one manager to improve service where problems were reported.*

### **3 SPECIFIC ISSUES RELATING TO OTHER HOMES**

3.1 **General issues:**

#### Shared rooms

*Whilst it is true that some homes do have shared rooms the Council has a policy of only placing people into single rooms, unless they specifically request otherwise. Shared rooms have not been counted in vacancy assessments.*

#### Bad layout/environment for people with dementia

*Each home has its own layout and environment. Homes registered to cater for people with dementia will have professionals working there who are knowledgeable about both day-to-day dementia care, and maintaining a suitable environment. All homes have to operate within the constraints of their architecture, but they are expected to provide a suitable and safe environment for those whom they care for.*

#### Fire hazards

*All homes must comply with health and safety and fire regulations; it is a legal requirement and a requirement of their registration as a care home. If any homes are found not to be compliant with fire regulations then they must be reported immediately to the Care Quality Commission and the London Borough of Sutton.*

#### Use of agency staff

*Agency staff are a valuable resource to cover periods where permanent staff are unavailable, emergency cover or for short term increases in people's need. Any agency staff used should be suitably trained and qualified for the job which they are carrying out and are a supplement to a core, permanent staff team.*

#### Staff training

*All care homes in Sutton have access to the same training as Council employees. It is provided free of charge and specialist training providers are commissioned. Most homes also purchase their own training from externally companies as well, and some have qualified trainers in their employ working on-site. All care homes have a responsibility to ensure that their staff are suitably qualified and trained appropriately for their roles.*

**3.2 Q. Have you (senior officers and members) actually been to any of these homes?**

*A. Commissioning and other senior officers in the Council have visited a large number of homes. Our social care staff also visit homes, when they meet to review the needs of individuals living in those homes. The Scrutiny Task Group, referred to above (12), will include visits to homes, by councillors.*

**3.3 Q. When we were looking we found that any good homes have waiting lists. How then will the council**

**be able to get us places in them?**

A. *Availability of places at any home varies from week to week, so a home that is full one week may have several vacancies just weeks later. Our Placement Officers receive weekly vacancy information from approved homes, so we do not believe that it is fair to say that there are long waiting lists for all good homes in the borough.*

**3.4 Q. How can we find out if other homes are under threat because their buildings don't comply?**

A. *CQC reports (available on their website) will usually state if the home was registered before 2002 and, if so, if it would not comply with current regulations (just because a home is registered before 2002 does not mean that this is the case). Such homes are not necessarily 'under threat', as they are able to maintain their registration (as they have done for the last eight years), but if they were to change provider then they may have the same problems as Oakleigh would (see Q3) in that they would have to be re-registered as a 'new' home. This would mean that they would have to adapt the building to comply with new regulations.*

**3.5 Q. Can you tell us which homes are purpose built rather than old conversions?**

A. *The majority of registered care homes in Sutton are conversions; however, this does not necessarily mean that they are less 'fit for purpose' than purpose built accommodation. Many conversions have modern, high quality interiors. More information on specific homes (location, type of property) is available from recent inspection reports on the Care Quality Commission website.*

**3.6 Q. Can you tell us the names of the 3 star homes within a five mile radius?**

- A. *The Care Quality Commission no longer awards star ratings as of 30<sup>th</sup> June; however, those homes within a 5 mile radius whose last inspection awarded them a 3\* rating are:*

<i>Ridgemount</i>	<i>Banstead</i>
<i>Greenacres</i>	<i>Banstead</i>
<i>Roseland</i>	<i>Banstead</i>
<i>Gate Lodge</i>	<i>Purley</i>
<i>The Devonshire</i>	<i>New Malden</i>
<i>Wimbledon Beaumont (nursing home)</i>	<i>Wimbledon</i>
<i>Queens Court Care Home (nursing home)</i>	<i>Wimbledon</i>
<i>Abbeyfield House</i>	<i>New Malden</i>
<i>Olivia Residential Care Home</i>	<i>New Malden</i>

- 3.7 Q. **What about the Franklin development- how does that relate to this proposal?**

- A. *The Council is planning the development of a specialist dementia resource centre at Franklin House which will increase capacity and provide a range of high quality specialist dementia services (not just residential care) for Sutton residents. In the longer term this will help us to meet the challenges of providing specialist care for an increasing number of Sutton residents living with dementia. The current status of this project is that we are waiting for confirmation from central government about the funding for the extra care housing element of the scheme. We hope to receive a response by the end of this year.*

- 3.8 Q. **There are plans to rebuild Franklin. Why not wait for this to be built before you close Oakleigh?**

- A. *We are waiting for funds from the Government for the Sheltered Housing part of the project. At this moment in time, we do not know if the Government will release the funds.*

#### **4. HOW THE TRANSFER OF RESIDENTS WOULD BE MANAGED**

4.1 Q. **Can you provide us with some guidance in choosing a new home for our relative? Can you give us a list to choose from?**

A. *The Council has allocated a link Social Worker who will work with the people living at Oakleigh and their families if they would like to discuss any aspects in relation to choosing a new home. The Social Worker would be able to provide support to make sure the process of finding a new service is as easy and as smooth as possible. This Social Worker has extensive knowledge about local services and can be accessed by contacting Rick Mayne at Oakleigh.*

4.2 Q. **If you move people at this age they might die. What are you going to do to prevent that?**

A. *We are aware of the risks of moving people and we take it very seriously indeed. In Sutton we have successfully closed two of our care homes, and moved the residents out. Officers have a lot of experience now in doing this well. If the decision is made to close, a dedicated team of people including one or two Social workers and our commissioners will be involved in the process, as well as the relatives and staff. Each resident's needs would be looked at individually and a detailed risk assessment drawn up. Staff will be involved throughout, remaining in contact with the residents after they have moved and helping them to settle.*

4.3 Q. **I know my relative has a group of friends here. Can they move together?**

A. *This is definitely something we would want to facilitate if it is what the families want, and meets the residents' needs. We will be assessing each person as an individual to agree how their needs can best be met, and this may mean that some people's needs are best met in different places from some of their current group of friends.*

4.4 Q. **Can my relative move to a home outside Sutton?**

A. *Yes, for instance if you live somewhere else and you want your relative to move nearer to you, we will help you find a suitable home and make the arrangements.*

4.5 Q. **If the Council decides to close Oakleigh and relatives do not agree with a particular proposed new home what would the council do?**

A. *If the Council decides to close Oakleigh it would have a duty of care to find an alternative service for everyone. The Council would be committed to working with families and friends, as well as staff that know people really well, to find alternative accommodation and care for everyone living at Oakleigh. We would want to involve each person in choosing their new services according to their individual needs and their capacity. The process of finding a new home for each person would be led by a Social Worker who would complete a community care assessment and care plan for each person, which would enable us to identify the right alternative services for each person in a personalised way.*

4.6 Q. **What happens if we cannot find a suitable home before Oakleigh closes down?**

A. Oakleigh would not be closed whilst there are still residents there and we would continue to work with individual families to support them in this.

4.7 Q. **Most of the homes approached so far have waiting lists. What if there is no room?**

A. *This should not present a problem as, if the decision is taken to close Oakleigh, the closure process would take 6 months from March next year.*

## **5.COUNCIL PRIORITIES**

5.1 Q. **How can the council be spending all that money on the high street and the life centre- surely these people are more important than those projects?**

A. *The High Street regeneration is being paid for by Transport for London and money from planning developments, known as Section 106 contributions. The money is “ring-fenced” – which means by law it can only be used for the town centre improvements and cannot be switched to other projects.*

*Sutton Council sees the Life Centre as a long term investment in the borough’s future and prosperity, which aims to help our children to keep safe and make the most of their potential. It is hoped the work carried out there will make our young people better citizens – which in turn will make the borough safer and better for everyone of all ages. Again though, a large proportion of the funding for the Life Centre has been provided specifically from the Lottery and from Central Government.*

5.2 Q. **The Council should prioritise cuts differently- why should this very vulnerable group of people be the ones to suffer?**

A. *The Council has to do the best it can within significantly diminishing resources and is required to make savings across all its service areas. Whilst we accept that it is very difficult and unsettling for those people immediately affected by this proposal, we find it hard to justify running a service, albeit an excellent one, when there are good quality alternatives at half the price.*

5.3 Q. **What will happen to the staff?**

A. *The staff would be at risk of being made redundant if the home were to close and suitable alternative employment could not be found within the Council, but with their skills they would be very sought after. As a good employer the Council would do everything it could to support staff through this potentially difficult period and seek alternative employment if necessary. We are confident*

*that the staff are dedicated and that they would support the residents through the move if necessary.*

**5.4 Q. What will happen to people with dementia in the future? If you close Oakleigh, will you still have enough places?**

*A. There is indeed a big population pressure, but it would be wrong for the Council to spend £1000/week for a resident at Oakleigh, when other placements cost considerably less. The plans for people with dementia are part of the older peoples commissioning strategy and models of care are changing over time.*

*The Council is very concerned about meeting the growth in need for dementia services, as are our NHS and other partners. There is a need to expand services, but also to improve existing ones so they can better meet the needs of this group.*

*The care home market in and near Sutton has responded to the projected increase in demand, and several new homes have opened in the last couple of years. We are also aware that the Council has received a planning application for another new build. This expansion is very desirable as it will increase choice and competition. We are confident that there is sufficient capacity to transfer the residents currently at Oakleigh to homes of their choice, and achieve a better price. At the same time the Council is developing a specialist dementia resource centre at Franklin House which would provide nursing care and specialist extra care housing for people with dementia. We are waiting for the outcome of a funding proposal to central government for the extra care element of this project.*

*We have also invested in other community based services, jointly with health. We are therefore better able to support people with dementia to stay safely at home for longer. Should Oakleigh be closed we will also set aside a proportion of the anticipated savings to expand those services.*

**6. FINANCE**

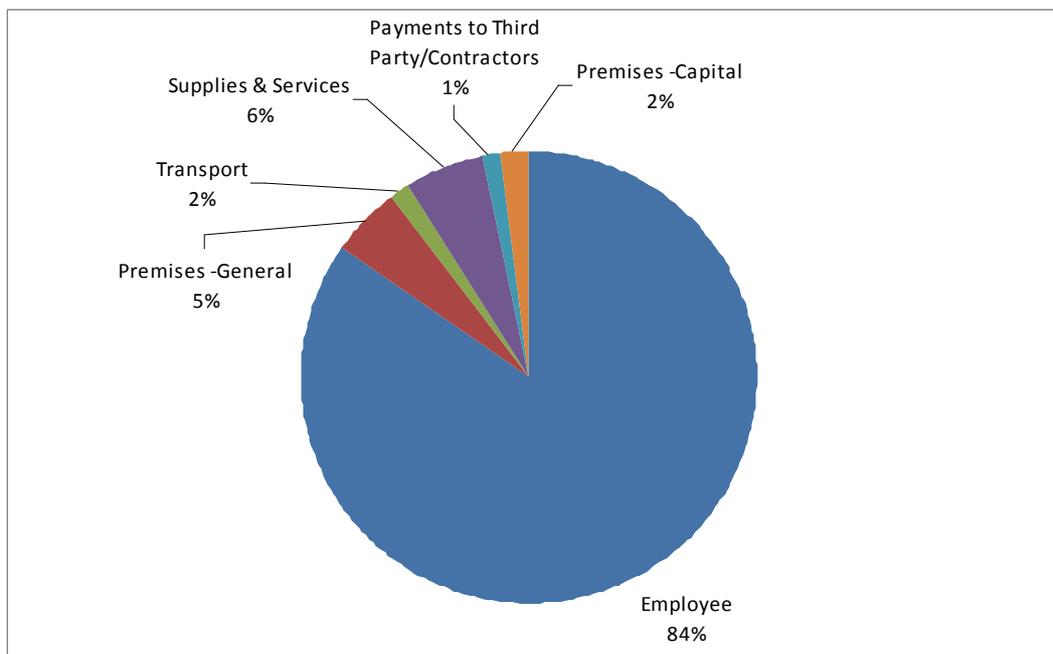
6.1 Q. **Would there have been the capital to develop the Franklin site if the Council hadn't lost its money in Iceland?**

A. *Proposals for the development of the Franklin site are currently in the approval process. The Council fully intends that Franklin House will be developed as a specialist dementia resource centre as proposed.*

6.2 Q. **The consultation document refers to the cost of care at Oakleigh as £1,024 per week. Does the cost include the cost of Respite and Day Care? Could we have a breakdown?**

A. *The cost of a residential placement and the cost of a respite care placement at Oakleigh have both been calculated together and the cost of each is £1,024 per week. The day service is commissioned separately and the cost of this is separate.*

*84% of the cost relates to staffing. The remaining 16% of costs are for premises, transport, supplies and services payments to third parties and contractors and premises capital costs.*



6.3 Q. **Could you please let us know how the cost of £588 per week for private care has been calculated?**

A. This is the average cost of services that are similar to a residential placement at Oakleigh that are contracted within the local market.

6.4 Q. **Should the comparison in the report not be made with 3 stars homes which are more expensive?**

A. *The high cost of a service does not always guarantee high quality. There are 8 homes for people with dementia in Sutton, 7 of these homes have two stars and are good services, and 1 of these homes was never rated under the star system. There are no 1 star residential homes for people with dementia in Sutton that are just adequate. All of these services are approved by the Council for people with dementia and are less expensive than Oakleigh.*

6.5 Q. **The Council has just told external providers that it will reduce the contribution toward the cost of care by 2.5%. Isn't that going to reduce the quality of care provided?**

A. *The Council is committed to ensuring the best possible services are provided for people with dementia within the resources that are available. To continue meet the increasing demand for dementia services and maintain quality through and beyond the public sector recession, the Council must control costs and continue to work with providers to maintain and improve service quality.*

6.6 Q. **Can you confirm how many residents at Oakleigh had to sell their property to meet the Council's charges for Oakleigh? Can you confirm the Council's responsibilities/duty of care to/for these people?**

A. *There has only been one person in this position.*

*The Council must follow national direction in relation to charging for residential care and there is no room for local interpretation.*

*Each individual's ability to fund their own care is assessed by a Social Worker. This financial assessment takes account of all of the individual's assets including their property.*

6.7 Q. **What will happen to the building?**

A. *Once the building becomes empty it becomes a London Borough of Sutton asset. At this moment in time, no one knows what will happen to the building.*

6.8 Q. **If the value of the property is part of London Borough of Sutton, would this not constitute the 20% savings?**

A. *No, we need to generate 20% revenue savings.*

6.9 Q. **Would there be a capital receipt for the building? What would this be used for?**

A. *There would be a capital receipt for the building if the Council sells it. If the Council sells the building it will need to sell the site at market price to achieve the best possible capital receipt. This would be used to fund Council priorities after the sale.*

6.10 Q. **Why are the council services so much more expensive/**

A. *The primary reason for the high cost of “in house” social care services provided by the Council is the staffing costs.*

## 7. **QUESTIONS SPECIFIC TO THE DAY CENTRE AND RESPITE SERVICES BASED AT OAKLEIGH**

7.1 Q. **If the Day Centre moves from Oakleigh when would it have to move again? It is important for people with dementia to have continuity of care?**

A. *If Oakleigh closes the Council would aim to establish a long term alternative location for the Day Service. The service would continue to be provided by Housing 21/Dementia Voice for as long as they are contracted to do so. There are no proposals to change the day service provider at this point in time.*

7.2 Q. **The Day Centre at Belsize Court is closing. Could the day service currently provided at Oakleigh move there?**

A. *No decisions about the proposed closure of Oakleigh have been made yet. If Oakleigh does close the Council will explore all possible options for the location of the day service including Belsize Court if it is available.*

7.3 Q. **Will the Council keep respite services and day care services for people with dementia in the same location in the future?**

A. *The Council is planning to develop a specialist dementia resource centre at Franklin House which would increase capacity and provide a range of high*

*quality specialist dementia services for Sutton residents in one place.*

7.4 Q. **Why does the Council not wait until Franklin is built before closing Oakleigh?**

A. *The Council does not know when it may receive a financial commitment from central government about funding for Franklin House.*

7.5 Q. **Will the number of respite beds reduce?**

A. *The current proposals do not include reducing the number of respite care beds. The Council recognises the importance of respite for carers/families and works with providers in the market to ensure there is supply.*

7.6 Q. **Would it not cost more to have respite at home rather than in a care home?**

A. *Community services are tailored to individual needs and costs differ from person to person.*

## **8 QUESTIONS ABOUT THE DOWRY AND INDIVIDUAL COSTS**

**8.1 Q. The Council has advised it will offer a ‘Dowry’ payment for existing residents at Oakleigh – what does this mean?**

*A. The Council is willing to pay above its usual rate for alternative residential and nursing care for the people currently living at Oakleigh if this is required to enable people to secure new accommodation within the timescale (March to September 2011).*

**8.2 Q. How much is the Dowry payment?**

*A. The Council has agreed a sum of up to £700 per week (for residential care) and up to £750 per week (for nursing care). Hence the payment may vary pending on the individual circumstance. The usual processes of means testing and individual contributions still apply.*

**8.3 Q. How does this affect existing contributions made towards the cost of care? Is the Dowry means-tested, will I still have to contribute towards the cost of care?**

*A. The amount that people currently contribute towards their accommodation will probably remain the same as now, however, if the value of any savings or capital assets (a former property) total more than £23,250 then residents will be required to pay the full cost of their new accommodation. Therefore the dowry payment will be means tested in the usual way.*

*The only difference is where a resident’s needs may have changed and they now require care in a nursing home. In these cases the PCT will contribute a weekly amount towards the cost of the nursing care. The current standard weekly rate of this contribution from Health is £108.70, although in a few cases this rate may*

*be slightly different.*

*The Council has no discretion about whether it charges or how it charges people for residential or nursing home accommodation.*

**8.4 Q. What happens if the home adds on additional charges – how will this be covered?**

*A. If the additional charges are for sundry items such as newspapers, hairdressing for example, then these should be met from the amount of money that resident's retain each week. This is known as the personal allowance.*

*If the additional charges are for a room with a view, or a single room or chiropody then these should form part of our contract with the home and an additional charge should not be necessary.*

**8.5 Q. How long will it be payable for?**

*A. The sum will be payable for the duration of future placements that will be needed for the people currently at Oakleigh.*

**8.6 Q. What happens if my relative is assessed for Continuing Health Care?**

*A. Should your relative be re-assessed and be considered eligible for Continuing Health Care full funding, the NHS would pick up the whole cost of the placement and the Dowry would stop.*

**8.7 Q. What happens if the circumstances change which requires a further change of accommodation – will the Dowry still be payable?**

*A. The dowry would follow the person to an alternative placement for the individual (as long as the individual remained eligible for social care support, and was not*

*determined eligible for Continuing Health Care in which case the NHS would pay)*

8.8 Q. **What happens if the charges are currently e.g. £650 pw and then circumstances change and my relative needs nursing care where the cost is £800 pw – will the Dowry increase?**

A. *The Dowry could increase up to £700 per week for a residential care placement and up to £750 per week for a nursing home placement. If an individual's needs meet nursing care criteria then he or she would be entitled to receive some money from the Health Service to help pay for the nursing care part of the cost. As stated previously the current standard rate is £108.70 per week.*

8.9 Q. **How does nursing care funding work?**

A. *There are two types of nursing care. The first type is continuing nursing care, which occurs when a person meets a set of criteria agreed with health for this type of funding. Where people meet these criteria the whole of their nursing home fee is met by the Primary Care Trust and the resident does not have to contribute.*

*The second type, is where the nursing care that is required is less frequent and in these cases the Primary Care Trust will contribute a weekly standard contribution towards the cost of the nursing home. In these circumstances the resident is still required to contribute to the cost of the accommodation element of their care.*

8.10 Q. **If the cost of the accommodation is more expensive than the amount of the dowry will the Council pay the extra cost?**

A. No. The Council will only pay up to the agreed dowry amounts of £700 per week for residential accommodation and £750 for nursing accommodation. If you are wanting your relative to move to accommodation that is more expensive than the dowry

then someone else will need to be willing to pay the additional costs. Where this occurs, it is referred to as a “top up” arrangement. Before people are able to enter into such arrangements, the Council will need to assure itself that the person indicating that they are wishing to pay a “top up” for the more expensive accommodation, is financially able to make the additional payment each week. Only once the “top up” has been agreed can the persona move into the home of your choice.