

## 22/10/2014 19.00 – Public Consultation Meeting

### Attendees:

Alison Elliott (Director of People)

Helen Woodland (Head of Adult Services)

Cllr Shields (Cabinet Member for Adult Social Care and Health)

Thanks very much for coming, my name's Alison Elliott, I'm the Director of People here at Southampton City Council, I have the responsibility for Adult Social Care, with me this evening is Helen Woodland who's the head of Adult Services and Councillor Dave Shields who's the Cabinet Member for Adult Social Care and Health. For those of who were also at the last public consultation, you will know that at that consultation we gave you the opportunity of being videoed or being taped because what's really important is that we're able to capture everything that you say; because we need to share that with elected members who will make the decision in respect of the services that we're going to talk about tonight. So the transcript from that first public consultation meeting is on the website and Paul will tell you how to access that a little later, but I just want to confirm that you're happy to be tape recorded tonight, so we can transcribe it, and we can make sure that all Councillors will see that. People OK with that? Thank you very much.

What we want to talk about tonight is the reasons for the consultation, what the process was, what we want to try and give you is some of the emerging options that are coming out of the consultation discussions that we've had. What will then happen is that (I think this is on a further slide, but we'll talk about it now) we will provide a report that will go to Cabinet that will include all the consultation responses and will include in that report options for the Cabinet to make a decision and they'll make that decision on the 9<sup>th</sup> December. We will confirm with you how you can access that report from the website, the dates it's published and stuff. OK? Is that clear? Then there'll be an opportunity for you to ask any questions or to make any points because we will record all those points. You will know that the reasons for the consultation were that we've got an increasing population, we've got a decreasing resource, we need to think about how we can provide services to increased numbers of people as we move forward. So how can we make the Council sustainable into the future and how can we provide services that are much more personalised? Because there is a drive to personalise services, and how can we do that within a shrinking budget? So how can we make sure that the outcomes for individuals are the best as they can be within a shrinking budget? So the government tells us that what we should be doing much more is we should be offering people direct payments, and a direct payment is where, instead of providing a service for individuals, we give them the money so they can buy the services that they want. But you can't use a direct payment to purchase services off the Council. So in addition to a growing demand, a shrinking resource, the policy direction is that actually we should be coming out of providing services as a council and we should be allowing people to purchase services for themselves. So those are the challenges that we as a Council face. The view is that actually if you're going to provide services for individuals we need to move away from the services we've previously provided in the past, so services such as day services, or residential care services, are seen to be services that are not individually tailored to meet individual need. You may disagree with that but that's the policy direction of travel that we get from the government and in many senses they're right, actually,

people should have much more choice and control over the services they have, they should have the power to be able to purchase those services, and therefore we shouldn't be providing services on block. One of the challenges that we have is where there are fixed buildings based services then it's very difficult for a Council to be able to also provide direct payments to people, and to provide fixed buildings based services. So we need to think about actually moving away from those fixed buildings based services so we can provide more individualised support for people. Now, that's about how we look in the future and how we provide services in the future and many local authorities across the country have gone down this road; and I appreciate that that doesn't necessarily feel very comfortable for you and your family members who are receiving services today. So on 15<sup>th</sup> July as you know Cabinet decided that actually we should consult on the future of Woodside Lodge, all our day services and of the respite services at Kentish Road. So we started a 90 day public consultation on 24<sup>th</sup> July and today is the last day of that consultation. And what we aimed to do was gather your views, and gather the views of services users, their carers and their families and also to work with service users and carers where we could, particularly around Kentish Road and day services in terms of trying to explore what would be the options that they would feel would be best for them. So there were 48 meetings and what we will do in terms of what goes to Cabinet, where we've got absolutely verbatim recordings of those meetings, because some of those meetings were what we call coproduction meetings so we haven't got verbatim recordings, but where we've got verbatim recordings, like the public consultation meetings that we've held, that information will all go to Cabinet members. All the information that we have in respect of the consultation responses will go to Cabinet members, and we will put together a report that analyses all that information for Cabinet members. So they'll get the raw information too, but they'll also get a report that analyses that information; and that will be on the website and you can have access to that too. The range of meetings that we held and I have to say, a range of responses that we received. So when we think about day services, 85% of those people that we talked to think we shouldn't change the way day services were provided. 15% did think we should look at different ways of providing day services. 77% of people believe we shouldn't change the way respite care is provided, but 23% of people did think that we did. And in some cases these are small numbers, OK? And when we talk about Woodside Lodge, only 9% of people thought we should look at a different way of meeting those people's needs. So overwhelmingly, the responses that we've had are that we shouldn't change the services that we provide. And that will absolutely be fed back to members, so elected members will absolutely hear that. My advice would be: it's unsustainable to continue in this way, into the future. We can't continue to provide services in that way. So some of the emerging options then for day services are that we obviously we keep all the day services open, on the basis of the consultation responses, we should keep all the day services open and we should look for savings elsewhere in Adult Social Care. Some of our staff have talked to us about wanting to create a social enterprise. So wanting to work outside of the Council, form a social enterprise, and be able to deliver day services for people who are using our existing services. So that might be one option. Another option might be not to close all the day services but just close 2 of them, or 3 of them, or 1 of them. So those are options that we have to look into on the basis of, as you can appreciate we haven't yet analysed all the feedback we've had from people, so we'll have to analyse all that and make the options, recommendations on that basis of that feedback, but also on ensuring that we're sustainable into the future. We could provide direct payments for everybody and not have any day services at all in the city, that's one option. So those are just the emerging options. In terms of Kentish Road, I think there's a recognition from some people in Kentish Road that actually that's not the best provision for

their loved ones and that actually a different type of provision, particularly for those people with less complex needs, would be in our shared lives service or via a direct payment. So we could do that, we could look at actually, for those people with less complex needs we could provide the service in a different way. But there are people with complex needs who we do feel need a buildings based service and how could we do that? Could we do that by keeping Kentish Road open? Or could we do that by securing that provision within the independent sector? We could look at phasing the closure of it, so that those people with complex needs still get to use it, until they have found alternatives within the independent sector. We could close it entirely, or we could not close it. So those are the kind of options that we're looking at. In terms of Woodside Lodge, again, the overwhelming people felt that we should keep it open, so we could keep it open, we could look at a different model, so we could look at a social enterprise or a private organisation taking on the service and running it. I have to say that's probably unrealistic, given that the building itself would not be attractive I think in terms of being able to make it a viable business opportunity. Or we could close the service and support people to receive the service in the independent sector. So none of that, I don't think, would be a surprise to you because those are the things we've been talking about as we've gone through the consultation but I think it's important to recognise and remember that actually people are genuinely, in the overwhelming majority, not wanting to have any change. So the consultation closes tomorrow, again as I've said there'll be a full analyses of those consultation responses. The report with recommendations will be available on 1<sup>st</sup> December, so it will be published on the website on 1<sup>st</sup> December, so you can look at it on the website on 1<sup>st</sup> December. There will be a scrutiny committee on 4<sup>th</sup> December at 5.30pm which you can go to, if you want to. And the Cabinet on 9<sup>th</sup> December will be at 4.30pm and again you can attend that if you wish to. Both of those meetings are here, in the Civic and both of those are in the Chamber. For those of you who came to Scrutiny committee before, it's in the chamber.

So what support will there be? Whatever the decisions are, what support will there be? So there will be a dedicated care manager or social worker for each of the identified centres, and we'll offer advocacy to any individual or to their family or carers who wish it. We will go to all the centres and we will talk to you about the decision that Cabinet has made, whatever that decision is. So we will be there to talk to service users and to family and carers. For everybody who sent in a consultation response we will provide a summary report and we will send that to those individuals, and we will continue to work with day services and respite services because for some people, through that process they have seen an opportunity to do things differently so we would want to continue to work with them, whatever the decision is. And we will be reviewing everybody who uses Adult Social Care, whether they attend a day centre or not, or a residential care home or not, because I think for those of you who were there last time, we have a statutory responsibility to review everybody annually and we haven't been doing that as well as we should have been but we will be reviewing everybody to ensure that the service that they're receiving meets their needs and that people remain eligible for services from Adult Social Care.

I think it's really important to remember, what we're talking about is providing services differently. I appreciate that many of you in the room might not like that, or might not want that but this is not about taking services away from those people who are eligible for services from the Local Authority. This is about providing services in a different way. And as I said, really, everything that you've told us Cabinet will see and will hear. It's over to you.

Q – I have a point of information, please. Scrutiny Panel on 4<sup>th</sup> December?

A – Yes, I think so, at 5.30

Q – It says 11<sup>th</sup> December on my computer

A – It's definitely before cabinet. The special cabinet meeting has been arranged to consider these proposals only and that's in addition to the timetable that was published earlier in the year. So because of that, a special Scrutiny Committee has been arranged to consider those proposals only. I think 11<sup>th</sup> December Scrutiny meeting that you referred to was arranged for the other Cabinet meeting that's occurring later in December so it's-

Q – This information isn't on the computer at the moment.

A – Is it not? OK-

Q – if it would have been I would have seen it

A – Well those are the dates

Q – There are people who will probably want to come, who won't be there because the information's wrong.

A – We'll get the information put right on the website, but those are the dates.

Q – I've got a lot of tensions around this whole area. Not because I disagree with what the Council are proposing to do, I can see for obvious reasons that change is necessary. But there are all kinds of tensions in me when start I listening to you because things don't add up. I mean, just talking about choice for example, the essence of choice is that people can go somewhere and make decisions about what's available in the market. Well, I don't know if there is a market yet, because the Council hasn't managed to get one set up and publish it. So there's an element there of not knowing what's available. And secondly, there's a question of how do we pay for it? If you're someone with a dependent, how's it going to be paid for? Well I haven't got direct budgets, I haven't got direct payments, how do I get direct payments? My information is that people who've been asking for direct payments for some years have to wait months, even years, even to get a simple reply to their requests. Now what you're suggesting to me, or to us, is this massive change, this transformative change being directed by central government and the act and all these other things that we can quite easily believe in, is dependent on people having direct budgets and personalised budgets. How are you going to get that organised and set up so that we can believe that that is going to be possible?

A – I think you're absolutely right, I think that we haven't been good enough with direct payments, I think you're absolutely right. So as part of the work that we've been doing during this process of consultation is working with our support provider, who provides our support for people with direct payments and also internally with our staff to ensure, because I can't stand up here and say to you direct payments is a good idea if actually you can't get a response in a very reasonable amount of time, so I agree.

Q – What I want to know from you tonight really is, what are your plans to ensure that direct payments are going to pick up and that people in their hundreds will find themselves having direct

payments in their budgets from next year onwards when these changes are perhaps going to start effect?

A – As part of our review, we will be talking to people about whether they want a direct payment. As part of that, we are ensuring that for those people who want a direct payment, we have the back office capability, for want of a better word, to respond to that immediately. Because the worst thing you could do is say I want a direct payment and then find that incredibly frustrating.

Q – So why would they not get a direct payment if they asked for it?

A – I think in the past, well up to now to be fair, we haven't been quick enough at responding to people who have requested a direct payment. We haven't been good enough at it and what I'm saying is we have to be better at it, because we have to be able to respond to it.

Q – My information also things like social enterprise options for places like Kentish Road failed because there wasn't guarantee that the Council would give... that places would be taken up. The business plan wasn't going to work, I haven't got the details here, but that was a flaw in the plan which is why it didn't go ahead. The staff were willing but unfortunately the Council didn't go with it. Now if there had been enough direct payments out there for people to make choices its quite likely they would have voted to keep Kentish Road going and that would've relieved the Council of the problem of having to decide what to do with it, because people will have voted with their budgets. That's not going to happen, because we haven't got enough budgets around, and people aren't familiar enough with it to make that work. So that option, which would have helped people go with the changes in a way, they would've voted to keep it going it seems from what you were saying, that can't happen. That's a failure I think of the Council, not just this Council but earlier Councils in not making sure direct budgets were there for people to use at a much earlier time, and that's led to the situation we're in now, where you have to make these rather dramatic decisions about closing places down.

A – I think some of you had very long discussion about that-

Q – We speculate because of the answers-

A – That was a decision as I understand it, there was a plan to operate what's called a LATCO (a Local Government Trading Organisation) and that was not agreed by the Council. That doesn't get away from the fact that actually we have been slow, and I have to accept responsibility for this, at ensuring that people have access to direct payments. We know that, and we have to be better at that. So I accept that challenge entirely.

Q – Direct payments isn't an answer to all, obviously, because you also have to have the people to provide the services. And I have to obviously admit that I'm a retired social worker and I worked with learning disabled adults in this city for over 15 years and so I've been through the whole process, the multiple changes from 1993, community care act etc. closure of big (??) hospitals etc. and looking at people being included in society, part of that is obviously the day centres; and obviously the big day centre closed, which was the big one in Millbrook and that money was invested for community centres. Now you're saying you're going to close the community centres?

A – The community centres won't close because they're not-

Q – You’re going to close it to learning disabled adults to use then, is that-

A – What may be an option is that the Council no longer provide those services in those centres-

Q – You see, the building is part of that refurbishment, the building came from that legacy that was learning disabled adults and I don’t think that should ever be forgotten

A – No, I think people have reminded us of that, actually through this consultation

Q – Good. I’m glad I’m not the only one. I think it’s very sad if that was what supposed to be the condition including these adults in more with... different things that are going on within that community. And I think that’s always been successful and I think that’s not necessarily to be blamed on one individual or just a few, It’s a whole (??)

A – what we’re trying to do is think about: how can we be more inclusive in the future?

Q – But the private sector, which is what you will have to be looking at, if you’re looking at personalised budgets, direct payments, isn’t necessarily the way to go either. Because it cannot be actually, in my personal opinion, called trusted; and you only have to look at recent headlines of various places where they still fail even though large amounts of money have been paid for somebody’s care. So I understand a lot of these carers’ concerns.

A – Absolutely, and I think the whole issue of quality, is an issue for quality within Council services and external services, it’s not just external services that we should be looking at quality in that.

Q – More a comment, rather than a question. My name’s Kevin Liles I’m chair of Southampton Voluntary Services and if one thing makes this city work, it’s volunteers in the voluntary sector. But their capacity has never been so challenged as it currently is. SVS, Southampton Voluntary Services, that I’m chair of, that’s the organisation through which the Council consult with the voluntary sector in total (????) get feedback. Our own organisation’s lost 50% of its staff in the last 3 years with another 20% threatened with services to go. So we, as the organised part of the voluntary sector, have had reduced capacity like never before. And that’s the case for all the big charities and volunteers. Obviously, volunteering includes people who don’t even know they’re doing volunteering: family members, parents etc. and all of these changes have been brought about because of the financial famine, and likely put additional problems or further capacity demands on them. So the point I’m trying to make is, the voluntary sector can’t be taken for granted that it can rise to the occasion to help, because it’s never been so challenged as it currently is.

A – I think you’re absolutely right. And I think there is a decision to be made and it’s not part of this consultation but there is a decision to be made for all Council’s across the United Kingdom, really is: where they place their resources? And are they better placing their resources in the voluntary sector? So that the voluntary sector can offer more support.

Q – Re the respite side of things, if you’re going to put that out to public, private businesses. Places like Vitalise are way, way dearer than the Council’s version, I would say about three times, for 4 days it’s like £680 for respite there so there you go.

A – So as part of the discussions we’ve had around respite-

Q – And that would be the only alternative respite in the area

A – Well we also think there is alternative respite for some people within our shared lives service. And for some people that we've talked to about respite, they've said that they would prefer to have a direct payment and organise their respite themselves. But I think you're absolutely right, that those people who need a buildings based respite, a residential care type respite, you're absolutely right; in terms of what's the cost of that compared to the cost of Kentish Road. And that will have to be factored in in the recommendations that go to the Council, so I think you're right.

Q – Just more of a comment as well really, I thought it was worth having on record when the decisions are made, you know, behind closed doors, which they are, I think it's worth-

A – You can go to the meeting, there will be an open meeting

Q – But there will be an internal decision made at some point in the Council about-

A – So no, we will write a report to Cabinet, and that report will be published on 1<sup>st</sup> December, it will go to Scrutiny on 4<sup>th</sup> December and then it will go to Cabinet on 9<sup>th</sup> December and they are all open to the public.

Q – Even so, on the same thread, the decisions that are being made have to be made with the head; but the implications of the decisions for parents and carers are matters of the heart and I know that's very easy to sit and... but I'm sat with Helen who's been to every meeting, completely worried because she read the Echo about her day centre closing and there's nothing I can say to her to make any promises, I understand you can't make promises to me. But the position that we're left in is a very tenuous one, and when the door shuts on 9<sup>th</sup> December and the decision is made, there are further implications that are not actually solvable by just saying this needs achieving, it's very tricky. And I would also just say that again, probably the same point, but giving people a personal budget is not giving people a service. There is not yet, I don't feel, encouraged in the fact that there is a direct link and so if there was some due diligence in the aftermath of this that said "these are the services you can now access" so that we can treat that as a light change, at the minute the change is "we might not provide them anymore, we hope you can find them somewhere else"; which would be great if we could because then it's not a problem if we can say "well don't worry, normally you do your photography here but now you can go and do it here with some of your friends". If we knew the link onwards and there was a transition that we felt was achievable within the private sector, I think personal budgets is a fantastic thing, it's just an anxious position for us to be in and a lot of pieces for us to pick up at the end of the day.

Q – Another point that's related, adults with learning disabilities, they have the private organisations but they're also losing their funding from government so therefore they're closing down. So the private day centre type clubs are going as well.

A – As part of this we're looking at all day centres, currently that are provided by us as a Council but also provided in the independent and voluntary sector, so we're looking at them all. Just to go back to your point, you're absolutely right, this is about heart. It's not about head and that makes it extremely difficult.

Q – Next to impossible, I do understand your position.

A – What I can assure you-

Q – Funny how they've always got the money though to refurbish their offices every year-

A – If we could just have one person at a time, because then we won't be able to record it and then we won't be able to make sure that people hear exactly what's been said. You're absolutely right, there is no way I can assure you, there is no way whatever the decision that somebody will say to you "this is your direct payment, you're on your own". Because part of the support will be about exploring whether that's an option for you, it might not be an option for everybody, and it shouldn't be. If we're talking about choice, then there's a choice not to have it. What that means is, if you don't want to take a direct payment, we'll arrange that support for you, or for the person that needs it, and that's really important.

Q – It's their whole social lives, some of these things, and we wouldn't really have taken it very lightly from anyone (???)

Q – (?????)

A – It's really hard

Q – Very hard

Q – You keep on about direct payments, that's not for self-funding people is it?

A – No, not at the moment

Q – But who then, from their current residential home – Woodside Lodge – it's going to cost a lot more than it does at Woodside Lodge

A – I think we've had this conversation before, if I recall. So direct payments is not an option at the moment for residential care, so it's an option for respite care, it's an option for day services; it's not an option at the moment for residential care. So if the decision was to close Woodside Lodge, we'd need to work with you and your family member to look at alternatives. The Council will contribute a proportion of the cost. Now, for some homes, that's the total cost. For other homes there might be an additional cost. But there is capacity in the market place at the Council's rate. What I said to you last time, if you'll recall at the public meeting, because people were challenging me on that, so what I said was that we would look at that and if you were right and I wasn't right, then we would need look at that rate and we might need to have to increase that rate. So that's what we've been looking at during this time and we will continue to do that. So if the decision is to close, then we will look at that rate but the Council will contribute a proportion for those people who are funded by the Council. For those people who are self-funders then that's a different matter. So for those people who are self-funders then the Council won't contribute to their funding, in the same way that we're not contributing to it now presumably.

Q – You said it was a matter of the heart and not the head when you were discussing decisions-

A – They said it was a matter of the heart.



Q – You agreed with her, you said it is the matter of it and you were presumably thinking that was your position too. I don't disagree with you, it is a matter of the heart very often but the Council knows also that it is a matter of the head because your paper told them so, it told them that there were substantial savings to be made in this very area, I mean, this is a matter of the head isn't it? And that is going to sway them in their final decision because of the options that are presented, cannot counter the savings. We haven't got anything to offer you; we haven't been able to offer you anything that is likely to counteract those enormous savings that you can identify. So I have this tension again, things don't add up; that what you're saying is right, it's true but on the other hand you're telling me something that I can't believe because I don't believe that the Council will go with its heart, because it can't.

A – What I was saying was I can understand that it is a matter of the heart for people, and it is also a matter of the head as well-

Q – But you accept that they know that the cost element in this which has to be considered, and that is probably going to be paramount unless we come up with a solution to this problem of the deficit in the budget, and we haven't done that, have we over the last 90 days?

A – No, and it's a problem over the whole Council it's not just for Adult Social Care.

Q – But it will be for Adult Social Services at the end of the budget the Council can have access to it

A – No, the Council has access to a lot of budgets

Q – Which budget are we talking about then? What are the other budgets?

A – Well Roads, Transport-

Q – The major budget's got to be-

A – The major budget-

Q - £67 million isn't it?

A – About £71 million for Adult Social Care, about £58 million for Children Social Care, don't quote me on these figures because they're not-

Q – It changes all the time. But what I want to know is: this is the truth of the matter; I'm trying to get to the truth.

A – It is the biggest budget the Council has, absolutely right.

Q – And therefore it is a matter of the head and not the heart as far as the Council's concerned.

A – Our responsibility, I feel, is to present to the Cabinet options based on judgements around can we provide services that are fit for the future in a different way that meets people's needs, that delivers-

Q – Absolutely right

A – Hang on, that delivers savings-

Q - ?????

A – Hang on, can I just finish please?

Q – You can.

A – That delivers savings, but also that recognises what you have said. And so they will have access to all the information that you have said. Their decision – I can't tell you what their decision will be, I don't know what their decision will be.

Q – But on probabilities I think you probably would know. What I'm trying to say to you again is that Kentish Road – it probably isn't the only best option, but you asked people who use it what they prefer, and 80% odd said they prefer no change. What did you expect? There is no option, there's no choices for them are there? The only choice that is actually on the table from your point of view is Shared Lives which Vicky has done a marvellous job with. But from our point of view, with dependent people with learning disabilities, it may have answered what we need so it doesn't surprise me that 87% would say no. Not because they don't like Shared Lives, but because there is no other option apart from what you've got. You haven't even got direct payments so they can't go elsewhere to buy, I mean, you haven't given them anything that they can do except stay with the present and they are disappointed about that I can quite understand it. What we really need, from the beginning I think, is a certain amount of truthfulness. "This is what's going to happen because there's no money to pay for any other options, we'll listen to what you've got to say, but since we haven't involved you in any kind of co-productive process which could've happened over the last couple of years we don't have anywhere else to go now except this way, which is to cut and thereby save money". And all the rest of it, to be perfectly honest, is just a lot of talk, it won't happen. You can't even promise direct payments to us for next year, can you? You haven't got social workers there who are trained to make appropriate assessments and reviews, even that hasn't been organised. I've asked these questions and you've said "no, there's no plan until after the consultation". Well, I mean, it's being a bit late, isn't it? what we need if thing is to start rolling next year is money set aside to pay for people who are going to do appropriate assessments and reviews so you know what the needs are.

A – We will do that, that's what I said. We will do that whatever the decision is, when Cabinet has made their decision. But we are, absolutely, I do acknowledge when we previously met that we haven't been as good doing our reviews but I can assure you that in the last 3 months we have improved significantly on that.

Q – Really?

A – Yes.

Q – That's good.

A – So we haven't done well, but we're getting better.

Q – I can't understand it, that's such an important point because most carers want to be spoken to on an individual basis so the needs for the person they care for are discussed on a 1-1 basis with somebody that they have some trust in and those aren't really happening for people very well at the

moment. So I just wondered what the plans were to make sure that those continually and, I don't know how many people you need to get round and sort of catch up with yourselves, so there's the assessments on people's packages, as well as the carers assessments because, you know, it might be a matter of the heart, but for some families it's also about the practical issues. So as things change, then how will life continue? What practical support will be there to enable that person to do what they choose to do, but also for their families to be able to carry on with their lives?

A – Those reviews will take place, absolutely. We have an action plan for our review team and they've been working through that and they've been doing many more reviews than they have done in the past. We haven't reviewed anybody who's receiving a service that we are consulting on, because what I said to you was we could do that when we finish the consultation.

Q – I understand, but as well as those reviews, the actions need to follow.

A – Absolutely

Q – Because I know a lot (?????????????) actions agree with some carers may raise at those reviews are not being followed up speedily enough. Nobody takes requests for direct payments and (????)

A – Absolutely, I'm just conscious to let people speak who haven't spoken, so I'm just looking around the room.

Q – I'll assume that there's some sort of dialogue with Children's Services because of young people coming through in transition so I think this is key to your wanting to look at changing your provision of services. My own experience was very poor, of Children's Services, I have to tell you. Usually we're informed that a week before they're 18 then bang, what are you going to do with these people? And that was not that long ago, so I do hope that has improved-

A – Absolutely there's an advantage of-

Q – There's your key market, your change process, if you like, with the young people coming through to acquire you know perhaps a totally different way of having their day time services or evening type services and their direct payments and personal budgets, and it's a sort of key time but it will be a really anxious time for those parents and carers as well.

A – So in terms of our conditions, you're absolutely right, and having worked in both Adults and Children's, I've seen it from both sides, but you're right most of the time they're 18. So we have established a 0-25 service in this city and that at the moment is for children with special educational needs and disabilities but from April it will be extended to all children and young people with disabilities so we can actually start working with parents and carers earlier on in terms of preparing them for adulthood. That's really important, we haven't, lots of local authorities haven't done that very well and then people fall off a cliff when they reach 18, and that's not satisfactory.

Any other comments or questions people want to make?

Q – I have to say, we constantly hear about choice, and more control over our lives. But in actual fact, reality says to me that there is less choice, and less control. And also in the paperwork

throughout the consultation process, it said that the criteria and eligibility is now changing, and some people won't get support at all.

A – The criteria isn't changing, the Council has always had, I don't know for how long but for as long as I've been here, but the eligibility thresholds, there are 4 categories for eligibility: low, moderate, substantial and critical. And this Council, like most Council's actually has always operated at a threshold of substantial and critical. Now, in 2015 the Care Act will come into place, and that will introduce a national eligibility across the whole of the country. One of the challenges has been it depends where you live; it depends on the eligibility of the Council. So there will be a national eligibility across the country and that will be, the language is different, it's not substantial it's:

A – Just eligible. Its eligible needs. It seems to be in parallel consistent with-

A – So it won't necessarily change very much for this Council but there are 1 or 2 Councils who operate under a wider eligibility threshold and that will change for them. It will be at the same – substantial and critical.

Q – I did read that people getting Council support now for respite will not be able to get it in the future.

A – So if your relative who is currently receiving service is eligible for Council services, they will continue to get services. We have a responsibility, that's why I said this is not about removing services. For those people who aren't eligible, we don't have a responsibility to provide services. But for those who are eligible we have a responsibility to provide services.

Q – But if they're having services now, and they're relatively poorly they're not just going to suddenly improve.

A – People's needs change all the time-

Q – Yeah they change. But people with learning difficulties – yes things to change but they've still got learning difficulties.

A – Absolutely, but having a learning difficulty doesn't necessarily make you eligible for a service.

Q – So what happens to the (???) then, where do they go? Who looks after them?

A – If for example, and I have absolutely no idea, but we do know actually that we are undertaking more reviews and we do know through those reviews that some people, not the people we're talking about here tonight, but some people are no longer eligible for services. So what would happen with somebody who is no longer eligible for services because they didn't meet the criteria then we would work with them to look at how they were supported outside of the Council services. So we wouldn't say "that's it, you're not eligible, goodbye." We'd say "alright ok, you've had services for a long time-

Q – So who would be doing this, social workers?

A – Yes

Q – Will you be employing more social workers?

A – No we have a review team that we will be focusing on this work.

Q – What we're struggling with from the Woodside Lodge perspective, 91% of people said they want it to stay as it is, so that's a done deal, nobody wants any change. So we're assuming there won't be any change then, would that be fair to say?

A – No I don't think that would be fair to say-

Q – OK, so the next stage there is that alternative (???) becomes private provision. Now we've been here before, and it takes us a long time to get down to these meetings, private provision is appalling in this area because we've visited 6 or 7 different provisions 2 years ago, and I haven't seen such a state of provisions like that anywhere else. Now you're suggesting, if Woodside gets closed potentially, in terms of this my mother in law is not safe to be in an environment where she's not looked after 24/7, then these private provisions are not geared up to actually handle somebody in that stage of dementia. Now the other point is, and again this was raised last time, that when somebody is in this stage of dementia and they get moved, their life expectancy drops dramatically. So we're expecting as a result of this, because it looks like Woodside will get closed, she's only got about 18 months to live, or 12 months to live, or even less. I don't quite understand how the democratic process can actually scam this off at all because in her context it's a dramatic change. It doesn't have to be head or heart or whatever, the facts are, it's proven, that this will be a major issue unless her provision can be protected where she is in Woodside, because the move will kill her. And if the private provision has not changed in the past 2 years, it's appalling. And that's not being emotional about it, it's a fact, they're disgusting. Now the issue there will be about money – she hasn't got property; she's only got her pension, so again we're stuck in the context of that so we can't exactly upgrade her to something better. And I think last time we asked has anybody ever looked at these private provisions, they're appalling. So my point is, on the questionnaire "would you like to keep it open or closed" or whatever the options read as, they don't want it closed, and 91% of people said that. So how much sway will that carry in the final assessment?

A – So that will be presented to members of the Cabinet. And I thought it was important, somebody said to me earlier "well didn't you think those were obvious responses?" but I thought it was important that we shared the responses with you. Yes, we probably all knew that those would be the responses, but I wanted you to know that those were the responses. And we will share that response with Cabinet. So they will know what you said. But the recommendation might still be that we should close it, they will then need to make that decision. We've had a discussion before around the quality and I've said my piece and you've said your piece and those are your experiences, I don't deny that.

Q – I agree, I think our feeling is this is just a done deal, we are where we are.

A – I can honestly say to you, I can honestly say I don't know that it is-

Q – But in the background, financials are going to dictate this, so either way it doesn't really matter does it? And the only one minor thing, as it's going on record is it talks about the report being available on the website from 1<sup>st</sup> December, can somebody make sure that on 1<sup>st</sup> December it is clearly available and it can be accessed because we've had absolute problems filling in the forms, submitting the forms – only last week submitting the forms, they couldn't get sent through we had a

7 or 8 page consultation response and we couldn't get the email accepted and we had to phone up on 3 or 4 occasions. It just adds to the whole issue of what we're going through with this which is not very user friendly to say the least. We've had problems at the beginning and we've had problems at the end.

A – What I will try and do is on the front screen of the website, I'll ask Paul to see if he can do this, that there is a link on the front screen so it is really obvious for you.

Q – You've just changed your website haven't you?

A – Just changed the website

Q – That was the issue, I could not find anything. It took me half an hour to troll through to try and least get at least somewhere and I couldn't find anything that linked me to the consultation, to anything. It took me 3 or 4 phone calls to find somebody that I could actually get that through to. I did get it through.

A – That's not acceptable.

Q – No. What I would like to put into the mix is that there are some good private homes; I can imagine that they are out there, I haven't seen many of them but I imagine there are. But what we have that's unique at website is that it's geared up purely for those residents with dementia and with severe dementia. When we've visited other care homes there's been a mixture of levels of dementia. And the whole sort of environment is not set up for that and the staff, as well, did not have that level of experience. So you're saying they may well be out there but actually it's probably at the very, very top end where we're going to get that type of environment that my mother has at Woodside, that safe environment where staff know exactly what they're doing, they know the residents, they know how to deal with them, they know them very, very well. That doesn't come across when you see other homes, it's not happened when I've been into other areas so that needs to also be taken into account. We're going to be looking, if it comes to closure which I think it probably will from what we've been looking at because we didn't get another option it was "do you agree, disagree, strongly disagree to close Woodside". That was the option, one option; my husband said you're going to get that because there wasn't anything else.

A – In terms of what we looked at was whether another organisation would want to take it on, and that's very unlikely because of the building. So yes, I appreciate that was (?????). So that's important and that will be recorded.

Q – Just have an issue about the website, one thing I raised was actually naming the providers of the services that were affected in terms of Day Centres...day care provision because it wasn't really discussed at consultation, it didn't say what was affected. It was only later on that a list of providers were put up but perhaps people (?????) truly reflected because that didn't even go into the details of the projects that were affected and obviously there's quite a few across the city. I just wondered, did a lot of people meetings (???) and stuff like that, whether the extent has been fully appreciated by the City of what this decision is, these decisions are. I don't know if you ask the average person on the street whether they're fully aware of the gravity of the situation and that's something that you could've emphasised a bit more really.

A –OK

Q – Is the NHS involved in this process? Because you're talking about people who get provided services, respite at Kentish Road have dual needs, health and learning disabilities-

A –So we have what's called an Integrated Commissioning Unit here in the city which is between the Council and the Clinical Commissioning Group which is the commissioner for health services in the city so we have been working, we're integrated in that service and we've been working with the Integrated Commissioning Unit in this project so yes, health are absolutely-

Q – Are they going to provision themselves the dual needs?

A – For those people who require their health needs to be met, absolutely

Q – So they're going to re-provision all their services as well?

A – I don't know if they've got any plans to re-provision their services

Q – Really?

A – I don't know

Q – It's just a comment really, we're talking about closing Woodside which is obviously the dementia home and we've got doctors today being given £55 to identify a person with dementia. Now isn't that going to put more demand on services, and actually more cost to the Local Authority and yet you're going to be closing, or potentially closing, provisions that could offer that care.

A – So we know, don't we, that actually demographically there will be more people with dementia. The population is aging and there will be more people with dementia, you're absolutely right. The decision the Council has to think about is how can it best provide that to individuals in the future? And is providing it itself the best way to do that both in terms of the best service but also in terms of how it can use its money best? So you're absolutely right, the demand is going to increase, and yes £55 to diagnose... I won't comment.

Q – Couple of questions about the process. My understanding is there's recommendation's going to be made by officers. Are you two making the recommendations? Who's making the recommendations?

A – So the recommendations will be made by a group of staff that have been working on this project, we will take-

Q – Is that your staff?

A – They are Adult Social Care staff and staff from the Integrated Commissioning Unit

Q – So from what I understand, because for me this is... we've had based on last time we get to the point of consultation so from what I understand, and this is just from what I've heard in the room tonight, you, how best to put this, don't agree with keeping open or keeping the same status quo what's already (???) . So I'm not saying you've made your mind up but I'm saying the recommendation's favourable against what the outcome you've got for the public. What I'm trying

to say to you, I find this slightly confusing, I'd much prefer to know personally black and white where we can stand because I'd like to look at the next step. Because the next step for me, the point I want to make is, therefore the thing I'm now concerned about rather than the transparency of this, and the honesty of this, which could be questioned is actually the quality of service we're now going into. How can you guarantee the quality of service is going to be better? Because if it's the same they won't do it, so how can you guarantee it's going to be better with the same money? And if, and this is a big if, because say if we purchase a service by direct payment or whatever, the service doesn't live up to scratch, how do we then know what service is backing that up to allow us to then take another service on? Because potentially this is a bit of a pitfall, because if you gamble on one thing, which it seems it's a little bit of a gamble for me, because you're saying "we're trying to meet something with less money, we're trying to meet something with less money to accommodate more people" according to your PowerPoint, if this goes wrong, what's the Council got as a backup to help us out? And next, are you guaranteeing this won't happen again in the future, or is this going to get worse? And this is why people are slightly apprehensive about this, and I genuinely want on the next stage here, rather than say this is consultation. Because I get the feeling that whilst you don't want to say this, there has been some sort of idea in your head where you want it to lead onto but that makes the next part much more scary. So if you could clarify your intentions about how you would deal with quality assurance if the private sector doesn't meet the mark that would be very helpful for us.

A – Right OK, just to be clear though, we cannot give you the recommendation on the report tonight because we haven't analysed all the consultation options so that is why we put emerging options because what I didn't want to do is come here tonight and not tell you anything so I'm telling you the thoughts that have been had, I'm trying to be open and honest with you but I can't tell you exactly what they'll be because we haven't analysed all of it. In terms of quality assurance and I think this is a real challenge and it's a real challenge around direct payments. And I think as a country we've struggled with this, really and certainly as Adult Social Care across the country we've struggled with it because when you give somebody a direct payment and they make choices about services they buy themselves, the Council doesn't have any control over that. Many people would say that's a good thing, but the Council still retains responsibility around risk, and that's a really difficult dilemma because people should be able to have choices, they're adults but actually sometimes people make unwise choices and there's a risk element to that. And that's a dilemma that's not resolved, to be perfectly frank because if you use your direct payments to buy a service, you're happy with that service but your relatives might be unhappy with it or the Council staff might be unhappy with it, but if you've got capacity to make that decision that's your choice so that's a real challenge. You were asking about quality assurance of services?

Q – And what happens if it goes wrong.

A – With direct payment if it goes wrong, then the Council can take the responsibility for ensuring that service is provided in a different way, and the same with any other service that's provided.

Q – So would that mean reimbursement of any money spent?

A – Not necessarily it depends-

Q – Will we have to pay for a new service?



A – It depends what the issue is, doesn't it, it depends what the issue is.

Q – The only reason I ask these questions is because, I suppose looking at this, and I'm genuinely trying to look at this with open eyes, looking at this with open eyes, and I would've been someone who says keep the service, I still don't understand how the new system's going to achieve it, especially when you haven't analysed all the needs necessarily, and I know that's a legacy issue but it hasn't been done. It's this idea that just because we're changing it's going to be better. Now I have no issue with change whatsoever, I'd love improvement, but I do think that more facts would be much more helpful for us here. And as the chap said earlier, if we knew a bit more about what the options were, this would be very helpful. This process almost to me smacks like a free market attempt, you shouldn't be categorising people the same way, you shouldn't be saying you could buy a Ford, you could buy a Vauxhall, one might breakdown the other won't it's more important than that. This is a matter of the heart, yes, but it's also a matter of the head. If you can't get the service right in the first place, who is accountable for that?

A – So the Council retains accountability, and that's the challenge I think. In terms of quality assurance, what we have is within our Integrated Commissioning Unit we have a quality assurance unit so we quality assure all the services that are provided by the independent and voluntary sector in the city.

Q – They're independent of the Council?

A – The Integrated Commissioning Unit is a joint venture between ourselves in the Council and our colleagues in health.

Q – And are they under the same political pressure to adhere to financial restrictions.

A – Yes, absolutely. In terms of quality assurance they are there to assure quality. So where we have an issue with quality, we will go in. and we are in a much better position since April 2013 when we established this unit to be able to do that. So we go in and we monitor and manage contracts that we have with the private, independent and voluntary sector, and we do this far more than we do with our own in-house services currently, and we quality assure those services. And where we have issues with those services, we raise those issues. Where those services are regulated services, so residential care, respite care, day care, domiciliary care then those services are also regulated by the Care Quality Commission so we work closely with the Care Quality Commission because they will have information on quality of services in the same way that we will. So we will work closely with them to look at where there are any concerns about quality.

A – Can I just add as well, I'm Phil Lockyer (???), Alison. We do have a Safeguarding Adults Board, which is chaired by an independent person, and the quality assurance head is part of that board, as am I and Alison. So there is a board there, which is becoming stronger with our support to make sure there is going to be some safeguards there. It probably doesn't answer the whole of that question and I do think that the Integrated Commissioning Unit is going to apply rigorous standards to anyone from whom we buy care whether its provided by the Council, by the NHS or by the independent sector but I think that if you get to meet the people there you could probably assure yourself that they will not be told which way to behave by politicians like me if it's inconvenient, they will provide a challenge to us, and that's right, that should be the case.

Q – Right, sorry, I realise there's lots of questions for you, it's just because this is kind of confusing stuff. So therefore do they have to provide the quality on point of entry when they tender for the contracts or are you looking at them afterwards?

A – Both. So in terms of the way in which we tender the contracts, it's absolutely about quality, it's also about price, but it's absolutely about quality and when we have an existing contract then the monitoring of that quality standard is absolutely important. So those are key and for any of you who are around the health business, so we're integrated with health, people may have read the Francis report into the mid-Staffordshire problems so that has absolutely driven our quality assurance unit within the Integrated Commissioning Unit and that focus on quality and that Clinical Commissioning Group board meetings are public meetings as well. I mean, I'm sure you've got better things to do with your time but if you wanted to attend them then you will see the focus on the positive that's there.

Q – But if some things go wrong, then it could take you 3 or 4 months to go in and sort something out. It's going to be us, the carers, who are going to be left with the fall out, not you.

A – If you notice anything wrong, and that's the same with the service you're receiving today whether that's a Council provided service or a service provided in the independent sector, if you notice that there is anything wrong at all you must tell us because we will be in there immediately and we have done that immediately-

A – I think there's a point to (???) as well, within the changes that are coming for April 15<sup>th</sup> we're already working towards that and very proactive in it, that it requires within what we've got in our Integrated Commissioning Unit but it's across both organisations, is to ensure that there is, we refer to it as a "market base" so there is the providers and there is place out there for services and we have to be mindful and ready for any provider failure. So we have to be alert and ready for, and seeing where those qualities and things might start to fail and respond so that has been a legal requirement we're already working towards that so that might help reassure that it's not just about waiting for it to happen, we have to be ready for **client to fail(??)**-

A – We have to be proactive

Q – Will there be a phone number or something or contact that we can have because you know, there's been failures that I've been on the end of the phone where you can spend a day trying to speak to someone-

A – So we will have as of February 2015 a much more expanded customer services, a front door, if you like that will take those queries and respond to that need

Q – And that includes finance, does it? Because if we're talking about direct payments, at the moment the finances aren't very good, finance department-

A – We'll take those in there as well, you're absolutely right there.

Q – It is true though, isn't it that there is a market in private care out there who aren't regulated because they don't have contracts with the Council?

A – All residential provision whether they've got a contract with us or not are regulated. All respite provision whether they've got a contract with us or not-

Q – For day services, sorry

A – Day services aren't regulated by the CQC

Q – Will they be regulated here?

A – They're not regulated by the Care Quality Commission but they are quality assured by us, so in the same way that we quality assure elsewhere, but your point is if there isn't a contract with us then we wouldn't quality assure it, and you're absolutely right. And that's why I started off on the challenge about direct payments because if I as an individual decided to buy a service from X service I'm making that choice to do that, I'm taking that responsibility and that does provide real difficulties for us as a Council because I, as the statutory director for Adult Social Care still remain responsible, so that is a challenge for us.

Q – How can you tell somebody's got Alzheimer's?

A - It's quite a difficult thing to do-

Q – Maybe the doctor might not be able to know

A – They may not be able to know but hopefully-

Q – Nor would their family-

A – But hopefully I think there are specific tests they can do to show them somebody's got Alzheimer's, but you're right not everybody might know.

Q – What's... so you say about you'll be controlling the care homes or whatever once the people go into the private, are you going to do proper random inspections? Because telling them that you're going (???) on such week doesn't work, I used to work in care, I'm an EMI nurse and I've worked in places that were bloody awful but come the week of their inspection, all this nice stuff came out. They were suddenly entertaining the residents, but as soon as that week disappeared it was back to stuff them in their rooms and leave them.

A – So the Care Quality Commission-

Q – There should be random inspections that shouldn't be dated

A – I don't know how much you want to know about this really but in my period of time of working in this field when the Care Quality Commission first started they were very, very proactive. So we would go and do visits at 6 o'clock in the morning, 9 o'clock at night unannounced. And then they kind of withdrew, and then the Council's had to pick up more of that work because they kind of stepped back from it. What they're now doing is saying "we can't do that anymore" so they are now proposing to go back to where they were before which was unannounced visits, turning up at all times, and that's quite right, I would say that's absolutely right. If they go when nobody's expecting them, they get a better idea of what it's like.

Q – Or another thing, go on the weekend.

A –Yes, so that’s what they will be doing.

Q – Can I just ask, Sam I know I saw you at the back there from Healthwatch Southampton, but I hope overtime that we would want to ensure that if there’s any system failure that people are aware of through carers or, where they’re able, from users of service they do have points where they can go. And that will include places where there can be some independent perspective and I know Healthwatch, part of its role is to provide an independent consumer voice. And I don’t know, Sam, whether that’s something that you’ve been looking at and where people can come to, to your website, where there will be someone that will certainly... Healthwatch is part of the Health and Wellbeing Board but it’s independent of the Council and will be there to represent points of view where people are worried about quality. So I don’t know if there’s anything you could mention about what you doing, Sam?

A (Sam) – I think the independence bit is really key, because it’s one of the places you can go to have got an issue or concern you might have about a provider or care or whatever and Healthwatch is a place that you can come to and consistently people raise issues with us which we take up with providers and (???????)

Q – Just following up whether it’s the Care Quality Commission or Healthwatch or whatever, there’s a lot of stakeholders in this room with family, relatives etc. with really good important points. Some way the Council should look at a way of energising that as a group to be their own mini care commission or whatever, and not alone in their house wondering who they can get through to on the phone but in some way networked so that their joint voice could just come over well tonight is there, not to be told whether the Care Quality Commission...but in their own way to be something like that empowered by the Council to do some of their own sort of audit and input because if it’s there, as this lady there said, once you start auditing any sector, public sector or private sector they buck their ideas up. They’re not waiting for the Care Quality Commission, a group... you know from this room here, would feel that they’re part of a bigger, stronger network than their individual problem at home.

A –Yes that’s a good point.

Q – Just wanted to make one point, isn’t that the crucial difference between a Council-run home and the private sector? Because at Kentish Road you’re absolutely sure that everyone has been vetted, they were properly trained to understand all the needs and disabilities and I think that’s partly where the 91% come from that they don’t want to see it close; because it’s Council-run, it’s in Southampton, you know all about it, and if there’s a problem, any kind of problem at all, it can be discussed in an atmosphere of mutual understanding, you have other carers there. It’s also a focal point, an instant focal point to service users and carers and that would be lost, that focal point because if we separate into life share or the private sector that constant link and communication I think is lost.

Q - (???) Co-production isn’t it? This is something we’ve already mentioned before but it’s a real opportunity to be co-productive with the target population which is us. And that would mean we would have some input in managing the risk assessments with you or whoever’s going to be

responsible. And we do want an identified body, There's so many bodies, what we need is someone from the Council saying "this is what we're setting up this is part of our way of working with you to deliver these wonderful services in the future which are going to come online over the next 20 odd years so we start here and you are invited to help us plan it".

A – I think that's absolutely right and I don't think there's any reason why we can't include people in that. I think that's a really good solution

Q – So we can expect to see that in our next round of discussions?

A – So I don't see any reasons why our Quality Assurance Unit can't be working with you, who want to be involved in making sure that the quality of servicing is the best it can be.

Q – So you're saying something like setting up like Patient Council Association that Southampton City Hospitals have

A – I don't whether it would be like that but I think we need to explore it-

Q – Where there's groups between the doctors and the patients-

Q - I have in mind something on the co-productive line where decisions are made by the Council were contributed to, or at least were actually managed by people who are at the steely end of it.

A – We will take that back, Sandy is from the Integrated Commissioning Unit so she will take that back because I think that's a good idea. I appreciate what you said, I know you know this but the same requirements are made of the independent sector staff and homes that they are of ours. So we have to meet the same standards of the private and independent sector so I appreciate it feels much better but just for clarity's sake it's the same standards across both.

Q (MENCAP) – I would just add that on behalf of the private providers, and I'm here on behalf of Southampton MENCAP we're more than happy to work with the Council and to make sure that the services we deliver are at the standard, if not higher, than those that are currently available.

A – I just wanted to acknowledge the point that Kevin made about the need to involve users and carers a lot more into the shaping policies and having influence. And there's some start that's been made, I've mentioned Healthwatch which is independent but we've obviously got, we have a Learning Disability Partnership Board, we have the Consultant Challenge Group which I think Spectrum coordinates. I'm hoping we can do more to support the Mental Health Service Users Network and of course recently we've had the pleasure of the launch of the Carers in Southampton which I know has a representative here which MENCAP have got that, these are all small steps but there's more I want to do. I want to see a lot more involvement of users and carers in shaping services in what is a challenging and difficult time so that is something we'll take on board and I've been looking forward to working with you, Kevin, and others here too, to try and make that more of a reality.

Q – On the very strong statistics saying that people in the consultation were opposed to change: if the decision then goes ahead that is very much different to that view, how do you feel people would think of both elected members and adult services?

A – I can't comment on what people would think about elected members but certainly the process of consultation is about ensuring that everybody's views are listened to-

Q – Can I just-

A – Can... I just think, you may disagree, but I think we have tried to demonstrate that and we have listened to people's views. We have made sure that we've recorded all those views and we will make sure that all the views are understood by our elected members and that is the importance of a consultation. Decisions that are made as a result of that are decisions for Cabinet. But that is important that your voice and the voice of service users is heard by elected members and by myself and my staff-

Q – I don't think until you get people with learning difficulties on committees in the Council so they stand for election you never get what their feelings are

A – That's a good point; you need to get people to stand for election, absolutely

A – Can I just say something on that? There's some issues here about the money, I mean, I personally don't think that society is prepared to put enough money into publically funded care service, where it's the NHS, private care, social care. Now I personally wish there was more money available for us in Southampton. The money that we get is, by and large, determined by what central government says is available to us and Council's up and down the country since 2010 have had significant cuts in their budgets and that has not spared Adult Social Care, Children's Social Care and other services from that, that's the reality that we're in and that's something that we will have to take into account when we make a decision later. Personally, I suspect quite a lot of you are in the same place here, I have absolutely no hesitation at all as an individual citizen, paying more taxes to ensure that we have a better health and social care system that we have. Unfortunately, that's not the situation we're in. There might be a possibility in the general election next May for people to put those questions to whoever's going to be asking for your vote to see where they stand on that and that might hopefully bring about some change. However I was listening very carefully to all the party conferences over the last few weeks, and whilst some of them have made commitments to protect the NHS and putting a bit more money there, I didn't hear much commitment to protection for Adult Social Care. And indeed, one of the major party conferences is currently in government at the moment was actually saying they plan to make even more cuts to local authority services over the next 3-5 years. That worries me if that's the case. So I do think that's something we have to take into account and I appreciate that's not an easy thing to deal with and I just feel we do have to have more honesty and frankness about that financial situation we find ourselves in and I apologise for having to implement policies over which I have relatively little control when it comes to that money and that's the situation. So that will be, Sam, what I will be taking into consideration when we deliberate on this and I hear what the public have had to say but unfortunately we have to take into account the resources that we've got available to us and where we need to prioritise them.

Q – The fact of life is you hope to do least harm by this

A – You could put it that way

Q – We've got to come up with some kind of system that does least harm to what's currently happening. There will be some losers in it. And therefore you have got to, we've talked about all the

representative bodies etc. but it isn't for people just to come along to consultation it's some way that they can really be part of ensuring that the harm is the least it's going to be.

A – Absolutely, I take that on board and what we will take from this is about ensuring that engagement is there into the future, that coproduction –

Q – Can I just make a comment about what you said about the consultation as well? I personally take issue with this. You said the consultation was so that you can listen to all the voices being said. I personally think the consultation is that you actually take on board, and then represent as public servants what the public think, that would be my view. And if the public say one thing, then perhaps there's people who are paid by the public who might like to represent them.

A – We will represent them, that's what I said-

Q – And you're in charge of the recommendations aren't you?

A – So we will draft the recommendations but the options will be reflective of the consultation.

Q – Excellent, that's great because that sounds very positive from what I've seen on the board tonight. But the other side I would like as well, and something you didn't actually kind of continue with the conversation I had with you about quality assurance, can you guarantee that the service will be just as good, if not better, in the future as the officer in charge?

A – My commitment is that I, as you can appreciate, I don't want to be responsible for services that aren't of the best quality that we can provide.

Q – So that's a yes?

A – That's my commitment. I can't guarantee it because I don't have direct responsibility on a day to day basis for those services. What I can guarantee is that we will do, not for all those services... most of our services are commissioning, most of them aren't provided by-

Q – Not the ones on the board?

A – Yes, those are provided in-house. What I can guarantee is that we will ensure by monitoring effectively that the quality of those services are the best they can be and we will take action where they are not, and that's what I can guarantee.

Any other comments or thoughts?

Q – I do find Councillor Shield's comments somewhat disingenuous. Of course we all know we're in a time of recession and a time of austerity and there are cuts to face and we also all know that the budget for social care is enormous; however there is also a particularly important and (???) way that will collate these cases and one that can reach out to the public and to the media more than I think we do. And one of the things that concerns me is that this consultation, people in this room, the people we're representing, vulnerable adults and we have to be careful, they are ultimately a minority and we are a minority interest. And this is one of the reasons we can't get our voices really heard. If you put to the elections when you're looking for votes "would you like to have your dustbins emptied every week or would you like to have somebody over there with no (???) more

social care?" we know perfectly well we are not altruistic people we would go for our dustbins being emptied every week and I think this is the real challenge, actually reaching out and working out how we get through to the public. This interest and these concerns which are far more than those of us in this room are representing, this is not a problem, we are a minority. And I think if we don't recognise this and try to look beyond the minority voice that we are, we actually will go on being cut, and cut, and cut because we've got no power-

Q – This is a political decision too, and these decisions are made on priorities, some priorities will be different to others. I don't see why you can't have your dustbin emptied every week and have someone who's vulnerable being looked after. The reason you can't at the moment is because there isn't enough money in the kitty. As a political decision, if you tell the man who's in charge of the money that we want more money, or he'll tell you to go and get more money-

A – I just want to come back to your point, I don't disagree with anything you said and I'm just mystified as to why in somehow you think it's disingenuous of me. I think there is a political question here, there's also a consultation about the implications of political decisions that are being taken elsewhere. Political decisions that have resulted from a democratic mandate from people at the ballot box who choose particular groups of policies of keeping taxes low even if that then means that public services suffer as a result, as a direct consequence. But I don't think we should be getting into the, what I call, the party political thing there but I do think there's a point though, and a really important one to be made and it makes me quite angry that there are very vulnerable people not having a voice. And it's great that we've seen some of you coming up and giving voices to some of those people that you care for and love but I do think there's something in between, if you like, the humdrum day-to-day public service delivery and commissioning and that nasty world of party politics which is about social movement. We wouldn't be here with direct payments if it hadn't been for people active in the disability movement demanding their rights and forcing that. And I wondered whether there are people here, whether they're in the voluntary sector, whether they're in the party political sector that could come together. Just start saying to all the parties, come on, we want you to listen to these voices and make sure that these people get a fair say and have their rights listened too, and more resources there. And I think you'll find if we have some conversation like that in a big social (?????) I totally agree with Reverend Ryan (????) when he was talking about giving people a bigger voice and I think that will be something people could sign up to and I think it will command support across political parties and social groups. So basically I'm just agreeing with you, let's find ways of working to make my job easier, because if I had more money available for this service then we wouldn't be having some of these conversations that we are.

Q – But the Reverend (?????) also admitted that he's also a private provider, don't forget that

Q – Maybe more of you need to come and join Southampton People's Assembly

Q – If I could just relate (????) the People's Assembly has been referred to that and I am, for my sins, a representative of Southampton People's Assembly Against Austerity. I do think there is a political question here, which isn't necessarily party political, but it is political. Imagine until people start to turn around and say "well, it wasn't us that caused this financial crisis, and yet it seems to be always us that has to pay for it" and this is where the weakness is, and it's a political question. But until people start to say "we want more money because where the money is not coming our way, where the companies are not paying their taxes, where we're spending wasted money on things like



Trident, where as a society we're endorsing all that misdirection of money, we're a very wealthy society that can afford all of this" and that's the political question, Southampton People's Assembly Against Austerity, which it has been referred to, stands against austerity and we believe there is alternatives. And I'm going to be interested to see how this report comes out, and how it does take that question of the percentage of people that have expressed their opinion and how that does square with democratic representation in order to achieve what those people want. It's not an impossible thing to achieve, it's possible but it does mean unity between all the forces that are represented here today together. Not in your own individual Woodside here, Kentish Road there and that, you need to look for some way to unify and if anybody wants to investigate that, the People's Assembly Against Austerity offers you an umbrella. I'm here, I'll be here for a while later and I've got the contact details. So do feel free to contact me if you want to work a bit more together, with each other than just having your own individual field which you are ably defending to the best of your ability tonight, but you won't do it with success until you go here.

A – Thank you.

Q – Government says put it off 'til next May.

A – Southampton People's Assembly are here, and they will be here to talk about any of your questions, if you want any details. We will be here if you want to talk to us individually, can I just remind everybody that what will happen is that we will be clear in the report of the responses that you have given, we will make that clear. We will also be analysing all of those consultation responses and we will be putting that together but we will put those stark figures, about the percentage who didn't want change, that will be in the report and the consultation responses will be an appendage to the report. The recommendations will include those recommendations potentially that we've looked at tonight, those emerging options, but also as you'll see from those emerging options, they all started with "don't close" because that's what you're telling us. They will be publically available on 1<sup>st</sup> December, I have said that I will try and get a link on the front page to make sure that's easily accessible for you. Scrutiny Committee will be on 4<sup>th</sup> December at 5.30 in the Council Chamber and Cabinet will be on 9<sup>th</sup> December at 4.30 in the Council Chamber. You can go to both of those meetings. If you wish to speak at those meetings you will have to speak to Democratic Services, is that right Paul?

A – For the Cabinet meeting the suggestion is that you arrive shortly before the meeting starts and there will be somebody from Democratic Services there to speak to you and to get a list of people who wish to speak and then it is the Leader's decision over whether people will be able to speak or not. My understanding from Democratic Services is that the Leader would wish as many people as possible to have the opportunity to speak but if there are common themes or people speaking about the same thing, then they would be invited to sort of choose one person for each of those themes or each of those areas. That can be sorted out immediately before the meeting on 9<sup>th</sup> December.

A – And those are just the contact details if you-

Q – On a point of information, my name is Councillor Keith Morrell; the impression is given that the final decision will be made at the Cabinet meeting-

A – That's right.

Q – Is that correct?

A – Yes, it is.

Q – So Full Council will not have an opportunity to vote on these proposals?

A – No, as I understand it, it doesn't go to Full Council, It's decided by Cabinet.

Q – So the elected representatives in this city will not have the opportunity to express their point of view and vote on these proposals? Is that what you're saying?

A – My understanding, or our advice is it's a Cabinet decision that you can go to Cabinet along with members of the public and you can make your points at Cabinet and you can go to Scrutiny and make your points at Scrutiny.

Q – Could Councillor Shields perhaps tell us why that's the case?

Q – That cannot be right. Perhaps Councillor Shields as the Cabinet Member could explain this because I'm not satisfied that that is the correct answer. And if it is, that's outrageous.

A – So the way in which the Council's constitution, sorry this is a bit boring but the way in which the Council's constitution is set means that this decision can be taken at Cabinet. It doesn't need to be taken... very few decisions need to be taken within a Council at Full Council and this decision can be taken at Cabinet. I will guarantee that I will check that again, but that is my advice and if it changes I will make sure you know about that. My advice is that it's Cabinet.

Q – (????) can vote on whoever gets elected

A – That's true, yes and so the elected Councillors from the Cabinet will make a decision on 9<sup>th</sup> December.

Q – If I may make a further last point then. I'm an elected Councillor. I was elected this year, by the way, on a platform of opposing cuts. My colleague in Coxford, Councillor Don Thomas, will be standing for election next year. Now I would have been voting against these proposals in Full Council because I thought as an elected Councillor that I would have that opportunity, to represent the people who elected me. I'm sure that Councillor Thomas if he stands, and I'm sure he will, next year for election, would make his undertakings to people that if he was elected he would want to make decisions like this that are about these sort of things that affect the people he represents. I cannot, I really cannot, believe that there is no mechanism by which all of we Councillors who go to the electorate and ask for their votes are not able to participate in this final decision, it's outrageous.

A – Keith, what I'll do is make sure to follow up what Alison said, get the Solicitor to the Council, Head of Democratic Services to write to you and tell the situation. Firstly I think there was the discussion on the budget that we had which accompanied this decision throughout the consultation there were opportunities, and it was discussed in Full Council. I think you're a member of the Overview and Scrutiny Management Committee and there will be a review of that prior to this as well and you'll have opportunity to speak there. So the procedure that we're doing is the standard procedure that we've been using for a whole range of decisions. So I'll get that clarity back to you, there will be opportunities for you to speak through the Scrutiny process that has been provided.

Q – Yeah, but Scrutiny can't make decisions, scrutiny can only scrutinise.

A – Sorry Councillor, you're absolutely right.

Q – Which was part of the point I was going to make, the second point I was going to make: just what you said Councillor Shields, just to get this straight you're saying the reason there isn't a vote is because it was in the budget vote already, so who elects the Cabinet?

A – So the Cabinet is the administration of the... so the party with the biggest votes-

Q – So is there a democratic mandate for this decision?

A – Yes absolutely, so the advice-

Q – How?

A – Because of the constitution of the Council that says this decision that can be taken at Cabinet

Q – This seems like another conversation for another time, but can I just say to you, this to me as somebody who is a keen advocate of this democracy thing, it seems a bit strange because as far as I understand it, this doesn't happen at national parliament.

A – The decision... well I don't know-

Q – But you have one member one vote, I believe it's the thing we have in this country, we have an executive who recommends to Cabinet who recommends a piece of paper and you might have a 3 line width but you still have a vote.

A – Within a Council very few things go to Full Council. So we have a Cabinet-

Q – I'd love to have a conversation about that, that doesn't get allowed to be voted on by Democratic Members

A – We can share the constitution with you if you would like

A – Online at the moment there's a consultation going out there what the public might think about how we govern. We basically have... it's a separate argument but it would be great to get into that, it's interesting democracy. One: we can either have a committee system, two: we have a cabinet system which is what we've had for the last 10 years in this Council, this arrangement, or we go for an elected mayor which some cities have gone for. Those are the 3 broad types of governance systems that are available and we have been operating, as I say, a Cabinet system for the last 10 years and this is what the process is. I mean obviously there's ways, we have Scrutiny in there to check the balance and consultation like this is very good because it allows us to hear different viewpoints. But I think, you know, this procedures that we use are there to make sure that there's a proper decision making route and-

Q – But you don't have any balances

A – No, but Scrutiny is there to-

Q – But Scrutiny can't vote against it so there's no balance

A – They can defer the decision. They can send the decision back to Cabinet

Q – If we have an elected mayor, will we get rid of the Chief Executive?

A – I don't know whether that would be the decision. So those are the contact details for you if you want to contact us in the meantime, if you have any problems getting on the website or any problems like that in terms of accessing the report when it goes on, on 1<sup>st</sup> December, please come back to me. I'm Alison.elliott@southampton.gov.uk if you can't get through to anybody else then email me and I'll make sure that you have access to that but I will try and get that link on the front page for you so you have less frustration than you (??). My colleagues and I will stay around if there's anything you want to talk to us about individually. I would just like to thank you all, because I know this has been a really difficult process for everybody involved and I am really grateful that you have continued to talk and share your problems with me.