

# Cabinet

## DOCUMENTS FOR THE MEMBERS ROOM

Tuesday, 20th January, 2015  
at 4.30 pm

MEMBERS ROOM DOCUMENTS ATTACHED TO THE  
LISTED REPORTS

### Contacts

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## MEMBERS ROOM DOCUMENTS

- a Future of the respite service for adults with learning disabilities (Pages 1 - 70)  
Report of the Cabinet Member for Health and Adult Social Care detailing recommendations for the future of the respite service for adults with learning disabilities, attached.
  
- b Future of Day Services in Southampton (Pages 71 - 238)  
Report of the Cabinet Member for Health and Adult Social Care detailing recommendations for the future of Day Services in Southampton, attached.

10 **SOUTHAMPTON LOCAL PLAN FOR THE BETTER CARE FUND** (Pages 239 - 262)

Monday, 12 January 2015

HEAD OF LEGAL , HR AND DEMOCRATIC SERVICES

**Appendix A – Respite Services Meetings**

| <b>Date</b>          | <b>Time</b> | <b>Venue</b> | <b>Attached Minutes</b>  |
|----------------------|-------------|--------------|--|
| Thursday 7 August    | 2pm to 4pm  | Kentish Road | <br>7th August - 2pm.docx               |
| Thursday 7 August    | 6pm to 8pm  | Kentish Road | <br>7th August - 6pm.doc                |
| Monday 8 September   | 6pm         | Civic Centre | <br>8th September.docx                  |
| Monday 6 October     | 2pm to 4pm  | Kentish Road | <br>6th October - 2pm.docx              |
| Monday 6 October     | 6pm to 8pm  | Kentish Road | <br>7th August - 6pm.doc                |
| Wednesday 22 October | 6pm         | Civic Centre | <br>22nd October - Public Meeting.docx |

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# Agenda Item 5a

Appendix 4

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## Kentish Road Respite Unit Consultation Monday 6<sup>th</sup> October 2014 – 6pm

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### Members of Staff Present

Helen Woodland (Head of Service)

Ricky Rossiter (Service Manager)

Sandy Jerrim (Commissioning Team)

Carole Roberts (Kentish Road Team Manager)

Matthew Harrison (Commissioning Team)

### **Questions & Answers**

Q) We are not sure what is happening regarding respite and day service?

A) We are looking to see what we could do differently to improve things and to make savings. Most importantly we want to make our service more effective. The way we want to offer respite and day service is changing. The types of services we need to offer need to take into account we have an aging population and we need more services but be more cost effective.

Q) We don't know any different. We have only been offered 2 services and that is why we are worried.

A) At present we offer residential care, day service, respite and domiciliary care. We can now offer personal budgets which give more flexibility and choice to each individual.

Q) Will everyone have to be reassessed?

A) This will depend on the result of the consultation. Nobody will be forced to take direct payments. We will not just all of a sudden remove services without anything else being put in place. There will be assessments carried out and a period of transition. Respite may look

very different for different people. You can choose how you spend your direct payments providing it is legal and meets the needs of your loved one.

Q) We are worried that our family member will go into their shell and become isolated without social interaction they now enjoy at respite. It took a long time for her to feel comfortable at Kentish Road and we don't want her to have to go through this all over again.

A) At present she does not get a choice as to who is at respite at the same time as her, this could be arranged for example if she used the Shared Lives Scheme where she could have respite with 1 or 2 other friends.

Q) What about if we need emergency respite as this has always been accommodated in the past.

A) This could be more easily accommodated at Shared Lives. At present we have had to on occasion cancel booked respite at Kentish Road in order to accommodate an emergency.

Q) What are the other options?

A) At the moment we focus on building based respite and this doesn't offer flexibility and so we want to open up to other possibilities. There are other options such as Shared Lives, hiring a PA to support your loved one in your home whilst you go away or the PA taking your loved one away. This could also be done with other friends to ensure friendship groups can keep in touch. Activities can be chosen to suit the individual's needs.

Q) We feel that we have not been kept well informed of what is happening and that Information has been hard to find.

A) We take this on board and concede that whilst some feel they have at times received too much information others have not received enough.

Information was given about the carers' lunch at the respite until on the 15<sup>th</sup> October at 12pm. Shared Lives Carers are to be invited to attend to discuss Shared Lives with family of respite users.



## Kentish Road Respite Unit Consultation

7<sup>th</sup> August 2014 @2pm

Discussion with 4 parents who have a family member that uses Kentish Road for respite.

Ricky Rossiter – Service Manager

Mrs Waymark – family member uses service

Jane Butt – Family member uses service

Mrs Bartlett – family member uses service

Sylvia Knight – family member uses service.

Notes taken by Carole Roberts

‘What do you feel is important regarding respite for your family member?’

1. Having the respite facility being like a second home.
2. Knowing that they are safe
3. They don't have to change what works well
4. Having the opportunity for them to meet with their friends.
5. Not having to go to a private family as they cannot have peer interaction.
6. Knowing that they have a safe haven and so I can relax and be relieved I can have a break with security of knowing they are safe and well looked after.

Ricky Rossiter then discussed alternatives such as Shared Lives and informed the group that it could be arranged that peers could stay with the same Shared Lives Carer together which would mean they would maintain friendship groups.

‘What do you feel are the positives (pros) with Kentish Road Respite Unit.’?

1. Home from home.
2. They are spoilt and treated as individuals.
3. The staff knows them all so well and they are brilliant with them.
4. They can interact with their peers.

5. They have their own bedrooms and there are good facilities.
6. They are safe and well looked after.

'What do you feel are the negatives?'

1. Can't be all things to all people.

Ricky Rossiter then discussed with the group how supporting residents with varying support needs can make it difficult to ensure that everyone has the opportunity to undertake activities that they enjoy. He asked them to think about how if they used facilities where they specialised in supporting clients with more complex needs within a specialist building then clients with less complex needs to use alternative means of respite (Shared Lives) and be given the opportunities to have a more bespoke respite. Ricky stated the importance of any respite provision within SCC being able to meet the needs of all.

'What are your concerns/feelings about change?'

1. It will happen too quickly and not give us time to come to terms with it.
2. There could be long periods of time without respite.
3. No transition for change.
4. The staff @ Kentish Road knows our family members who use the service well and any other service will not.
5. It took a long time for them to feel confident using the unit and I am concerned this will happen if somewhere else is used for respite.
6. It takes a long time for them to get used to change. This will have a negative impact on them.
7. Why change something that isn't broke.
8. Will we be given any choice into where they have respite, or will this decision be made without us having a say.
9. Will we still be able to have emergency respite?
10. What happens if it is decided they no longer meet with criteria.

Ricky Rossiter informed the group that the consultation was a positive thing as it gave everyone the chance to have their voices heard and to give their opinions.

'What do you feel is important in a respite provision?'

1. Social interaction.
2. Social events.

3. Being able to be out and about in the community.
4. Continuity of care.

Ricky then discussed the different provisions in relation to different Service User needs and he asked them to consider the following.

A. Complex needs.

1. Higher staff ratio
2. Highly trained staff
3. Trust they would have a high standard of care.

B. Clients needing 1:1 support e.g. epilepsy.

1. Safety precautions
2. Skilled staff
3. Trust.

C. Less complex needs.

1. Like to go out and about
2. Activity based respite.

A= building based respite

B+C = Shared Lives respite.

This could give the opportunity for clients to have a respite service that is more catered to meet their individual needs.

The group then asked Ricky about the procedure which will allow the clients that use the service to be able to have their views heard. They discussed how this can be achieved in the best way for each individual client for example contacting Mencap for support.

The group raised concerns about having their respite allowance removed and Ricky assured them that if they met the eligibility criteria then this cannot be removed.

Confirmation was asked by the group that there would be a long transitional period if they had to accept change as it would not be acceptable if things changed 'overnight'.



PEOPLE DIRECTORATE  
Adult Services



**32 Kentish Road Consultation meeting  
7<sup>th</sup> August 2014  
32 Kentish Road, Southampton**

**Present:** Helen Woodland, Interim Head of Adult Services  
Ricky Rossiter, Interim Service Manager  
Paul Juan (Project Support)  
Izzie Clayton (minutes)  
2 x Relatives

| ITEM |  | ACTION |
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| Q1   | <p><b>At the earlier meeting we recapped on the discussion from the meeting yesterday and the potential options. Some of the things we have been thinking about and whether that's something we need to consider going forward.</b></p> <p><b>It takes a long time to get someone to settle into Respite. We are concerned that with the Respite that they will be put out into people's houses and they will lose the comradeship? Will we be pushed out to the carer's family rather than somewhere central, where they can enjoy what's going on around?</b></p> <p>One of the things we talked about is the range of different options. It may be that one of the things we need to look at is developing Shared Life provision. There are benefits of having small groups of people. Where there are small groups you can develop interests and those interests can be focused on what that group want to do.</p> <p>We talked about the need for there to be a range of options for different types of people. We talked about the structure of Respite care maybe through a private provider. We talked about the number of people coming through us, through transitions with child services. We know that we are not particularly good at that transition from children to adult and we have to improve that. Some of those people get short break provision and we develop a relationship with a foster carer and they question why that has to stop?</p> <p>At the moment we have Kentish Road and we need to provide a range of different options for different people. We also have</p> |        |

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|                  | <p>a range of needs and abilities. Some people have very profound multiple difficulties and there will always be a need to provide for that kind of Respite in a setting where we can handle it. We have mixed ability people so when you are here you cannot always dictate who else will be here.</p> <p>Some people have challenging behaviour and that dictates how we can use this service. We know that in future we are likely to have more people with challenging behaviour so that needs consideration. We are encouraging people to give their views and we would like to put those into the mix.</p>   |  |
| <p><b>Q2</b></p> | <p><b>We want the best for Gilly. I understand the financial side of things, but it is still difficult. She loves coming here so why can't you leave it alone?</b></p> <p><b>It takes a lot for her to get used to someone and she's built up such a good relationship with the people here and we have no qualms about leaving her. She will find it very hard if you take the service away from her and others will as well.</b></p> <p>If we were able to provide Respite in the Shared Lives there is the possibility that her friends could be there as well. She would still be mixing with her peers. She would still get a lot from her break because she would be with her friends and she would be safe because everyone inside the Shared Lives scheme is equally qualified as those that work here. It would give her a smaller friendship group to have Respite with, as opposed to coming here where there will be eight random people. So it's still Respite care but more user friendly.</p> <p>One of the things it gives you is flexibility. You can develop a more informed network and when it is done properly you can develop much stronger networks that can also help as you get older, because there is another family there to look after your daughter's welfare.</p> |  |
| <p><b>Q3</b></p> | <p><b>I am trying to look at the positives but I know having been through this situation before that it is going to be like starting all over again?</b></p> <p>At the moment we just have Kentish Road but Shared Lives has 48 different family options for us to look at. What we can do better is the personal service. If you wanted Gillian to be in a family environment with children or with one lady on her own, these are all options. Whereas here, once Gillian comes through the door the rest is out of your control. You can build up a relationship with a family, and not just one, so you are not</p>  |  |

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|           | <p>over reliant on one other person then your network broadens as a support network, not just for Gillian but for yourselves should you need it.</p> <p>The process of moving won't have precedence, there will be time to work with people.</p>   |  |
| <b>Q4</b> | <p><b>This Shared Lives, is this the private sector?</b></p> <p>No it's currently run by Southampton City Council. All the individuals within it are self-employed but are managed and overseen by the City Council and are regulated by the Care Quality Commission and go through exactly same training process. The application process is similar to fostering. There is a minimum of a three month process to get to the approval stage and then once approved there could be a length of time where we still do continual work with them to do what we would call becoming a Shared Lives carer.</p>   |  |
| <b>Q5</b> | <p><b>You are quite keen on this idea from what you are saying?</b></p> <p>I feel that there is a place for Shared Lives in the market for Respite. I feel there is a need in the city for a buildings based service for Respite for more complex nursing needs.</p>   |  |
| <b>Q6</b> | <p><b>You think that this type of Respite is for people with severe special needs and people with moderate care could be farmed out to different families. Is that what you are saying?</b></p> <p><b>We know and trust the people here and you are asking us to put our daughter out into the outside world and you don't know what she might do?</b></p> <p>The message from today has been about trust, that is something that people are concerned about. When Ricky first started here people found it hard to trust him. We are just going to the next step so look at that and let's see what is out there. I think that post consultation, what we would hope to have is more options for everyone because we don't have enough options for Respite right now.</p> |  |
| <b>Q7</b> | <p><b>I understand what you are saying and I can see it's going to get worse, but my main concern is still Gilly. We know her and we know that if you say something she won't understand. She has communication problems, she has a speech impediment. Are the people in Shared Lives going to understand her and what she is trying to say?</b></p> <p>If you decide you want to go the Shared Lives scheme you</p>   |  |

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|            | <p>would be involved in who the carer will be. You can meet the carer, Gilly can meet the carer. You can assess how you feel about it, decide how you can develop that relationship and what that transition process will be.</p> <p>Respite has to meet both your needs. The big benefit of shared lives is you can build a relationship and we can transition someone into a permanent support planning for the future. If we build a system with wider networks like shared lives, it helps to plan for when you can't care for Gilly.</p> |  |
| <b>Q8</b>  | <p><b>Its prime building land here and the council would make a killing?</b></p> <p>I keep hearing that but I don't have anything to do with that.</p>  |  |
| <b>Q9</b>  | <p><b>What will happen to the dedicated staff that work here?</b></p> <p>There will always be a service and there are some options within City Council. There will be a consultation period to go through. At the moment we cannot see that we will need to make anyone redundant.</p>  |  |
| <b>Q10</b> | <p><b>What feedback do you have on shared lives from the other group, was it the same reaction as you have had from us?</b></p> <p>There was a mix of views but this process allows everyone to express their views and to be involved and it allows us to capture all the views. We are never going to agree with everyone that is human nature.</p>   |  |
| <b>Q11</b> | <p><b>It is your decision but we do need an input because at the end of the day it's our child. I did not understand what Shared Lives was about before the meeting.</b></p> <p>I think you make a really good point, that what we should take away from here is that we probably need to help people to have more information about what Shared Life means. The differences in peoples mind-sets around what Shared Lives is, is amazing.</p>  |  |
| <b>Q12</b> | <p><b>We found that within the family especially when Gilly was younger, people couldn't deal with her. We have had to learn how to cope with her. How can we know other people will be able to cope?</b></p> <p>This goes back to relationships and trust. If you look at the Shared Lives scheme and you think that Gilly would be a good candidate, what we would try and do is get 3 or 4 carers in. You would meet them and talk to them and you would feed your comments back to us.</p>  |  |



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| <b>Q13</b> | <p><b>You said something earlier about young children and she does love young children and likes to help them. We have a grandchild and Gilly loves her and our daughter is really good with her. My problem with Shared Lives is would she respond to someone outside the family?</b></p> <p>It is important that you come in and make sure that all the assessments are up to date and then all the hints and tips are there so that when we look for a placement we have the most relevant information.</p>                |  |
| <b>Q14</b> | <p><b>Disabilities are a funny thing because each one is different. What other options are there apart from Shared Lives?</b></p> <p>We have Rose Road and other Respite in the city and private providers. Whatever we do we will take their needs into account. It may be that we do Respite but not in this building. We can talk to private providers and discuss facilities and when we understand people requirements we can tailor it to suit the needs.</p>   |  |
| <b>Q15</b> | <p><b>The other end of the spectrum from the bed based Respite is holiday Respite.</b></p> <p>The beauty of having your own pot of money is that you can go outside the city boundaries. You as parents can decide what is best for Gilly. If she wanted to go on holiday with her friends you can put your money together and we can try to arrange that.</p>  |  |
| <b>Q16</b> | <p><b>I have a better understanding now and I know you have to keep an open mind and look to what will happen in the future. We need to look at what is best for her. What about the contacts that we would need to organise her care if we wanted to do that ourselves?</b></p> <p>We can help you with that. It might be that you buy the care but we could help you. If you decided you wanted more control we would not just leave you to it. You would tell us what you want to do and we would help you arrange it.</p> |  |
| <b>Q17</b> | <p><b>Would that effect day services?</b></p> <p>You are absolutely right this has an impact on day services but what you might want to do is think about how you might better use that money and what it is that Gilly really wants.</p>   |  |

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| <b>Q18</b> | We will go away and think about things that we have discussed and speak to Gilly about things.<br>One thing that we are proposing is that the staff at Kentish Road to talk to her. She knows the staff and it might be easier for her to understand and probably what she tells us will be more helpful. So if you agree we will go ahead with that. |  |
| <b>Q19</b> | I know it's scary but take some time to think about what we have been talking about. We will come back next month and continue the discussions. It's important that you write down your views for the consultation.   |  |
|            | <b>Date of Next meeting: 10th September 2014</b>  |  |
|            | <b><u>Administrative Notes</u></b><br><br><b>Owner Author: Paul Juan</b><br><b>Taken and Typed by: Izzie Clayton</b><br><b>Retention period: 3 years from date of this meeting</b>  |  |

Meeting

Chair: Alison Elliott – Director of People

Attendees:

Helen Woodland – Head of Adult Service

Councillor Shields

@ 18.00

**AE** – Ok, it's 6 o'clock are people ready to start? I just want to check with you first of all; one of the important things about consultation is that all the feedback from the consultation is given to the Councillors, who will make the ultimate decision. In order to capture what you say tonight, are you happy that we use an audio recording to make sure we capture everything you say?

(Collective yes)

**AE** – We'll also take notes, but what it means from the audio recording is we can transcribe verbatim what you say. Is that ok?

(Collective yes)

**AE** – We were going to video it, but I thought that might be a bit intimidating, so we'll just audio do it.

**Q** – Will the Councillors involved listen to the audio or will they just read what you've written?

**AE** – They can have either, so they can have the audio, so we'll keep the tape, but we'll also transcribe it; so we'll type out what's on there as well. Is that ok?

(Collective yes)

**AE** – First of all, I'll introduce myself then. So my name is Alison Elliott, and for my sins I'm what's called the director of People. I've met some of you before, but not all of you. What that means is that I'm responsible for Adult Social Care, Children Social Care, Housing and Public Health. And with me today is Helen Woodland who you will have met probably, who is the interim head of Adult Services, and Councillor Dave Shields who is the Cabinet member for Health and Adult Social Care.

So what I'm going to do is I'm going to go through a presentation which I think, probably, many of you will have seen before. But what I'm going to add to that presentation is what we've heard from you already in terms of the feedback that we've had from you – just the headlines of the feedback from people already in respect of this consultation, just so you know where we're up to in terms of collecting that feedback. And then there will be an opportunity for you to ask any questions that you may have of me, or my colleagues. If we can keep the questions to one person at a time that means we can actually record what you're saying, so we can get a record of it. We're happy to proceed?

(Collective yes)

**AE** – So as I've said, that's what we'll do. So the Council, the Cabinet decided on 15<sup>th</sup> July to consult on the future of these services: Woodside Lodge, Day Services in the City - and that's all Day Services, that's Day Services provided by the Council; but those services that we also commission – the private and independent sector provide, and the respite service at Kentish Road. On the basis of that decision, we started a 90 day consultation which started on 24<sup>th</sup> July and ends on 23<sup>rd</sup> October. And what we are trying to do in this consultation period is gather your views and your ideas and your thoughts about these proposals. What happens then, is that is all collated and the Cabinet will then make a decision on the basis of that information and the recommendations that we put to

them on the basis of that consultation, they'll make a decision about the future of these services. Ok? Is that clear?

We have another public consultation meeting booked, I think, for 22<sup>nd</sup> October in which we will present to you our recommendations on the basis of the consultation. The reason why the Council is doing this is it's about thinking about the services that we provide into the future. So what services will the Council need to be able to ensure that people are able to maintain their independence for longer, that they're able to have greater choice and control over the services that we provide, and to ensure that those services are fit for purpose in the future? Now, I can appreciate that that's not very helpful to you, who are thinking about the people who use those services now. That's the reason why this consultation is happening now. You will probably know that there is a huge agenda nationally around making sure that we move away from services that are traditional in the sense that we provide services to people, moving away from that, to providing services that people choose themselves. So the whole thing around personal budgets and direct payments is about people having much more choice and control over the services that they receive themselves.

It's also about making sure that the services we provide are much more flexible. So one of the challenges that we have as the Local Authority, and it's not just true of Southampton, it's true across the board in terms of all Local Authorities, is how can you provide services that are flexible enough to meet individual need? And what lots of Councils have done up to this point, is provide services that meet a lot of people's needs, but not necessarily meet individual needs. So how can we make sure that we meet individual needs?

So there are 26 public meetings and misnomer. So the meetings are specifically for people who are affected. This meeting and the meeting towards the end of October are public meetings so other people are invited to comment. But most of the meetings are for you as parents, carers, relatives, friends, service users, they're specifically for you so that you can have your say about what you think about these proposals. We're trying to make sure that the meetings are all at different times, and at different settings so that people who work or people who have got commitments, they can attend those meetings. We've had 10 meetings so far, and we've had a various amount of people attend. One as much as 200, and one as little as 4. We've also met with our partners, with providers of services across the city, and with members of the Council, elected members. And we plan to do more of those.

We have advocacy services who are working with us, who are independent of the Council. So we make sure that individuals who use our services, that they have an opportunity to make sure that they can express their opinions, and that's really important. And we're also working with our staff to make sure that they work effectively with service users, to make sure that people can communicate and we can hear and listen to what people are saying. We also have carers organisations with us, and we have Carers in Southampton group here tonight. So they can be supportive of you as carers as well, in terms of being able to express your opinions or just have someone else to talk to about it. We also have Health Watch here tonight as well.

We're trying to keep all the information up to date on our website. I do accept our website isn't the greatest website in the world, and it is difficult to find things, but there's the link, if you want it. And we also have an email address so you can email your thoughts. We've also got consultation

questionnaires, which you can also fill in. So we'll try to do a range of ways in which people can contribute to this process.

Some of the issues that have been raised so far; so in terms of feedback:

- Why Woodside Lodge, for example, and why not the other two homes?
- What's the Council doing in terms of its geographical spread in residential care across the city and how does Woodside Lodge fit into that?
- And people are saying to us very clearly that they feel there's a high quality of support provided at Woodside Lodge, and has that been taken into account?

So those are some of the things that people have said so far. People are extremely anxious about the disruption caused to current residents at Woodside Lodge, and absolutely I appreciate that. It's very easy for me to stand here and say that, but absolutely I appreciate that. And I hope you don't mind, but we had a bit of a conversation a few minutes ago, it's hugely emotional and I understand that, and I appreciate that.

There is concern that the Council is making this decision because it wants to develop the site. I can absolutely assure you, there are no plans to develop that site at the moment. You may not believe me, and I accept that, but that is the truth as I know it today. And people have said, actually, the council has got its spending priorities wrong, that's what people have said to me.

People are concerned about the availability of other alternative options for people who are currently in Woodside Lodge, and there's also concern that this is not a genuine consultation. I can't convince you otherwise if that's what you feel, but all I can say to you is we're trying our best to make sure that everybody has an opportunity to contribute to this consultation. My own feeling, having done similar things elsewhere in other Councils, is I genuinely don't think a decision has been made, and I genuinely think that the Council is waiting for the outcome of this consultation before it makes its decision. But you have to decide for yourself, I accept I can't convince you.

In respect of Woodside Lodge, there is concern if the decision is made to close the service, how is it going to affect residents? And what's the timescale going to be? And how are we going to support people in that move? And that's absolutely critical. Because when we're talking about actually supporting very vulnerable people, we need to make sure that any plans around that are very, very well constructed with their relatives, with their carers, and we make sure that actually that planning is absolutely in line with what you would want for your relatives. We're not there yet, but I understand why people are anxious. In terms of the Day Services, and in terms of Kentish Road, what we've been doing is we've been doing what's called co-production. And all that means is that we've been working with services users, relatives, carers, staff members about thinking about how would we redesign these services? What could we do to redesign these services to meet the agenda of insuring that we have flexible individual services for people, whilst making sure that individuals get the service that meets their needs? And we also have to recognise the fact that all Councils are struggling with their budgets. And we have to recognise the fact that we have a responsibility to provide services to people, how can we do that in the most cost-effective way? And we have to take that on board, we have to realise that.

We have had good engagement, and we've had good feedback from those people who have participated, and that's an ongoing process, and we'll continue to do that process until the end of the 90 day consultation.

So just thinking about how services might change then, so what we have been looking to do is actually focus much more on the use of direct payments. This is particularly in respect of those people receiving respite care or receiving day services. And what a direct payment is is that instead of providing the service, we actually give the individual money, and they use that money to buy other services that meet their needs.

They could meet their needs by employing a personal assistant who would support them in making sure that their individual needs were met. We also do need to make sure that we make better use of what's already available in the community for people, so is it right, for example, to have services that are exclusive of what most people use? So why isn't it appropriate for people to use services such as leisure centres, or any other services that are out there? Why do they need to create something for people? We do make sure that we have good support for carers and for those of you who are aware, in April 2015 will be the introduction of the Care Act which is very specific about the support local authorities need to provide to carers.

We also want to support people into employment where that's an option for them. And we also need to think about whether there are opportunities to develop social enterprises, and certainly that's some of the things that our staff have talked about. But I just want to be clear; the Local Authority has a responsibility to meet the needs of those people who are eligible for services. And that isn't going to change. How those needs might be met may well change, but the fact is, the Local Authority has a statutory responsibility to provide services, or support people accessing services, to meet their needs where they have eligible needs. And this Council, like most Councils, has their eligibility threshold at substantial and critical. So there are 4 bands currently: low, moderate, substantial and critical, and this Council, and this hasn't changed and it isn't about to change, has its threshold set at substantial and critical. So that means that where people's needs are substantial and critical, Local Authority has a responsibility to meet them. That isn't going to change. And in fact the introduction of the care act will bring a national eligibility threshold which will be substantial and critical across the country.

So some of the themes that have come out from our co-production work are around how do we make sure that people can maintain their relationships? So for those people who are currently using Day Services, they may have a friendship group, how can we make sure that we maintain those relationships and those friendship groups where they are working well? There's some anxiety around trust, and whether people trust that we're going to work with them to develop different options, and there's also some concern around making sure that people have consistency and routine, regardless of what a new service model might look like. There's also an issue about quality, and making sure that services are good quality, because we can mean lots of different things by "quality", can't we? But it's about good quality services that meet individual needs, and again, maintaining friendship groups.

What people have said to us about things that aren't working so well now - and this is really important, because actually if you want to move to a different model of service then you have to make sure the new things that you're moving into are working well. What people are saying is

currently services are inflexible, they are very few options for people and that's one of the things we want to change. People are also saying to us that there is a poor understanding of direct payments, and how we could use direct payments. I also have to say that we recognise that there's not enough support for people in taking of direct payments.

People say to us that their choices currently are constrained, they're very limited, and that they would want choices to be wider. They feel that services aren't promoting independence currently. They feel that there's a difficulty with transport, getting around the city is difficult and for people using our Day Services particularly, how do you access transport to get around? And there's some concern that there's inconsistency at the moment about if I have the same needs as you have, then there's an inconsistency of what the interventions are, and that's not good, it's not good enough.

So at the end of the consultation then, as I've said, your comments will be fed into the Council, as will the comments of those people involved in the co-production, and the Cabinet will make its final decision and we think it's probably going to be in December 2014. Consultation finishes 23<sup>rd</sup> October, we want to make sure we have enough time to get all that consultation information together, and that members have enough time to read it and digest it, because that's really important.

There's an opportunity for you to ask me, or my colleagues, any questions and just so you know, that's the numbers to ring if you have any questions to ask after this, and that's the email address where you can go to, and that's our postal address if that's helpful. So I'm happy to take any questions at all.

Q – Which Day Services have been earmarked?

A – So it's all the Day Services that we currently provide and we currently commission. So at the moment there are 39 independent providers in the city who provide Day Services. So we're looking at the whole range of Day Services, the ones that we provide, all the Council run, and all the ones that are run by independent sector providers.

Q – Is there a list of those, I mean, is there a list of those providers?

A – We do have the list; we can give you a list.

Q – This transition to direct payments is going on essentially, have we reached a stage where irrespective of what decisions are made, or aren't made, it will kind of happen anyway? Because there are people who've moved to direct payments, the sort of Day Service model, there won't be any extra money to fund it, so is it going to happen anyway?

A – The pressure from central government is for Local Authorities to make sure that more people have access to direct payments. The risk of that is people can't use their direct payments to pay for Council services. Now you can have a mix and match, so you can have a bit of your budget that's done at payment, and a bit of your budget that is Council services, so you can do that. But as the pressure to take up direct payment increases, then the challenge for Local Authorities is how they also run Council services. Does that make sense?

Q – Yes, it's just from a consultation point of view, if the inevitable conclusion is we're moving to a new system, then should we just know that up front and then work that way, rather than have a consultation-

A – The Council won't close any Day Services without a consultation. So even if, and it is inevitable that more people take up direct payments, the Council will then have to take responsibility for running both services parallel. Ok? Does that make sense?

Q – It does make sense, but I just kind of think to what extent there is hope that Day Services will continue, if they're likely to continue in 5 years' time, or whatever.

A – I think the value of co-production is that we get a service that is a future that meets the direct payment agenda, as well as the individual needs. That's the value of doing it now, I think.

Q – I can see you have to consult, but I'm just wondering if it's an inevitable thing.

A – I don't think it is inevitable because the Council has to consult on the closure of services, so there has to be a consultation. But at the moment the Council isn't consulting on the closure of Day Services, the Council is consulting on the redesign.

Q – Can you tell me the alternative for respite? Because I need to know what it will actually be, the whole outline. You need to explain to us, the carers and the user.

A – At the moment we've got one building – Kentish Road – that is our respite facility, haven't we? And that's got 8 beds in it, hasn't it? So what we're talking to you about, is actually could we provide respite in a different way? Some people might prefer it in a residential unit, some people might prefer it in our shared lives scheme, and some people might prefer it in their own home, providing respite in their own home. So there's a variety of ways that we can provide respite. We have to provide respite if that meets the needs of you as carers and the person you care for, ok? How we do that, we can do it in a variety of ways, and I think what you've been talking to Helen about is one of the different ways that we can provide it. And that's what we need to know from you, what's best to meet your needs.

Q – Are there going to be better ways than what they are now? That's my argument. Because at the minute, they go to respite in a group they know, and they all get on so well together and they help each other, if you're going to individualise that, they're going to lose that.

A – So it might be, from your point of view, that it's really important that it's residential respite.

Q – I think so, yes.

A – That might be your point of view, and that's absolutely fine, but we do know that there are other people where Kentish Road doesn't meet their needs. So it might be that actually we develop Kentish Road to provide a different kind of service, that provides respite, but in a different way that meets the needs of those people who are benefitting from it, but for those other people who aren't benefitting from it, we do something differently.

Q – If you're on direct payment, will we then be able to buy into Kentish Road?



A – You can't buy in Council services.

Q – At the moment, but will we be able to?

A – Say for example I have a budget of £100 per week, and I take that £100 as a direct payment. I can't use that on Council services. But if I need respite, in addition to that, then you don't need to have that as a direct payment if you want to use a Council service. So you can have a mix and match

Q – I just feel that if you want to buy occasional weekends at Kentish Road, you should be able to

A – Unfortunately I'm not in charge of the fact that you can't buy into Council services, but that's the reality of the position. But there might be somewhere else that provides respite-

Q – There are lots of other places, but it's whether your adult wants to go there.

A – We could still accommodate that, we could arrange for you to have weekends at Kentish Road, legally the government won't let us allow you to buy Council services, and that's one of the restrictions.

Q – So through no fault of yours, people can't buy Council services?

A – With a direct payment

Q – So therefore asking people to make a choice, they aren't able to make that choice. So it's like the gentleman said, you're asking people, I hope you don't mind me saying this, but without being hugely emotional you're actually asking service users as whether they're happy or not with what they want, or whether they would like a difference. That question in itself uses emotion and-

A – I appreciate it's a very difficult position to be in, to be able to be sure that we ask in the right way, in the leading way, and that we give people the opportunity to talk about how they'd best like their needs met. So in terms of choice, using a direct payment doesn't give you the choice of Council services, absolutely. The drive from the government is that direct payment gives you choices elsewhere. I'm just explaining the positions.

Q – That won't change in the future? It will stay that way, that you can't buy Council-

A – I have heard nothing that's told me otherwise, and the Care Act doesn't change that

Q – I hear what you're saying, and so therefore things have to change based to do with something to do with central government. What I do find quite unfair or difficult, is that it has to change for these reasons. It's quite unfair to use terms, I'm glad you've moved away from the building suggestion because we all need to meet somewhere, but to say that things are "traditional", whatever that may be, because today there was 4 different things that, and I'm not the only one, that were arranged using our local community and obviously people moving towards independence and we can afford to do that because we're not making money, so our goal is in 3 years' time or 2 years, however long that takes, that person – already that journey has been done for some people but others it's beginning. So that is what our whole drive is, for people to use our local communities.

A – And that's great, and as part of the co-production work that we're doing its about assessing where we are on that journey internally, and it might be that actually what comes out of it is that we

say “this is fine”. But the reality of the situation is that things will change. Things will need to change. Because the expectations and demands of people coming through into Adult Social Care changes all the time. We have to change for them, it’s really important that we’re able to be flexible and meet individual needs. Part of that work that you’re doing is looking at how we can be there, how we can get there.

Q – My mother’s a resident at Woodside Lodge, how would that affect her? How would the direct payment scheme affect her?

A – So unfortunately for residents of residential care using our services, then a direct payment wouldn’t be relevant for your relative. So when we talk about direct payments, we’re talking about using that for care during the day, non-residential care. So in terms of your relative, then actually what we’re talking about is what the Council provides in terms of resources to meet your relative’s needs. So there have been trials, I know, up and down the country around using direct payments in residential care but that hasn’t really taken off to be honest, because it’s a fixed price, so there’s a limited choice in that market.

Q – So if Woodside closes, what’s our choice?

A – If a decision was taken for Woodside to close, then what we would be looking at with you is actually where is there in the city that best meets you relative’s needs?

Q – But when we looked, this was the best one for her needs and within the cost we were told we could afford by the Local Authority. When we first started looking, we had a list. I took this to the Council, we were refused funding. We had to look at Woodside and we had to go and look at Holcroft, and that was our option and that’s what she could afford. She couldn’t afford the other ones, and we’re still going to be in the same situation 2 years down the line. Her financial situation hasn’t changed and obviously the cost of care homes has risen within 2 years, so where does that leave us? I wouldn’t put my mother in any of those care homes that we looked at. Woodside was our best option.

A – Absolutely, and that’s why you chose it, I understand that. So if it were to close, if a decision were made to close then what we would need to do is work with you and your relative to make sure that we found accommodation that met her needs and that you were happy with, within the confinement of the budget that you have.

Q – But what if there isn’t that care at that level?

A – We are confident that that care is available

Q – We’ve looked at a lot of homes and I can tell you I was absolutely appalled at the state of them. I went into one, I will tell you this, one we didn’t walk through the door and another one we walked in and I asked to look at the rooms. We looked at a very, very small room which had a single bed, really old furniture and when we asked to see a bigger room we were taken along the corridor, this lady had a bunch of keys on her waist, all the doors were locked and she opened the door and there were two beds in this room. And they pulled a curtain across the middle. And that was the privacy of those people in there.

Q – And I bet that all those homes were rated very high on CQC

Q – They were actually in the care guide that you’ve given us to look at homes.

Q – They were rated at very, very good, at the top rating. But I’m afraid it’s a completely different ???

A – Were these homes in the private sector that you’re talking about?

Q – Yes

A - So just to be clear, most people who receive care from us in terms of residential and nursing care currently their care is provided in the private sector. There are a very small proportion of people that we provide care for in our own homes because we only have 3. So most people already have a service in the private sector. And our colleagues, who work with us, work with us very closely with homes to ensure we monitor and improve the quality of those homes. But your description – I would agree with you – I wouldn’t want my relative to go there either.

Q – That’s what’s out there for us, within her budget; I don’t want to see Woodside close.

A – I can understand that, I absolutely understand that, what I’m saying is that there are alternatives there that are of the same quality.

Q – We must have seen 8 or 9 and I wouldn’t have put my mum in any of them. I would actually ask if any of those staff really had training around dementia. There were lots of mixed residents there, and my mother’s got vascular dementia and she’s deteriorating quite quickly. I mean, they would not be able to cope in those buildings. There were stairs with stair lifts, there were people wandering around, she wouldn’t be able to cope with that and that is what is available out there. That’s what I’m saying; there isn’t the quality that we have at Woodside at any of those care homes that I’ve been to see.

A – There is no point me saying to you that there is, because actually our experiences are different. And all I can say to you is that challenge about quality has been heard loud and clear through this consultation so you’re not the only person who’s said it, you’ve said it too, and that is clear. So I absolutely take that on board. I would argue that that’s not the case, but there’s no point having that argument because you’ve been, you’ve seen it and you’re clear.

Q – First of all, you might think it’s a great idea for us to go to direct payments which I don’t think people will like, but how do we know when we buy these services and that ourselves they’re safe for the adults?

A – Yes, that’s a really good question. So one of the challenges that I think we all have is that when people have more choice and control, there’s more risk, isn’t there? There is more risk. And I think that’s very difficult for us to come to terms with. So where we have adults that have the capacity to make decisions it is absolutely their choice to make those decisions. Where we have adults that don’t have capacity, or have limited capacity then it’s really important that we make sure however that direct payment is used, if you’re the relative who is managing that direct payment, that we support you in making sure that those services are safe. And what we do as part of our quality assessment, our quality unit that we have, is that we monitor all those services.

Q – So you'd have a full report on them?

A – Yes, we would have a full report on them. Just to be clear, Day Services aren't regulated in the same way that residential care services and domiciliary care services are regulated. So residential care services and domiciliary care services are regulated by the Care Quality Commission, Day Services aren't. So the only monitoring is our monitoring, that we do.

Q – If I could make a couple of points – it's very easy to be emotional about this, but there is one very good reason why I really do not believe that you should be considering shutting Woodside Lodge. We've been told within this consultation period that 18 months is the average life expectancy of somebody in residential care. Did you know that the average life expectancy for somebody who moves from one residential care unit to another is 6 months? So what you're doing, by asking us to potentially move our family members away from Woodside is condemning them, possibly, to an early death. And I am really not prepared to accept that under any circumstance. I'm sure you wouldn't want that for any member of your family, so therefore, if for no other reason, you really should consider that one. If you do go down the route, at the end of all this and say "yes, we agree, Woodside should close", if you take the average life expectancy of 18 months, what you could do is to re-classify Holcroft into medium to high, because loads of medium may well live a bit longer in sheltered accommodation, so you don't need the low to medium. Keep Woodside open for a minimum of 18 months, and offer any space that comes up, because by natural wastage, for want of a better term, you will get some people dying off in all 3 of the homes, heaven forbid it be my father but it may well be, but you offer there or you offer the place immediately to anybody in Woodside lodge, and if they don't want it then fair enough. But by 18 months if your figures are correct, by the 18<sup>th</sup> month average life expectancy you will have been able to close Woodside Lodge and nobody be displaced out into the private sector. And you won't have any of these problems because the quality of care will be that which the council offers.

A – Ok, I think that is a reasonable suggestion and I think that's a suggestion that needs to be considered. I would say that there is evidence from Kingsfund if you want to look at Kingsfund website.

Q – I've looked at an awful lot.

A - So if you look at the Kingsfund website there is evidence that if you plan, and planning is really important, that if you do close a home and you plan with the relatives and with that individual if you can, if they've got capacity, for that move then actually you don't have a negative impact on their life expectancy.

Q – Well other studies prove differently, and –

A – Well have a look at the Kingsfund one and come back to me. So in terms of your suggestion about keeping it open for 18 months that is an option that certainly the Council should consider.

Q – A minimum of.

A – Problem with that though, is that actually you're then increasing your expenditure. So you do have to consider that as well.

Q – How am I increasing my expenditure?

A – Because if you're not bringing people into the home, the running costs remain the same. The other challenge that you have is keeping the staff ????. That's a real challenge. So the risk is that you have agency staff in and you're not able to maintain your staff ????. But that's a perfectly reasonable suggestion.

Q – Just asking about the disability for direct payments, is that being done? Will we know by the time the Councillors make the decision in terms of who is going to be eligible for direct payments who currently is-

A – Everybody's eligible now-

Q – Ok, we meet the threshold of substantial and critical?

A – So the threshold of substantial and critical is a threshold for people's risk to independence. So you're assessing people's risk to independence – whether they're substantial or critical. What the service intervention is, as a result of that, can be anything. So it can be direct payment, it can be a day service, it can be anything. So direct payments isn't affected by eligibility criteria - if you're eligible then that's an option you can have.

Q – In the past when I was working in Mental Health Services and there was a consultation over Day Services then, there was talk at that time along with that consultation about direct payments. And we were of the opinion that that was the Promised Land, and that was what would happen, but actually what seemed to turn out was Day Services closed and not very many people got any direct payments. So obviously, what can you do to make that not happen?

A – So where people are eligible for services, direct payments in an option, ok? There was, and I don't know how long ago the Mental Health Services redesign was, but certainly originally the direct payments, it wasn't available to people who lacked capacity. It is now, but it wasn't, so that might have been the issue, I don't know. We know that we have to get our direct payments support service much better because part of the problem, offering direct payments to people can actually be quite a scary thing because actually they might not want to take on that responsibility. So you have to have the right support in place, so we're doing that currently in terms of making sure that that support is better for people.

Q – if this does all work out, how long will the period be before you transfer from what's happening now to the new services because it's taken an awful long time for, I'm speaking on behalf of my daughter now, what I know from other users, when you're special needs it takes an awful long time to get used to somebody, to know their ways, to know their routines. The staff that work with our child...adult, I still call her a child because she is in a way, but we've got to know the staff, the staff are there for us not just for the users and it takes an awful long time to get used to somebody new. She trusts everybody around her and it's going to take a long time so what will happen?

A – So, in terms of, are you talking in particular about Day Services or respite-?

Q – Day Services and respite

A – Ok, both of them. So we have this period where we're looking at working with you to think about actually what should the services look like in the future, alright? We will collate all that information and we will present that to the Cabinet. If the Cabinet decide actually, we want to redesign services this way, whatever way it is we've come up with, you've come up with; then we will have a plan with you how we implement them. It takes into account the fact that people, you said very clearly trusting us, trusting the staff that are currently there, thing about routine and consistency that's really important, structure, those things are really important in any redesign so we'll work with you about how we change them. It will depend on the individual's needs.

Q – I've brought it up before about the ??? but, I mean, they're brilliant. And I don't know what we'd have done as parents without them because they're at the other end of the phone for us if there's a problem, and I can't speak highly enough of them.

Q – In an emergency we use Kentish House and we phone them up and say we've got an emergency, is it possible ???

A – That responsiveness is really important.

Q – One more question – I don't want to hurt anybody's feelings, as the problem's trying to save all this money, have they ever thought about the future? All this young generation, we have children, I had 5 children at a very young age, but why doesn't the government do something about it and let people, even the younger generation have the special test which is provided for people over the age of 37 or 40 long term running? Ok put aside people who get dementia or anything when they're old, how about prevention in the first place? A lot of parents might think oh, our kids, as they get older they will struggle. They're very nice when they're babies, they're very nice when they're teenagers but at an older age, yes, I'm disabled nearly myself – I've got spinal problems and everything so coping with ??? is harder now. So I will have to think long term what I'm going to do-

A – Absolutely, and we should be supporting you in making those decisions.

Q – I think the government should also bring in a new thing-

A – I can't answer that question but-

Q – That's what should be put forward then; they're trying to save money-

A – We wouldn't be able to put that forward, but you're more than welcome to put that forward to the government. But we wouldn't be able to do that for you. But what we can do, what we should be doing, is working with you to support you to enable you to support your child.

Q – I don't want to hurt anybody's feelings I just wanted to-

A – Yes, Ok, that's out there, it's already said.

Q – Can I ask, how much of a saving will you make if Woodside closed?

A – So it's about £350?...£200 in the first year-

Q – I presume we're talking thousands?

A – Yes, sorry, £200,000 in the first year, 350 in the following year.

Q – And has anything been done about how much it will cost to have that care in place?

A – That includes that, it's the cost of re-provision is already included in that.

Q – And you said there aren't any plans for the building; I can't see how you can close something and not have some idea about what that building is either worth or what that land is worth, or what you're going to be doing with it. Because as a Council you wouldn't allow it to be empty once everybody's moved out so there must be some plans or some thought around that piece of land.

A – I can honestly say to you that there has been no discussion with me about the future of that building. There has been a discussion about the development of extra care across the city. So extra care is like sheltered housing, only its enhanced sheltered housing. So there has been discussion about that across the city, but not on that site.

Q – Could you explain what enhanced sheltered housing is, please?

A – So extra care, the best extra care facilities in the country are individual apartments, really, for individual people. There's also on-site all the facilities. So there are carers on-site, there's a restaurant on-site where people can eat together. So it's much more individualised care but within the safeguards of carers and facilities. And the best ones that are developed will have kind of street frontage and they'll have shops so people can access as well those kinds of facilities there. But increasingly they're being developed for people with dementia.

Q – Ok, so with dementia there are a number of issues there of course. Who's responsible for checking that the alarm goes off on the door when they walk in? Who's responsible for making sure they take their drugs? Where are the drugs kept? Are they kept in their own flat? If so, are they locked in a cupboard? Because if not, then they'll just take them because they've forgot they've taken them. If they are locked, who has the key? And I know at Woodside sometimes a drug round can take 40 minutes per person because I've asked them, so if a carer has to go in and spend 40 minutes with one person in a sheltered housing unit just to do the drugs, we're starting to get into the problem of an awful lot of other bits and pieces that won't be happening. Will they be ordering the food for them? Will they be expected to make sure the food's been eaten? These are all problems that dementia people suffer a lot and I did ask a question a couple of meetings ago which we haven't have an answer for, which was how many people that go into residential care at the moment are married? And that is a very significant question because I have another family member who is younger than I am, she's in her late 40's, and has a husband who has just turned 70. She has a house, she has a mortgage, has to work, she can't care for him, he has to go into residential care. Say if you go into sheltered accommodation with your wife, that wouldn't work, you can't start putting couples into sheltered accommodation when somebody's fit and able and working, so therefore residential care is needed for these sort of people. But she is not in a position because of their financial state to afford to have a lot of expensive public sector provisions so therefore she needs a council to step in and help. So these are all things you have to think about when you're looking at shutting places such as Woodside, because it's not such a simple model as sticking people, only with low grade dementia – bear in mind not medium to high - into sheltered accommodation. If you are

talking about sticking low to medium dementia sufferers into sheltered accommodation, why aren't you shutting Holcroft, which is the most logical thing to do because Holcroft is low to medium?

A – So I'm not suggesting that actually what we're doing is we're saying there will be no residential care in the city and everybody will go into extra care, I'm not saying that. What I'm saying is there needs to be a range of options for people. And there are some very good examples across the country where it works very well for people with dementia. And those issues that you've raised are covered because there are carers on site, in the same way that there are in residential care, there's just a greater level of independence. We haven't expanded that greatly in the city, although we are developing some units in the city at the moment. But it's about having a range of facilities, and that's all we're saying. In terms of how many people are married, I don't know that answer, but if I can get that answer for you, I will do.

Q – That is a significant question, but can you please answer another question I did ask. Why are you considering shutting Woodside which is medium to high and not Holcroft which is low to medium if you are looking at going down a model of sheltered housing for dementia sufferers?

A – I'm not saying we're going down a model, what I'm saying is there needs to be a range of options.

Q – But you've just said you're building some.

A – So 9 beds, it is 9 beds.

Q – And you have no plans to develop any more of those?

A – So those conversations are being had about whether we can develop more extra care. What I'm not saying is the strategy of the Council is not to close the residential care facilities in the private sector or in our own service and replace them with extra care. What I'm saying is you need a mix. You need a mix of facilities for people to be able to choose from, that's all I'm saying.

Q – Good evening, first of all, obviously it's emotional because my wife is in Woodside Lodge like ??? As Councillor Shields is here, why has the Councillor decided to particularly pick on Woodside Lodge, which caters for people who are in advanced stages of dementia? I'll just take for example my wife, she cannot speak, she hasn't spoken for over a year, so we cannot communicate. I can't tell her what's happening. She can't feed herself, she can't dress herself and she can't wash herself and she walks about all day, around the corridors, quite safely. Why are you closing a facility like that? It's no good you saying we could move her into another home, because it wouldn't be the same. She would be locked away in a room, basically, that's how it would end up and you would be then getting rid of your liability looking after seriously ill person.

A – We would not be suggesting to you that if the decision is to close, and that decision hasn't been taken, but if it is, we wouldn't be suggesting-

Q – Sorry to interrupt you, but why have you sown the seed? Because up there now at the moment, the staff are demoralised, Michelle who works very hard up there, she's losing staff, there's more sickness than there's ever been, it is now beginning to affect the running of the home. I was up there, I go up every day just to hold my wife's hand; there's staff of sick who have been off for a long



time. Why have you sown this seed of discontent? Is it a deliberate policy? You've got a bed block up there at the moment, I understand. Does that coincide with the bed block up at the hospital where they can't get people out of the hospital into homes when you put empty rooms up there?

A – There are a lot of issues you've raised there, if I can try and take them one at a time, and if I forget anything then please come back at me ok? So the reason why the Council have decided to consult on Woodside was because it had a lower occupancy rate than all other homes, that's the reason why.

Q – We've had this conversation before-

A – I know we have, and I was first there when I said it to you-

Q – But there are so many people out there that would give their left leg to go and have-

A – But that's the reason-

Q – It's no good saying you can console the dementia people because you can't, I can't talk to my wife-

A – But that is the reason that the Council made that decision-

Q – I'll say now that Councillor Shields is here, is there an answer? Why? Why pick on our most vulnerable in society? And they are the most vulnerable because they probably have a year, two years at the most. My wife is a living skeleton.

A – So the Council made a decision about Woodside on that basis, ok? Why the Council is consulting on the potential closure of a residential care home, and it's no consolation to you and I appreciate that, is it needs to think about what services it needs to provide in the future, ok? And that's why it's consulting on the closure. I appreciate that it's hugely disruptive and distressing, I appreciate that.

Q – But what is wrong with Woodside then?

A – So the Council needs to think about: is it right for it to provide care homes, or is there potential for those places to be provided in other settings in the private and independent sector? And that's the decision that the Council needs to make. What I'm saying-

Q – I only hope that some of the Council don't end up in the same position that we're in, where they've lost their loved ones.

A – Absolutely, the other point that you did make, and I'm trying to remember them, is that you said that at the moment your wife has the opportunity to walk around and if she went somewhere else she would be locked in her room. There will be no way that we would be working with you around that quality of care, that's not acceptable, alright?

Q – But if you look at most of these nursing homes as we've all done-

Q – Different levels

Q – it's a different ???

A – So the other issue that you raised was about bed blocking and one of the issues that we do have in the city is that we have less capacity for nursing care, and that's what we need when people are coming out of hospital. Woodside is residential care, so we have 75 beds for nursing care across the city, but we have more beds for residential care, vacancies. So that's one of the issues that we've got from the hospital.

Q - I mean I would back up that comment, when we looked around the care homes, none of them were on the same level, they were all different types of levels, lots of stairs, which you haven't got at Woodside which means that there is that actual access for people to wander and be safe. And I would just like to pick up on what the gentleman said at the front, I have my father who's in the first stages of dementia, and he is what is called an assisted living provision within Eastleigh. It's a fantastic provision, however, the one thing that is really missing is that he can go and come as he pleases, and no one would stop him walking out of the front door and not knowing where he goes. And he has threatened to do that, as he has threatened to do a lot of things because now we have groceries delivered. Sometimes someone may be there, the carers might be there. If they're not, they turn around and take them away because my father doesn't know that they're coming because he's forgotten that they're coming. I would say that the tablets are kept in a locked cupboard within his flat, and the carers have those keys. We have the issue that he can't remember that he's been given them so we have real issues about him causing damage and its fine, but he's at the very, very beginning of dementia and we don't feel that that's going to be a safe place for him very much longer. He doesn't get in a lift because he hates lifts, and he's on the second floor and he can't get downstairs very easily. So we have a fantastic provision, but it's not really what he needs.

A – And that's one of the big things that we have to take into account, is about risk and it's about as carers what are we comfortable with? And that has to be taken into account, you're absolutely right.

Q – These facilities are very, very good for elderly people who perhaps live on their own and are unable to take care of themselves, not because they've got dementia but because they're just not able to care for themselves anymore. People who've got dementia need specialised places like Woodside.

A – Ok, thank you.

Q – I think it's worth remembering, all the Councillors should remember, remember one of the Council's 6 priorities, corporate priorities. And that says improving the wellbeing of all residents and supporting older people, especially those with medical, care, social or financial needs. I want you remember that please, Councillor. That that is one of this Council's 6 corporate priorities, it says supporting older people, especially with those to care. So please bear that in mind when you make a decision, because that's one of your priorities, alright? And I'm sorry, but trying to shut a facility is not filling that corporate priority, it's just filling a ballot sheet. That's the argument, that's the bottom line, isn't it?

A – So the Council would argue that actually it's about providing services that meet individual need, and that that's provided in a different range of settings. But I take your point, and your point has been well made and it's been recorded.

Q – Can I just say one other thing, this is slightly off-track but you're talking about this being a public consultation – I don't live in the area, I've actually tried to Google, there's nothing on the Woodside Lodge page to say that a consultation is happening, that there's any public consultation going on. I haven't seen anything in the press, and I've Googled it and looked, and there's nothing that tells me that this is a public consultation. And by the look of the amount of people here, not many people perhaps know about it. What have you actually done to promote this public consultation? Not necessarily the meetings in the home, because I didn't hear about the closure of this for about a month after my mum got the letter, which was in her drawer, we were told by the staff. I then had to phone Southampton City Council to find out what was going on, only to be told I wasn't on the contact list. I'm actually a deputy for my mother, and have been since last November, and sent all the details to Southampton City Council and the care home, so what have you actually done to promote this, if I wasn't on the list to get a letter originally?

A – I really apologise for that and we'll make sure that we take your details afterwards so that we can send - we have sent letters to everyone that we know of, we have made sure the staff tell people that they're happening; it is on the website although as Alison said it's not a great website. What we can offer you is that we're happy to have a one-to-one conversation with anyone if you feel you would like that, and that's a way of doing it.

Q – My **step-???** has been at Woodside for a year. You've probably heard me say this but I'd just like to get my point over. Prior to him being there, which was always my first choice – Woodside – I visited 9 other care homes all over the place, which were really difficult for me to get to, so Woodside was my first choice but we were waiting for a vacancy. He was diagnosed in July 12. I live close to him, very close to him, early December I saw his lights on at 4o'clock in the morning - he'd fallen over, smashed his head against the toilet, all gashed open, 24 hours in A&E in the hospital, and sent home. Between January and March he fell over various times, within his own home, that was **???** 3 brain operations in 9 weeks. The last of those he stayed in hospital for nearly 3 months but they kept pushing me, pushing me, pushing me, get him in a care home, get him in a care home. I eventually chose a care home whilst still waiting for Woodside to present me with a vacancy, he was taken there by the hospital and he went absolutely berserk, there was no way he was staying there, no way. Midnight that night, he was sectioned under the Mental Health Act and taken away in a police wagon. Where to? Gosport. He's 91 years old. I never want to experience that again, and if that happens at Woodside, I don't know who I'd hold responsible because I cannot deal with that again.

**A - ????**

Q – At 91 years old, screaming and shouting being dragged away by police in a police wagon and then at midnight to ring me up and say he's been sectioned for 28 days and they've taken him to Gosport. How am I going to get to Gosport? I've got to travel on a bus. I don't want that to happen, I want Woodside to stay open.

A – Thank you for that

Q – Right, first of all, about the consultation, the only people that got the letter would be the users, my daughter got a letter, my husband got **???** but have you mentioned it on the radio stations, what's happening about it?

A – It has been in the press, and it has been on the radio.

Q – Out of 39 ??? providers, people will use those services, are they aware-

A – Yes, so they're involved in the same consultation, co-production.

Q – I sometimes find it quite hard to make a choice, say for what direct payments might mean for you, I don't that people are fully aware what the alternative is, at this moment. So with the consultation, probably if you don't know what the alternative might be, you're probably more likely to stick with what I've got. Do you think it's fair to say that it's not been made fully clear to people who currently use Day Services what the alternatives are, and what it might mean, and the benefit?

A – So that's part of the work that we're doing at the moment through the co-production is about actually working with people to talk about what the benefits might be, and what the negatives might be, what will change.

A – It's very much what is people understanding? What do they need to understand it? What their concerns might be, what opportunities there might be, it's hard to make choices if you don't know what those opportunities might be, so it's bringing people to an informed place. It's hard to inform everybody that's heard of or involved but it can also be quite complicated for people to hear the first time so it's a very good process of informing people and then they can make their choices whether that is to stay with the Council or take the budget a different way by direct payment.

Q – And that presumably, the deadline is kind of end of October isn't it? That's the deadline-

A – Not the deadline, not necessarily. Let's see how it goes.

Q – How do we get the list of what's available?

A – We can make it, we can ???

Q – Something that's come up at co-production meetings is that many people don't seem to know what their personal budget will be. Is that being addressed yet?

A – If the decision is to change things, whatever that might be as it comes out of the co-production workshops, is that actually everybody will need to have a reassessment. Which actually then determines what their personal budget will be.

Q – So my next question, was something else to add to that, and also with what we said earlier about obviously the only people who would be entitled to services are those who are critical and substantial; but it does feel as though the decisions are going to be made in December about services without actually knowing what numbers of people and levels of need there is.

A – So if we're not in a position to say that then we will need to say that quite clearly to the Council, at that time. And they will need to know that because you're right, that might mean that they can't make a decision at that time.

Q – Presumably the people that are affected by these changes, they've already been seen as being eligible at substantial and critical level, so that isn't going to change?

A – People’s needs do change, so I can’t say that their needs won’t have changed, I can’t say that. Their needs might be critical now, or they might not be, I don’t know. The one of the things I have to accept is that as a department Adult Social Care has not been good about undertaking annual reviews which it has a responsibility to do, so I apologise on behalf of Adult Social Care because everybody should have at least an annual reassessment, and we haven’t done that well.

Q – There was a point raised earlier on by the lady at the back about funding for residential care and that she made the point that one of the reasons for Woodside was that the private sector was too expensive. In order to get something with sort of similar quality, one’s going to have to pay more in the private sector. How is the Council going to help with those sort of payments? Because clearly if we have to move out, there is going to be an additional cost involved, and there is no additional cost in the budget from us, it’s just not there. So therefore, how is that going to be addressed for the individual going into the private sector please?

A – So the Council has what it calls a ceiling rate for residential care that the Council is prepared to pay in the private sector for residential care. Anything in addition to that, there’s an opportunity for what’s called a top-up. So you can contribute to that should you wish to. Now my commitment to you if this decision is made, is that we will look at what is available, I’m hearing very loud and clear you saying services and Southampton are not the same quality. I will make sure that during this consultation we have reviewed what’s available at the ceiling rate, and if you’re right, what you’re telling me, and then we will need to look at what our ceiling rate will be.

Q – I think the cost in the private sector is round about £600 for a single room per week.

A – Well that’s not what we know now, but what I’m committing is to say I will make sure that that work is undertaken during this consultation so that I am confident that if we do need to raise our ceiling rate then we will need to include that in any Cabinet report.

Q – That’s a game changer really. You can have a double room for your council rate is what we’ve been told because-

A – A shared room, you mean

Q – Yes, we went out and started looking just to see what was out there, we went round quite a number and we’d already done so beforehand and every single one of them told us a single room is £600. And that’s what they can afford; they’re running a business, so therefore that makes it out of the price bracket.

A – As part of the report to the Council in December we will make sure that there is an analysis of what we can purchase in the independent sector of the same quality of Woodside and what that costs, so that the Cabinet is informed about that.

Q – But that of course would have an impact on the money savings side.

A – Absolutely, which is why it needs to be in there.

Q – And why are the private sector homes allowed to use shared rooms where Council homes are not allowed to use shared rooms anymore?

A – So shared rooms is part of the CQC arrangements is that shared rooms don't meet the standards.

Q – But there are a lot of them out there-

A – Unless you choose to share a room, so going back to your married position, you might as a married couple want to share a room.

Q – Or more could do, but as was already pointed out, with a curtain down the middle of the room

A – Well that's not acceptable

Q – Well I've seen that, and that home scored the highest possible rate on CQC, and that's the reality of it. Go out and have a look, take a day out and just go and drop into these places. You will really see, honestly. You walk in and they smell, because they're not cleaned properly, they don't have adequate staff because the amount of staff turnover is low; costs are cut because they're trying to run a business themselves. And they do, you walk in and you think I'm walking straight out of here, it smells all this sort of thing-

A – I have to say I've also been to in-house services that smell as well

Q – We're talking about Woodside here, not anything else

Q – Can I just say something here, I do apologise to these people but last year my mother had dementia, she was on her own at home in a council home. She had a stair lift, she used to fall over and my brother and I decided that obviously she needed to go in a home. My brother lives in Surrey, my sister lives in Canada, and I live in Southampton. We'll have her somewhere over near me, I live in Sholing, my brother looked around, looked around and we found a care home and obviously mum wanted a homely atmosphere, she had a fantastic home, she lived there for 2 years before she fell very ill and she died last year. At her funeral there were about 5 members of staff, the manager, and the owner of the home. They are out there, they really are and it's such a lovely atmosphere to be in, the staff are absolutely incredible.

Q – I would agree with you there, however, those homes do not have the vacancies. The ones that have the vacancies are the ones you wouldn't put your mother into, and that's the truth.

A – And that's what needs to be reflected. You're absolutely right, that is what needs to be reflected, thank you for that.

Q – Can I just say, I've been through this and it's no different from 15 years ago and I was paying private for my father, and it's exactly the same.

A – Can you just explain what you mean, sorry?

Q – I had a father who I had to put into a home for dementia 15 years ago. And what they're saying, I said all this 15 years ago, and it hasn't changed at all.

A – Right, ok, so it hasn't improved is what you're saying

Q – No

Q – Can I ask Councillor Shields, over the last consultation meeting we had here you promised us you would take time out to go and see Day Services and see if they run, have you actually done that yet?

A – I’m waiting for the date for the meeting that I’d said I’d agree with you. I’ll check my diary to see if that’s in there, I’ve got quite a few meetings in. I can’t answer your question, I’m waiting to hear back from a time when it’s convenient to do it

A – We can help facilitate that; we can make sure that happens

Q – Can I suggest that as part of this consultation then, that some of your staff, Councillors, go out and actually visit some of these care homes like the gentlemen said so you can actually see what is out there? And so that you can actually match up, because what I would like to find out is that when my mum moves that she can take her own furniture, she can take her possessions, because we went to visit one where they said no personal possessions, no TV. We visited one with no outside space, when I asked about residents going outside, if the relatives don’t take them out, they don’t go out. And that is what’s so lovely about Woodside, they have the space, they have the ability to make it feel like their own home which we didn’t get when we visited some of the other places.

A – And that is really important.

Q – I wrote to all Councillors asking them to go and look at the Day Service provision in Southampton and not one of them wants to go and do that. And I think that’s disgusting.

Q – I’m sad to say you’ve got a Councillor up there not too interested either, because I thought for a meeting like this you would have come along already with that meeting booked so you could’ve answer that lady’s question that was raised. Because it’s more important to them than it clearly is to you, I would’ve thought that would be the most important thing for these meetings.

A – We all make sure those meetings are arranged

Q – Well I hope so

Q – It should’ve been done before the consultation ever started. They should’ve known what they were throwing out before they started the consultation

A – So as Councillors, I’m sure many of them would have visited Day Services in the past.

Q - ???

A – Councillor Shields is the lead member for Health and Adult Social Care

Q – And have you been to Day Services? Have you been to residential care homes to look at the facilities out there?

A – I have

Q – You have? How long ago?

A - ...

Q – How long ago? It’s an easy answered question.

A – I visited Day Centres there as part of my activities as a Councillor before I was a Councillor meetings that have been held there, I visited residential care homes, not as part of this consultation, that's admitted but they're not completely unknown to me and I'm not unaware of these-

Q – But how long ago? Was it a year ago or was it 5 years ago? Because if it was 5 years ago then you're clearly not up to speed with what's happening today, so how long ago please?

A – I can't answer that question

Q – You can answer that because you know full well, you just won't answer it because you know you're wrong.

A – It's just ???

Q – I'm sorry

Q – Can I just ask one thing, I'm not getting at Councillor Shields; he cannot see what's happening, we as parents and carers can see what's happening and what a job these people do. And what the hell can you put in place of that? You can't! You're going on about people with dementia, my mum had dementia, she was in a home, I know what it's like to have a mum with dementia. But this one here needs care as well, I mean she's almost in tears here thinking of what's going to happen to her in the future, and that means a lot to me.

A – Of course it does, of course it does.

Q – So I'm just wondering what the hell you're going to put in place of it? There's nothing to put in place of it

A – So in terms of Kentish, then as we talked about before what I hope and certainly from what Helen says to me is that you've been working with her to think about what it is that you put in place. If what you're saying is your daughter's needs are best met in that environment, as I said before, then that is what you need to say.

Q – Can I ask Councillor Shields a question? Could I make an arrangement, an appointment with you, in the next few weeks because it's got to be very soon, to come with me and visit Woodside Lodge so I can take you round and let you see what facilities you're trying to close. Can I make that appointment with you right now?

A – I'm quite happy to do that, I just want to make sure that's not cutting across any other appointments I need to make, but that's fine, yes we can do that.

Q – Ok, thank you

Q – I was just thinking about the process, Alison. At some point people are going to have a chance to hear all the things that you've collected up and how you've shaped that into a recommendation, presumably people will be able to comment on that. Will that be able to change any things at that stage? I recognise its quite late, 22<sup>nd</sup> –



A – So that's the public consultation, ok? But in terms of the individual consultation with the individuals affected by the changes in individual services, we'll do that as we go along. So there won't be any surprises, ok?

Q – Once Cabinet makes a decision, then as a Social Care team you'll be working with those people who are affected to find the best kind of solutions depending on how-

A – Depending on what the decisions are, yes

Q – Just one last thing, once the consultation has happened, the decision's been made, the changes are being invented, so flicking forward to next year - is there any chance that there could be a follow up at some time for people? Just to try to learn from the whole of the process to learn what the outcomes have been for people so actually a year down the line you could look at the whole process and say: well actually this part has been really successful these people are well supported and they're happy with what the final outcome has been, but there may be people that aren't in that place. So maybe there's some learning because no doubt there's going to be future consultations partly driven by change in service models, partly driven by finances that are going to happen over the coming years, I can see that there will be numerous ones. But to be able to actually learn from the process and to then a year later be able to say ok, we got this part really right but maybe this part we didn't get so right, how can we avoid that happening in the future? I think it would be really, really beneficial.

A – we would absolutely expect to do that, because not only would we expect to do that in terms of the consultation process but also in terms of the outcomes of individuals which is really important so we would absolutely expect to do that, we would absolutely expect to feed that back

Q – As far as I'm aware, no meetings have actually been held by the service users yet

A – Yes, they have

Q – That has started has it?

A – Yes, certainly, Day Services and respite care, yes

Q – Well certainly up until mid-last week, no one from Choices had been down to meet with the service users to get their feedback

A – Choices have been there while I've been there, absolutely, when I've been meeting with service users. So I've absolutely been there-

Q – You mean the co-production?

A – Yes

A – We're doing a programme with individual service users; it's different at different sites. So we have started some work with some service users and we have a programme that's ongoing from next week for all the other centres.

A – Certainly those co-production work shop services users have been there and Choices Advocacy have been there as well.

Q – Yes but for many service users they actually do need the opportunity-

A – Absolutely and that’s why we’re doing that in particular groups, absolutely, in addition to that.

Q – At Freemantle then, have they had anything there?

A – They haven’t had the individual ones yet, no

Q – I’m just very conscious that time is moving on very fast and we have, what is it? 5 or 6 weeks left?

A – Yes, 23<sup>rd</sup>

Q – And to actually have proper consultation service users, I’m concerned that’s actually not going to take place by the end of the consultation time.

A – Absolutely, that’s really helpful feedback. We feel that there is that opportunity, if there isn’t that opportunity then we will make that very clear. So we want to make sure we get those views, if we don’t get those views then we won’t have to say so.

A – Anything else anybody wants to raise? Conscious this is not the only opportunity, there will be other opportunities. You can use those contacts, I am sorry about the website it isn’t ideal, but it is on the website. Please do use those opportunities, please do attend meetings however distressing it is because I do appreciate it’s distressing, but it is really important that we get your views.

Q – On the website it is actually almost impossible to find the consultation

A – I can show you if you like.

A – So Paul will show you how to find it. And there’s a question at the back as well

Q – Yes I was just going to say there’s another meeting on Thursday here, at the Overview Scrutiny Management Committee and our focus for that meeting is going to be on the adult care changes. So that’s at 5.30 the meeting starts but the adult care item will start at 6 and that’s in the Council Chambers. And that’s going to be Councillors questioning the decision but also a number of organisations will also be attending and making representations and anyone can turn up.

A – Thank you for that, Councillor Moulton. There’s Overview Scrutiny Management Committee will be looking over these proposals from 5.30 in the Council Chamber if you wish to go and see Council members scrutinising these proposals then please feel free to go.

Q – Is that Thursday 11<sup>th</sup>?

A – Yes, this Thursday

Q – That’s the same day you’ve got one at Freemantle because staff-

A – It finishes at 5.30-

Q – If parents with family members-

A – It won’t be on at 5.30, the adult-

Q – No, its 6o'clock but it's not a lot of time to have your tea and get there, is it?

A – I'd imagine it will go on for about 2 hours

A – The easiest way in is to go to the front page, and then to "living" which is one of the options on the top bar, and then to pick "Adult Social Care" from the navigation on the left hand side, there are other ways but this way works for me. And then there's "Consultation", again on the left hand side, or it's here, the redesign of some Adult Social Care provisions you can go in either way. And then there's a page with the latest on the consultation and at the bottom there is a schedule of meetings and the consultation documents and so on. You can just type in [Southampton.gov.uk/social-care](http://Southampton.gov.uk/social-care) which will take you to the Adult Social Care page, but I prefer to go Living-Adult Social Care-Consultation

Q – If someone could actually look at the consultation document for Woodside, I tried to complete that – the format is dreadful, there are actually some spelling mistakes and I've had to actually cut and paste it and stick it onto a word document, because I can't do it on that document.

A – Ok, we'll look at that, we'll do that tomorrow, urgently.

Q – It's very frustrating

A – I'm sorry about that, that's really not helpful. Ok, so there will be opportunities further, if you wish to have conversations with either myself or Helen independently then we're more than happy to do that. And I hope that we continue to talk, and we will continue to gather your feedback to present to Cabinet.

Q – Will we get a copy of the minutes from this meeting?

A – Everything will be recorded, from every meeting

Q – Yes, but will we get copies of it?

A – Yes, we can give you a copy, but what we need to do is take your names though

Q – Well you've got them from previous meetings so anything to do with Woodside I want

A – if there's people here who aren't affected by the consultation then can you please stay behind and give your name if you want a copy of the minutes, ok? Everybody else we will know. Thank you very much for your time.

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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.



## **Consultation on the future of Day Services**

### **Summary of responses received**

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## **1 Consultation approach**

- 1.1 Relatives and carers of day service users were invited to a meeting that took place at day centres on Monday 7 July 2014. At the meeting, they were advised that Cabinet would be considering a proposal to hold a public consultation on the future of day services. A staff briefing was held on the same day. A copy of the presentation was posted to relatives after the meeting.
- 1.2 Cabinet considered this proposal and approved a public consultation on the future of Day Services on 15 July 2014 and this ran from 24 July 2014 to 23 October 2014. The consultation was covered by local media, including the local newspaper (Daily Echo) and local radio (BBC Radio Solent).
- 1.3 The schedule of meetings was published on the council's website and relatives and carers of Day Service users were sent this by post with an invitation to attend. Staff were briefed so that they could give information about the proposals and the ways in which to respond. The schedule of meetings is attached at Appendix A.
- 1.4 A consultation document including a questionnaire was published on the council's website, where it could be downloaded, and was made available at all of the consultation meetings and from Day Service Staff. The consultation document is attached at Appendix B.
- 1.5 A total of 13 meetings were arranged as part of the Day Services Consultation. 3 meetings were arranged for service users, families and carers and were held at Sembal House. 10 meetings were arranged for relatives and carers and these were all held at a variety of Day Centre buildings. Representatives from Choices Advocacy and, or, Carers in Southampton attended meetings and were able to support relatives, as required. The Cabinet Member for Health and Adult Social Care attended some of the meetings.
- 1.6 The format of the group meetings consisted of a presentation given by the Interim Head of Adult Services followed by a question and answer session. Notes of these meetings were taken and these are attached to Appendix A.
- 1.7 In addition to the 13 meetings held at Day Centres, two public meetings were held at the Civic Centre at 6pm on 8 August 2014 and 22 October 2014. These meetings covered the proposals regarding Day Services along with separate proposals for the future of respite services and the future of a residential home, Woodside Lodge. A verbatim record of these meetings, chaired by the Director of People, was made and this is attached to Appendix A. The Cabinet Member for Health and Adult Social Care also attended these meetings, along with representatives from Choices Advocacy (both meetings) and Carers in Southampton (the second meeting).

- 1.8 In addition to the above, a meeting for carers was hosted by Southampton Mencap (carers' lunch); two meetings were held with the council's partners and care providers; and meetings in public were held at Consult and Challenge (Spectrum Centre for Independent Living) and Southampton Healthwatch. These meetings included the proposals for day services along with those for respite services and Woodside Lodge. Notes from these meetings have been placed in Members' rooms and are available on request.
- 1.9 Several briefings were also held for Members of the council and the consultation and proposals were considered at a meeting of the council's Overview and Scrutiny Management Committee (OSMC) on 11 September 2014. The minutes of this meeting are available online at <http://www.southampton.gov.uk/modernGov/ieListDocuments.aspx?CId=123&MId=2852&Ver=4>
- 1.10 A dedicated email address was publicised on the council's website and at all of the meetings outlined above. Everyone who attended the meetings was invited to respond to the consultation in the way that best suited them, including a direct invitation to phone or write to the Interim Head of Adult Services or a member of the project team, whose contact details were included in the presentations.
- 1.11 Independent advocates from Choices Advocacy worked separately with the service users of day services and were able to record the views of 102 of its current service users, where appropriate.

## **2 Questionnaire responses**

- 2.1 163 questionnaire responses were received related directly to day services. The majority were received by users of day services, however other respondents included members of day services staff (7), other staff member (4), carer of person using day services (2) and those interested in the ways adult services are provided in Southampton (3). 102 of the responses were received from services users with the help and support of independent advocates.
- 2.2 27 responses (16.5%), from all completed questionnaires agreed that the way the council provide day services should be reconsidered. 15 respondents did not mind or felt unable to answer the questions. The remaining 121 (74%) respondents felt that the council should not change the way day services are provided.
- 2.3 A number of questionnaire responses contained questions. These requests have been summarised and the councils response is, as follows:

| <b>Comment</b>   | <b>Council's response</b>  |
|--|--|
| One response suggested that reasons for consultation had not been clear.     | At all meetings time was taken to explain why the decision to consult has been made. These reasons include: a need to ensure that services fit with current lifestyles, promotion of independent living where individuals are empowered to make their own decisions, services need to be more flexible to ensure all needs of people are fully met, with life expectancy ever increasing a growing demand is highly likely and current provision may not be providing the best value so we want to ensure individuals, who are eligible, are supported to achieve the best outcomes for the money available. |
| Concerns were raised that it was not suitable to consult with service users. | Different approaches were taken on how to consult with individuals based on their needs and understanding. Individuals were supported by their families, carers, social workers and care managers and independent advocates were also used to gain the views of service users where appropriate.   |
| It is not always suitable for serviced users to manage their own budgets.    | Direct payments do required a managed approach but this is not required to be the service user themselves. They are able to receive support from relatives and carers in this matter and are also able to, if they wish, use some of their finance to buy help to manage their direct payment.   |

2.4 From the responses received a number of themes emerged of areas respondents felt were of particular importance. These are summarised as follows:

- The potential loss of friendship is of major concern to service users. Many service users explained that the day centres have led them to create their friendship circles and fear how they will recover this if the day centres are lost.
- Service users, relatives and carers alike explained that the activities provided by day services have both social and educational benefits to

them. They fear that alternatives will not combine both important aspects.

- The wide range of activities provided by all day centres was also discussed. Many praised the wide range and the benefits these brought. On the other hand other responses also suggested that day services need to be more flexible in the activities they provide. Further suggestions made also noted that other services in addition to day services should be provided however no detail about what these services should be was given.
- Staff are clearly seen as a valuable resource within day services. Concern was raised that staff who know service users and their needs will be lost. Furthermore some individuals expressed that these links can take a long time to be built up making them very important.
- Concerns were raised as to how service users often struggle with change and that that settling into new services can sometimes be a slow transition.
- A couple of responses suggested that the way services are already provided are innovative and “forward thinking” and suggested that the council do not provide services in a “traditional” way.
- One respondent stated “the fees are not fair and do not represent the service that clients receive”. The council’s response is that if services are changed then service users would be able to choose the services of most value to them.
- A number of respondents explained how safe the environment the day service provides makes them feel very safe – this is something they really value.
- A few respondents explained that they already use services provided by both private and public sector organisations. They explained that both had real value to them and that they enjoyed both aspects.
- A fairly large number of responses made reference to the Café provision at day centres. Many explained that the skills running the café bring are incredibly important.
- A few respondents explained that having teams based in some of the building in which day services are provided is valuable as it mean that “there is always someone around”.

### **3 Written responses**

- 3.1 In addition to the questionnaire responses, 25 letters from a number of sources were received. The respondents included relatives of service users, carers of services users, social workers and managers contacting on behalf of service users as well as local voluntary sector groups.
- 3.2 The majority of responses were strongly in favour of ensuring day services are retained in their current state as they are viewed as a valuable service. A number of people expressed concerns about where alternatives may be sourced from should day services not be provided in their current state.

- 3.3 One respondent raised concerns with the manner in which the consultation had been conducted. The concern continued to explain finding materials on the council's website had been difficult. The respondent queried whether the consultation has been publicised well enough. The Council's response to this is that the consultation was listed on a dedicated page on the council's website. The consultation was also covered in the Daily Echo and by BBC Radio Solent.
- 3.4 Concerns were also raised that following the consultation the council should ensure they interact with those effected by the changes to ensure that their needs are being met. The council's response to this is that any service user who is eligible to receive services is entitled to a statutory review of their needs. As a minimum these reviews must be carried out annually, although the frequency of review will depend on the level of need and risk, and will be agreed with the individual and/or their carer.
- 3.5 A number of responses stated that current provisions are not flexible enough. One response stated the "flexibility is the key". Another response stated that "the current service does little to empower service users". The council acknowledges that the current service has areas for improvement and flexibility is one of those areas for development. This is one of the reasons that this consultation is being undertaken, to explore how personalised care can be better implemented within the service.
- 3.6 One response raised that the consultation process appeared to have failed to have consulted with future service users.
- 3.7 In addition to the above points raised a number of consultation responses received contained questions. These questions have been summarised and the council's response is as follows:

| <b>Comment</b>  | <b>Council's response</b>  |
|---|--|
| Is it suitable for service users to be consulted with? Are they in a position to make informed decisions?                       | Different approaches were taken on how to consult with individuals based on their needs and understanding. Individuals were supported by their families, carers, social workers and care managers and independent advocates were also used to gain the views of service users where appropriate. |
| How will the implementation of the Care Act impact on service user and carers assessments? Do they have to be provided jointly? | The Care Act will bring changes in the way that the assessments for carers are conducted. The act does not make it a requirement for the assessment of carers and those they care for to be carried out jointly. However should both parties consent,  |

|          |   |   |
|----------|---|---|
|          |   | in certain situation, the council may decide to combine the assessments.  |
| <b>4</b> | <b>M</b><br><b>e</b><br><b>e</b><br><b>t</b><br><b>i</b><br><b>n</b><br><b>g</b><br><b>s held at Day Services</b> | One response stated that “one size fits all questionnaire” was not suitable for everyone.   |
|          |   | The council made clear that throughout the consultation a number of methods for providing feedback were provided. The questionnaire provided was just one of these methods. Other have been detailed through part one of this report. |

5.1 Notes from the meetings are attached to Appendix A.

## **5 Public meetings held at Civic Centre**

5.1 Notes from the meetings are attached to Appendix A.

## **6 Overview and Scrutiny Management Committee**

6.1 The minutes of this meeting are available online at <http://www.southampton.gov.uk/modernGov/ieListDocuments.aspx?CIId=123&MIId=2852&Ver=4>





## Equality and Safety Impact Assessment Appendix 2

The **public sector Equality Duty** (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people’s needs. The Council’s Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with section 17 of the Crime and Disorder Act and will enable the council to better understand the potential impact of the budget proposals and consider mitigating action.

|   |   |
|---|---|
| <p><b>Name or Brief Description of Proposal</b></p>                 | <p>Future of day services</p> <p>The recommendation is for Cabinet to approve the phased closure of two of the four Southampton Day Services (SDS) centres provided directly by Southampton City Council, and the restructure of the remaining two after taking into account the consultation findings and all relevant factors.</p>  |
| <p><b>Brief Service Profile (including number of customers)</b></p> | <p>SDS is a collection of four distinct day services, catering to service users with different types and levels of need and based in four separate locations across the city:</p> <ul style="list-style-type: none"> <li>•Sembal House: a day service for adults with physical disabilities and mental health issues providing 134 sessions per week to 41 service users.</li> <li>•St Denys: a day service for adults with learning disabilities providing 257 sessions per week (building and community-based) to 55 service users.</li> <li>•Woolston Community Centre: a day service for adults with learning disabilities and complex needs providing 281 sessions per week (building and community-based) to 55 service users.</li> <li>•Freemantle: a day service for adults with learning disabilities providing 312 sessions per week (building and community-based) to 69 service users.</li> </ul> <p>The majority of SDS services are building based offering a range of activities such as arts and crafts, life skills and educational programmes and in some cases offering specialist therapy and services. All services provide transport and support for trips and activities in the community. The service is used predominantly by individuals with learning disabilities and internally provided day services have a high volume of individuals with more profound and multiple learning disabilities than individuals using externally commissioned services.</p> |

|                                     |  |
|-------------------------------------|--|
|                                     |  |
| <b>Summary of Impact and Issues</b> | <p>The recommended option to undertake a phased closure of Council run services forms the basis of this impact assessment. The recommendation has been informed by a series of consultations and coproduction groups. Co-production groups were made up of service users, carers and provider staff.</p> <p>Any proposed changes to the day services have the potential to affect services provided to adults with care and support needs including:</p> <ul style="list-style-type: none"> <li>• Adults with learning disabilities,</li> <li>• Adults with physical disabilities</li> <li>• Adults with sensory support needs</li> <li>• Adults with mental health related needs</li> </ul> <p>There is also the potential to affect:</p> <ul style="list-style-type: none"> <li>• Carers of people in all the above groups.</li> </ul> <p>Issues identified via the co-production work includes:</p> <ul style="list-style-type: none"> <li>• Concerns expressed by service users and carers regarding potential loss of services resulting in more pressure on them.</li> <li>• The need to improve information on available services provided to adults with care and support needs and their carers</li> <li>• Ensuring transport is available to access services</li> <li>• Ensuring services meet the needs of people with a wide range of needs and disabilities</li> </ul> <p>All current service users will be entitled to an assessment and review of their care needs. The Care Act 2014 also promotes carers assessments.</p> |
| <b>Potential Positive Impacts</b>   | <p>Potential positive impacts of the review would be that day service provision becomes more flexible in meeting the needs of adults with care and support needs who meet the local authority eligibility criteria. The Care Act 2014, which becomes a legislative requirement from April 2015, emphasises the use of personal budgets to provide care and support to adults assessed as eligible for local authority or health funding. Personal Budgets have the potential to provide increased choice and control to more service users and their carers' in how they utilise the budget to meet their identified needs and outcomes. This supports people to have more bespoke solutions for their unique needs and this can improve outcomes for individuals. Improved outcomes can have a cost benefit by reducing the need for other services.</p>  |
| <b>Responsible Service Manager</b>  | <p>Ricky Rossiter (Operational Service manager )<br/>Sandra Jerrim (Senior Commissioner)</p>   |
| <b>Date</b>                         | November 2014  |

|                                       |                         |
|---------------------------------------|-------------------------|
| <b>Approved by<br/>Senior Manager</b> | <u>Stephanie Ramsey</u> |
| <b>Signature</b>                      |                         |
| <b>Date</b>                           | <u>20/11/14</u>         |

**Please note: this ESIA is a work in progress. Any revisions will be tabled at the Cabinet Meeting on 9 December 2014.**

### Potential Impact

| <b>Impact Assessment</b> | <b>Details of Impact</b>   | <b>Possible Solutions &amp; Mitigating Actions</b>   |
|--------------------------|--|--|
| <b>Age</b>               | <p>The recommendation may have either a positive or negative impact depending on the individual. SDS provides services for a wide group, mainly adults but including older adults with multiple needs.</p> <p>People with learning disabilities experience a range of health problems earlier than the general population which needs to be factored into the design of alternative services.</p> <p>Some service users have older carers who have their own support needs or who may develop needs in the future.</p> | <p>All service users will have an assessment prior to any consideration of service changes. This will address individual needs including age, complexity and access issues.</p> <p>In addition to individual assessments the phased closure of SDS will consider which buildings should be retained in the initial phase in order to address any potential impact. This will also provide the time to seek suitable alternatives for people.</p> <p>Carers are entitled to assessments in their own right and would be able to access this where necessary. This will identify specific needs for older people with caring responsibilities. Carers including those with protected characteristics, will be supported through this approach.</p> |
| <b>Disability</b>        | <p>The recommendation will impact on people with learning disabilities, physical disabilities, sensory impairment and mental health needs. The recommendation may have either a positive or negative impact depending on the individual and the extent to which they prefer current models of service and their ability and interest in accessing other options such as direct payments to purchase</p>  | <p>All service users will have an assessment prior to any consideration of service changes. This will address individual needs including age, complexity and access issues.</p> <p>In addition to individual assessments the phased closure of SDS will consider</p>   |

|                                       |   |   |
|---------------------------------------|---|---|
|                                       | <p>more solutions.</p> <p>A negative impact for some will be the change in service location</p> <p>This could be particularly impact on people with physical disabilities who need to use services and buildings which are accessible. Some of the buildings currently providing SDS have good access arrangements but other community resources may not be as suitable.</p> <p>A positive impact for some will be the freedom and flexibility to use their personal budget to meet their individual need</p> <p>The current services impact on a disability group who are known to experience prejudice and stigma and so some people using the current services may feel particularly vulnerable in generic community settings as the</p> | <p>which buildings should be retained in the initial phase in order to address any potential impact. This will also provide the time to seek suitable alternatives for people</p> <p>Alongside the changes individuals will be able to have a personal budget/take a Direct Payment, and be supported to do so, which will enable people to make arrangements to meet their individual need.</p> <p>Good transition arrangements and support to access other services safely will help increase confidence to accessing different services.</p> |
| <b>Gender Reassignment</b>            | In House services can provide a safe environment for people who face multiple discrimination. Accessing mainstream activities may be more challenging due to stigma.  | This can be mitigated by support to access alternative, appropriate services such as peer support and by working with other agencies to ensure all purchased and community services are accessible to all communities.  |
| <b>Marriage and Civil Partnership</b> | No identified negative impacts.   |   |
| <b>Pregnancy and Maternity</b>        | No identified negative impacts.   |   |
| <b>Race</b>                           | The recommendation may have either a positive or negative impact depending on the individual, although increased use of personal budgets is usually experienced as a positive impact, allowing individuals with different requirements to be addressed individually.  | All service users will have an assessment prior to any service change which will include cultural issues.   |
| <b>Religion or Belief</b>             | The recommendation may have either a positive or negative impact  | All service users will have an assessment prior to prior to   |

|                           |   |   |
|---------------------------|---|---|
|                           | depending on the individual, although increased use of personal budgets is usually experienced as a positive impact, allowing individuals with different requirements to be addressed individually.   | any of service change which will address matters of religion and belief.  |
| <b>Sex</b>                | No identified negative impacts  | The flexibility that personal budgets offer means that service users and carers will be able to arrange personalised services and activities/support that is tailored to their needs including single gender services.  |
| <b>Sexual Orientation</b> | In House services can provide a safe environment for people who face multiple discrimination. Accessing mainstream activities may be more challenging due to stigma   | This can be mitigated by support to access alternative, appropriate services such as peer support and by working with other agencies to ensure all purchased and community services are accessible to all communities.  |
| <b>Community Safety</b>   | <p>National research identifies disabled people are more likely to experience crime and anti-social behaviour, than non-disabled people.</p> <p>There could be a negative impact on Individuals who feel safer accessing city council buildings in areas that they know and feel comfortable in.</p> <p><a href="http://www.equalityhumanrights.com/sites/default/files/documents/disabilityfi/briefing_paper_3_new.pdf">http://www.equalityhumanrights.com/sites/default/files/documents/disabilityfi/briefing_paper_3_new.pdf</a></p> <p>Local mechanisms for reporting Hate Crime and harassment are not affected.</p> | <p>Assessments will consider community safety issues for individuals including service location.</p> <p>The Community Safety team works with a wide range of partners to address and provide a more resilient response to community safety issues.</p> <p>The Community Trigger gives victims and communities the right to require a multi-agency review and ensure that effective action is taken where an ongoing problem of persistent antisocial behavior has not been addressed.</p> |
| <b>Poverty</b>            | <p>There are potential impacts if people have to travel further at extra cost to access their support.</p> <p>Alternatively people can choose to access more local services.</p> <p>Personal budgets provide flexibility for individuals, regardless of their economic situation.</p>   | <p>All services users will have an assessment prior to any service change which will address these issues.</p> <p>Costs of transport can be included in a personal budget/direct payment</p>  |
| <b>Other Significant</b>  | Although transport is outside the scope of this review, the use of  | Assessments will be undertaken with all service   |

|                |  |   |
|----------------|--|---|
| <b>Impacts</b> | personal budgets will have a positive impact as individuals can choose transport arrangements most suited to their individual needs. | users prior to any service changes.<br><br>Identifying needs in respect of employment and transport will be part of the assessment process. |
|----------------|--|---|

## **The Future of Day Services in Southampton**

### **Working Together – Coproduction groups**

From two introduction events held in August, attendees discussed and agreed to work together to look at 4 areas

- Carers
- Developing Services
- Quality & Outcomes and
- Personal Budgets

The groups, referred to as Working Together groups, met 4 times during September and October. A summary report was produced for each group.

A further meeting involving representative from all the groups took place in November. They read the summary reports and provided comments and feedback.

The four reports are set out below.

In all four groups there was a request for the work to continue once a decision has been made.

## **Developing Services Working Together (Coproduction) Group. Summary Report November 2014**

The developing services co-production group is attended by a good balance of people who use services, their carers and providers of services. The meetings are chaired by Adam Wells, Service Development Officer within the ICU but the group plays a big role in deciding the direction of each meeting and what is talked about each time. Adam picks out key issues that are discussed and raised by the group which will form discussion areas for the next meetings.

Choices Advocacy also provide support and make sure that all individuals are able to have a voice at the meetings and that discussions and information are accessible and understandable for all.

The group has functioned well but have found it difficult to separate co-production from the wider council consultation about Day Services. This has meant that for some individuals the first session was heavily focused on concerns about changes to current provision rather than developing solutions. It has also become very apparent that individuals are finding it very difficult to focus on new choices and options while feeling anxious about current services. Gradually this is improving.

The group has discussed current and potential future services. It has become clear that there are activities out there to meet the majority of peoples interests and needs. What is not in place at present is the information or support to enable people to access these activities in a flexible way which provides choice and control.

### **Current outcomes**

The group has suggested the following outcomes which would improve current service provision:

- Good, flexible and safe transport for a variety of needs is essential. The group thinks people would benefit from a trusted register of transport providers which includes taxis that offer named drivers with an understanding of different needs, wheelchair friendly transport, improving buses and driver awareness and training individuals in public transport. More work is needed to look at transport options as it should take into account wider community access and not just specific to this project.
- People want support to get a job and volunteer. This needs to include:
  - Work place support for people in a job
  - Support to do CV's and apply for jobs
  - Support to increase skills
  - Support during transition between school/college and employment



- The most important things to people is seeing their friends and having regular social interaction. At present this is linked to day services and community centres but the group did discuss how this can happen in other ways by groups of people accessing activities or courses etc using direct payments. Appropriate support needs to be in place.
- The community centres are valued by the people who use them. There are lots of activities going on as well as day services that individuals could access, it does not have to be a 'day service'. The group thinks they could be utilised for wider activities that people could access but this would not be appropriate for all individuals.
- In order for people to take personal budgets or direct payments there needs to be better support and information available.
- People need an accessible information directory to know what is available with regards to activities and services.

### **Concerns and Anxieties**

- Any changes to day services need to be well managed with appropriate support for individuals and their carers.
- That the community centres will be closed
- That people will be stuck at home with nothing to do
- That people will stop getting services
- That people will not be able to see their friends and social networks
- Loss of carer respite
- The support to move towards DP/PB is not there at the moment.

## **Quality & Outcomes Working Together (Coproduction) Group. Summary Report November 2014**

The Quality and outcomes group was set up to consider how the activities that people chose can be shown to meet their needs and that they are safe and provide good quality to the individuals that use them.

The group consists mostly of providers however there are two individuals who act as service user representatives. Initially there was only one external service provider representative however at the final meeting a second external provider attended. Choices Advocacy provide support to the group and service user representatives where required. The meetings are chaired by Adam Wells, Service Development Officer. Group discussions start with a basic structure or subject area to discuss put in place by the chair but discussions are open and led by the group.

The group has discussed and tackled some of the issues associated with quality in day services and wider support services and activities such as Personal Assistants and training courses.

This group has also touched on what kinds of services may be available in the future and where the current gaps are, which crosses over with the developing Services group.

### **Group suggestions**

Consider having a set of standards for Day Services to sign up to before contracting with SCC in the same way that residential and domiciliary care services do. Services need to be audited by SCC where possible – potentially through the ICU quality team. This is only relevant for services which are funded through traditional routes and contract directly with the council.

People who use services need to have more involvement with quality and what the services deliver. Services/activity providers need to:

- Include people who use their services on interview panels for staff
- Involve people with designing solutions and service developments
- Involve people who use services in the delivery of activities and services

There needs to be a stronger method for monitoring the quality and safety of personal assistants. Again the group suggested that people who use services are used to 'vet' individuals wishing to be on PA register and that all people should be DBS checked before being on any register.

Ensuring quality services where people are using direct payments and have complete choice and control to access services which may not contract with the council is difficult. The group felt this was about developing a culture among services and individuals which is driven by people choice and ability to access different activities if they do not meet needs.

It was also suggested that there could be a system of peer audit and review between activity and service providers. This would require strong provider networks and market development.

People felt that the outcomes activities and services should be achieving for people need to be based entirely on individual circumstance. However, it was agreed that promoting independence as far as possible, learning new skills and looking towards employment and volunteering we all important.

Individuals who use activities and services should be able to see an improvement and that they are achieving their goals which need to be set during support planning. Providers could consider using outcomes reporting tools like the outcomes start to show progression.

At present support planning happens in most cases between an individual and their service provider, not within care management assessments. The group discussed the possibility for this to happen in a more official capacity with a specific an independent support planning service separate from care management and activity providers.

The group feels there is a need for a service to help transition into employment for those who are leaving education. This support needs to be co-ordinated between colleges and supported employment providers to make sure individuals, families and carers know the future options and do not fall out of education or employment which happens to often at present.

## **Personal Budget Working Together (Coproduction) Group. Summary Report November 2014**

The group met four times with service users, carers and staff represented at all of the meetings. The meeting was chaired by Sandra Jerrim, Senior Commissioner within the Integrated Commissioning Unit (ICU). The group led topics to be covered during the meetings, with a large focus on finding out more about personal budgets to be able to fully participate in raising issues and identifying solutions.

During the first meeting a number of issues were raised. These were summarised under the following headings

- Information and support
- Promoting and launching personal budgets and
- Processes

During the remaining sessions the following areas were covered in more detail.

### **Information**

Group members took responsibility for looking at local information points. Their findings informed the points set out above. Feedback was also sent to a service about their website. The group will continue to monitor the Councils new website.

Time was spent discussing the importance of information and support with the following suggestions being put forward for consideration

- There needs to be brokers/support staff and a person directing you in the right direction.
- Need informed workers, including social workers. Make all social workers and care managers aware and keep updated.
- More staff trained to provide the information re personal budgets
- Good points for information to be available
  - GPs
  - SGH
  - Colleges
  - Access points to social care
  - Information centres – hubs
- Information should be consistent, available and transparent
- Information provide manually, in person, online
- Information sources must be trusted, local and informed
- Information that is targeted to emerging groups e.g. young people, carers
- Advocacy should be available
- There should be 6 monthly open forums for people to attend.

- Make social workers, care managers aware of what budget can be used for.

It is important to know what support and services are available in Southampton to Carers and Users of Services.

### **Personal budgets**

Information was provided about personal budgets. This was covered on several occasions reflecting the complexity of information involved. Subjects covered during the groups included

- **Steps to getting a personal budget** (assessment, indicative budget, support planning, personal budget, review)
- **Continuing Health Care**, Information was provided about Continuing Health Care (CHC)
- **Impact of income on personal budgets.** Group members heard and discussed how other income impacts on personal budgets. This highlighted the importance of having good clear information about all aspects of personal budgets.
- **Fraud** and how this is managed.
- **Audit process** and how imposing it feels..

### **Wider issues**

Concerns were raised by the group about a number of wider issues including

- Accessing assessment
- Accessing ongoing support from social workers and staff
- Some people are concerned any changes will put more pressure on families and carers as people seek to make more decisions for themselves

### **Other suggestions**

- To have one single accessible file for each individual for those who need it.
- Care should focus on the individual being at the centre of the planning.
- The current approach to support people and provide information is seen to be reactive. Information needs to be held somewhere and offered in a proactive way.
- The group discussed the option of community navigators and providing GPs with more information.
- Reviews need to happen.
- Suggested there is a monthly community meeting looking at services

The group would like to continue to meet but there is a need to identify what areas it can have an impact on. Future areas of work could include

- Developing good quality information and advice
- Informing what support is needed when accessing a personal budget, especially a direct payment
- How the audit and review process could be improved

## **Carers Working Together (Coproduction) Group.**

### **Summary Report November 2014**

The Carers Co production group has met on four occasions with attendance varying from three carers to twelve people. Steve Hards facilitated the meetings. Introduced the process and facilitated discussions with a focus on issues identified by carers as needing addressing. Some of the issues go beyond day services specifically. The group has been made up mainly of carers for people with learning disabilities and mental health needs. Carers in Southampton an organisation recently commissioned to support carers have also been represented.

The discussions and issues raised were determined by the group with some structure and direction provided by the facilitator

Carers took the opportunity to talk about their concerns regarding possible change to day services provision, their experiences and some of the issues they face. These discussions have taken a significant element of the meeting time. They reflect the concerns and anxieties that carers have with the possibility of changes to day services provided to those they care for and the potential impact on them as carers. Carers also commented on the difficulty of them coming up with proposals and solutions when they don't know what changes are being proposed.

The group did identify what they felt were key issues for them as carers, reflecting their needs but also the needs of those they care for.

These issues are as follows.

#### **Difference in carers experience of caring role and needs assessments for carers**

Carers needs should be looked at individually  
Carers needs should be assessed individually

Any changes to the provision of day services need to still address the needs of carers. The way to do this is through looking at and assessing carers needs individually. Carers need to know they have core hours available to them so they can plan their life.

A concern is that moving away from building based services will cause transport difficulties.

#### **Solutions**

- a) SCC to employ "Lead Professionals" to carry out carers assessment
- b) This may cost more money/resources in the short term but provide better outcomes in the longer term through understand needs better and being able to plan
- c) Could use temporary lead professionals to carry out assessments.

### **Carers could get a bit more hands on with services**

Example. Carers/parents could be involved in the quality monitoring of services Visiting other services to check quality, Speaking to carers and family members as part of quality checks etc. It is important to speak to people with direct experience of utilising the services

### **Carers feel that people need a building – they need somewhere to go.**

- They need a “building” to meet up
- The group requests that buildings remain.
- This will be different for different people.

The group agreed that not one size fits all. There is a need for a combination of services that meet individual needs and therefore a need to make sure there is a variety of services available.

- “Work based” provision is good in terms of motivation for some people but does not suit everyone
- Carers need to know where to phone and who to link with.
- a combination of types of provision is needed

Buildings could be opened out more so more people from the local community have access to centres. Examples included offering sessions and study groups to the local communities. (Wellbeing Centres were given as an example where a range of facilities are available to the local community and a range of activities and resources provided)

Geographical locations are important, however the one that most suits a person is not necessarily in the nearest location so transport needs to be accessible and reliable.

A building is essential for people with high needs who require specific care. There is nowhere to take people out every day if not building based. A building can also act as an emergency service and there are facilities within day services (e.g. hoists, accessible facilities)

### **Clear communication re transition / changes**

Once decisions are made then this is an important time to communicate with carers around any changes and transitions that are likely to happen. Carers can feel isolated and not sure who to talk to, especially if calls are not returned

#### **Carers Need**

- Clear communication around changes.
- the impact of any changes to be minimised
- for to risk clients/carers to be identified and minimised
- Plain English and verbal communication

How can we support carers to support each other?

The group felt it is important that the Co-production groups continue and come back to discuss any decisions that are made and ensure that the group is well informed throughout the process. The co-production groups can feedback to decision makers.

The group said that the council needs to take the time to prepare people for any changes and to discuss what can and cannot be done.

## **Summary of Issues and Solutions**

### **Information for carers**

- There is an assumption that everyone is 'on line' and this is not the case
- Day Services are where we pick up information at the moment.
- Carers anxiety levels can be high
- Isolation can be an issue as carers family situations vary as well

### **Solutions**

- A directory of services that are specific to carers needs
- Mail shots with information
- Carers in Southampton to attend lots of public events
- Carers support groups in day services
- Day services could offer carers support formally.

### **Carers Need respite.**

- Only if the cared for person wants to go?
- 'My son goes to Kentish Road and loves it'
- 'I can't separate Kentish Road from day services (both important)'

### **Solutions**

- Kentish road to remain open but all needs are met
- Possible use of shared lives carers for respite.

### **Carers "Peace of Mind"**

- 'People at day services are trained and understand my person'
- Sleepless nights worrying about what changes may happen
- concern that the service users is affected by comments made by staff
- 'The impact that the consultation process is having on our people'

### **Solutions**









- Introduction of Carers Act may help for carers rights.











Whatever happens with regards to changing services, the staff need the correct training to meet the needs of individuals with a range of needs whether higher or lower.

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## Appendix A - Day Services Meetings

| <b>Date</b>  | <b>Time</b>        | <b>Place</b>                               | <b>Meeting</b>                                 | <b>Attached Minutes</b>  |
|--------------|--------------------|--|--|--|
| 11 August    | 10.30am to 12.30pm | Oceana Room, Sembal House                  | Meeting for service users, families and carers | <br>11th August.docx      |
| 14 August    | 9.30am to 11.30am  | Florence Room, Freemantle Community Centre | Meeting for families and carers                | <br>14th August.doc       |
| 18 August    | 9.30am to 11.30am  | Main Hall, St Denys Community Centre       | Meeting for families and carers                | <br>18th August.docx      |
| 8 September  | 6pm to 7pm         | Conference Rooms 3 and 4, Civic Centre     | Public consultation meeting                    | <br>8th September.docx    |
| 11 September | 3.30pm to 5.30pm   | Main Hall, Freemantle Community Centre     | Meeting for families and carers                | <br>11th September.docx   |
| 15 September | 10.30am to 12.30pm | Oceana Room, Sembal House                  | Meeting for service users, families and carers | <br>15th September.docx  |
| 17 September |                    |  | Staff Meeting                                  | <br>17th September.doc  |
| 18 September | 3pm                | Sembal House                               |  | <br>18th September.docx |

|              |                    |  |  |   |
|--------------|--------------------|--|--|---|
| 24 September | 6pm to 7.30pm      | Silvermere and Longmore Rooms, Woolston Community Centre | Meeting for families and carers                | <br>24th September.docx                  |
| 25 September |                    |  | Staff Meeting                                  | <br>25th September.doc                   |
| 29 September |                    |  | Staff Meeting                                  | <br>29th September.doc                   |
| 9 October    | 3.30pm to 5.30pm   | Main Hall, Freemantle Community Centre                   | Meeting for families and carers                | <br>9th October.doc                      |
| 13 October   | 10.30am to 12.30pm | Oceana Room, Sembal House                                | Meeting for service users, families and carers | <br>13th October.docx                    |
| 20 October*  | 11.45am to 1.15pm  | Main Hall, Woolston Community Centre                     | Meeting for families and carers                | <br>20th October - Woolston.docx         |
| 20 October   | 9.30am to 11.30am  | Main Hall, St Denys Community Centre                     | Meeting for families and carers                | <br>20th October.docx                  |
| 22 October   | 6pm to 8pm         | Conference Rooms 3 and 4, Civic Centre                   | Public consultation meeting                    | <br>22nd October - Public Meeting.docx |

\* Change in date from original correspondence due to strike day.

### Meeting

Chair: Alison Elliott – Director of People

Attendees:

Helen Woodland – Head of Adult Service

Councillor Shields

@ 18.00

**AE** – Ok, it's 6 o'clock are people ready to start? I just want to check with you first of all; one of the important things about consultation is that all the feedback from the consultation is given to the Councillors, who will make the ultimate decision. In order to capture what you say tonight, are you happy that we use an audio recording to make sure we capture everything you say?

(Collective yes)

**AE** – We'll also take notes, but what it means from the audio recording is we can transcribe verbatim what you say. Is that ok?

(Collective yes)

**AE** – We were going to video it, but I thought that might be a bit intimidating, so we'll just audio do it.

**Q** – Will the Councillors involved listen to the audio or will they just read what you've written?

**AE** – They can have either, so they can have the audio, so we'll keep the tape, but we'll also transcribe it; so we'll type out what's on there as well. Is that ok?

(Collective yes)

**AE** – First of all, I'll introduce myself then. So my name is Alison Elliott, and for my sins I'm what's called the director of People. I've met some of you before, but not all of you. What that means is that I'm responsible for Adult Social Care, Children Social Care, Housing and Public Health. And with me today is Helen Woodland who you will have met probably, who is the interim head of Adult Services, and Councillor Dave Shields who is the Cabinet member for Health and Adult Social Care.

So what I'm going to do is I'm going to go through a presentation which I think, probably, many of you will have seen before. But what I'm going to add to that presentation is what we've heard from you already in terms of the feedback that we've had from you – just the headlines of the feedback from people already in respect of this consultation, just so you know where we're up to in terms of collecting that feedback. And then there will be an opportunity for you to ask any questions that you may have of me, or my colleagues. If we can keep the questions to one person at a time that means we can actually record what you're saying, so we can get a record of it. We're happy to proceed?

(Collective yes)

**AE** – So as I've said, that's what we'll do. So the Council, the Cabinet decided on 15<sup>th</sup> July to consult on the future of these services: Woodside Lodge, Day Services in the City - and that's all Day Services, that's Day Services provided by the Council; but those services that we also commission – the private and independent sector provide, and the respite service at Kentish Road. On the basis of that decision, we started a 90 day consultation which started on 24<sup>th</sup> July and ends on 23<sup>rd</sup> October. And what we are trying to do in this consultation period is gather your views and your ideas and your thoughts about these proposals. What happens then, is that is all collated and the Cabinet will then make a decision on the basis of that information and the recommendations that we put to

them on the basis of that consultation, they'll make a decision about the future of these services. Ok? Is that clear?

We have another public consultation meeting booked, I think, for 22<sup>nd</sup> October in which we will present to you our recommendations on the basis of the consultation. The reason why the Council is doing this is it's about thinking about the services that we provide into the future. So what services will the Council need to be able to ensure that people are able to maintain their independence for longer, that they're able to have greater choice and control over the services that we provide, and to ensure that those services are fit for purpose in the future? Now, I can appreciate that that's not very helpful to you, who are thinking about the people who use those services now. That's the reason why this consultation is happening now. You will probably know that there is a huge agenda nationally around making sure that we move away from services that are traditional in the sense that we provide services to people, moving away from that, to providing services that people choose themselves. So the whole thing around personal budgets and direct payments is about people having much more choice and control over the services that they receive themselves.

It's also about making sure that the services we provide are much more flexible. So one of the challenges that we have as the Local Authority, and it's not just true of Southampton, it's true across the board in terms of all Local Authorities, is how can you provide services that are flexible enough to meet individual need? And what lots of Councils have done up to this point, is provide services that meet a lot of people's needs, but not necessarily meet individual needs. So how can we make sure that we meet individual needs?

So there are 26 public meetings and misnomer. So the meetings are specifically for people who are affected. This meeting and the meeting towards the end of October are public meetings so other people are invited to comment. But most of the meetings are for you as parents, carers, relatives, friends, service users, they're specifically for you so that you can have your say about what you think about these proposals. We're trying to make sure that the meetings are all at different times, and at different settings so that people who work or people who have got commitments, they can attend those meetings. We've had 10 meetings so far, and we've had a various amount of people attend. One as much as 200, and one as little as 4. We've also met with our partners, with providers of services across the city, and with members of the Council, elected members. And we plan to do more of those.

We have advocacy services who are working with us, who are independent of the Council. So we make sure that individuals who use our services, that they have an opportunity to make sure that they can express their opinions, and that's really important. And we're also working with our staff to make sure that they work effectively with service users, to make sure that people can communicate and we can hear and listen to what people are saying. We also have carers organisations with us, and we have Carers in Southampton group here tonight. So they can be supportive of you as carers as well, in terms of being able to express your opinions or just have someone else to talk to about it. We also have Health Watch here tonight as well.

We're trying to keep all the information up to date on our website. I do accept our website isn't the greatest website in the world, and it is difficult to find things, but there's the link, if you want it. And we also have an email address so you can email your thoughts. We've also got consultation

questionnaires, which you can also fill in. So we'll try to do a range of ways in which people can contribute to this process.

Some of the issues that have been raised so far; so in terms of feedback:

- Why Woodside Lodge, for example, and why not the other two homes?
- What's the Council doing in terms of its geographical spread in residential care across the city and how does Woodside Lodge fit into that?
- And people are saying to us very clearly that they feel there's a high quality of support provided at Woodside Lodge, and has that been taken into account?

So those are some of the things that people have said so far. People are extremely anxious about the disruption caused to current residents at Woodside Lodge, and absolutely I appreciate that. It's very easy for me to stand here and say that, but absolutely I appreciate that. And I hope you don't mind, but we had a bit of a conversation a few minutes ago, it's hugely emotional and I understand that, and I appreciate that.

There is concern that the Council is making this decision because it wants to develop the site. I can absolutely assure you, there are no plans to develop that site at the moment. You may not believe me, and I accept that, but that is the truth as I know it today. And people have said, actually, the council has got its spending priorities wrong, that's what people have said to me.

People are concerned about the availability of other alternative options for people who are currently in Woodside Lodge, and there's also concern that this is not a genuine consultation. I can't convince you otherwise if that's what you feel, but all I can say to you is we're trying our best to make sure that everybody has an opportunity to contribute to this consultation. My own feeling, having done similar things elsewhere in other Councils, is I genuinely don't think a decision has been made, and I genuinely think that the Council is waiting for the outcome of this consultation before it makes its decision. But you have to decide for yourself, I accept I can't convince you.

In respect of Woodside Lodge, there is concern if the decision is made to close the service, how is it going to affect residents? And what's the timescale going to be? And how are we going to support people in that move? And that's absolutely critical. Because when we're talking about actually supporting very vulnerable people, we need to make sure that any plans around that are very, very well constructed with their relatives, with their carers, and we make sure that actually that planning is absolutely in line with what you would want for your relatives. We're not there yet, but I understand why people are anxious. In terms of the Day Services, and in terms of Kentish Road, what we've been doing is we've been doing what's called co-production. And all that means is that we've been working with services users, relatives, carers, staff members about thinking about how would we redesign these services? What could we do to redesign these services to meet the agenda of insuring that we have flexible individual services for people, whilst making sure that individuals get the service that meets their needs? And we also have to recognise the fact that all Councils are struggling with their budgets. And we have to recognise the fact that we have a responsibility to provide services to people, how can we do that in the most cost-effective way? And we have to take that on board, we have to realise that.

We have had good engagement, and we've had good feedback from those people who have participated, and that's an ongoing process, and we'll continue to do that process until the end of the 90 day consultation.

So just thinking about how services might change then, so what we have been looking to do is actually focus much more on the use of direct payments. This is particularly in respect of those people receiving respite care or receiving day services. And what a direct payment is is that instead of providing the service, we actually give the individual money, and they use that money to buy other services that meet their needs.

They could meet their needs by employing a personal assistant who would support them in making sure that their individual needs were met. We also do need to make sure that we make better use of what's already available in the community for people, so is it right, for example, to have services that are exclusive of what most people use? So why isn't it appropriate for people to use services such as leisure centres, or any other services that are out there? Why do they need to create something for people? We do make sure that we have good support for carers and for those of you who are aware, in April 2015 will be the introduction of the Care Act which is very specific about the support local authorities need to provide to carers.

We also want to support people into employment where that's an option for them. And we also need to think about whether there are opportunities to develop social enterprises, and certainly that's some of the things that our staff have talked about. But I just want to be clear; the Local Authority has a responsibility to meet the needs of those people who are eligible for services. And that isn't going to change. How those needs might be met may well change, but the fact is, the Local Authority has a statutory responsibility to provide services, or support people accessing services, to meet their needs where they have eligible needs. And this Council, like most Councils, has their eligibility threshold at substantial and critical. So there are 4 bands currently: low, moderate, substantial and critical, and this Council, and this hasn't changed and it isn't about to change, has its threshold set at substantial and critical. So that means that where people's needs are substantial and critical, Local Authority has a responsibility to meet them. That isn't going to change. And in fact the introduction of the care act will bring a national eligibility threshold which will be substantial and critical across the country.

So some of the themes that have come out from our co-production work are around how do we make sure that people can maintain their relationships? So for those people who are currently using Day Services, they may have a friendship group, how can we make sure that we maintain those relationships and those friendship groups where they are working well? There's some anxiety around trust, and whether people trust that we're going to work with them to develop different options, and there's also some concern around making sure that people have consistency and routine, regardless of what a new service model might look like. There's also an issue about quality, and making sure that services are good quality, because we can mean lots of different things by "quality", can't we? But it's about good quality services that meet individual needs, and again, maintaining friendship groups.

What people have said to us about things that aren't working so well now - and this is really important, because actually if you want to move to a different model of service then you have to make sure the new things that you're moving into are working well. What people are saying is



currently services are inflexible, they are very few options for people and that's one of the things we want to change. People are also saying to us that there is a poor understanding of direct payments, and how we could use direct payments. I also have to say that we recognise that there's not enough support for people in taking of direct payments.

People say to us that their choices currently are constrained, they're very limited, and that they would want choices to be wider. They feel that services aren't promoting independence currently. They feel that there's a difficulty with transport, getting around the city is difficult and for people using our Day Services particularly, how do you access transport to get around? And there's some concern that there's inconsistency at the moment about if I have the same needs as you have, then there's an inconsistency of what the interventions are, and that's not good, it's not good enough.

So at the end of the consultation then, as I've said, your comments will be fed into the Council, as will the comments of those people involved in the co-production, and the Cabinet will make its final decision and we think it's probably going to be in December 2014. Consultation finishes 23<sup>rd</sup> October, we want to make sure we have enough time to get all that consultation information together, and that members have enough time to read it and digest it, because that's really important.

There's an opportunity for you to ask me, or my colleagues, any questions and just so you know, that's the numbers to ring if you have any questions to ask after this, and that's the email address where you can go to, and that's our postal address if that's helpful. So I'm happy to take any questions at all.

Q – Which Day Services have been earmarked?

A – So it's all the Day Services that we currently provide and we currently commission. So at the moment there are 39 independent providers in the city who provide Day Services. So we're looking at the whole range of Day Services, the ones that we provide, all the Council run, and all the ones that are run by independent sector providers.

Q – Is there a list of those, I mean, is there a list of those providers?

A – We do have the list; we can give you a list.

Q – This transition to direct payments is going on essentially, have we reached a stage where irrespective of what decisions are made, or aren't made, it will kind of happen anyway? Because there are people who've moved to direct payments, the sort of Day Service model, there won't be any extra money to fund it, so is it going to happen anyway?

A – The pressure from central government is for Local Authorities to make sure that more people have access to direct payments. The risk of that is people can't use their direct payments to pay for Council services. Now you can have a mix and match, so you can have a bit of your budget that's done at payment, and a bit of your budget that is Council services, so you can do that. But as the pressure to take up direct payment increases, then the challenge for Local Authorities is how they also run Council services. Does that make sense?

Q – Yes, it's just from a consultation point of view, if the inevitable conclusion is we're moving to a new system, then should we just know that up front and then work that way, rather than have a consultation-

A – The Council won't close any Day Services without a consultation. So even if, and it is inevitable that more people take up direct payments, the Council will then have to take responsibility for running both services parallel. Ok? Does that make sense?

Q – It does make sense, but I just kind of think to what extent there is hope that Day Services will continue, if they're likely to continue in 5 years' time, or whatever.

A – I think the value of co-production is that we get a service that is a future that meets the direct payment agenda, as well as the individual needs. That's the value of doing it now, I think.

Q – I can see you have to consult, but I'm just wondering if it's an inevitable thing.

A – I don't think it is inevitable because the Council has to consult on the closure of services, so there has to be a consultation. But at the moment the Council isn't consulting on the closure of Day Services, the Council is consulting on the redesign.

Q – Can you tell me the alternative for respite? Because I need to know what it will actually be, the whole outline. You need to explain to us, the carers and the user.

A – At the moment we've got one building – Kentish Road – that is our respite facility, haven't we? And that's got 8 beds in it, hasn't it? So what we're talking to you about, is actually could we provide respite in a different way? Some people might prefer it in a residential unit, some people might prefer it in our shared lives scheme, and some people might prefer it in their own home, providing respite in their own home. So there's a variety of ways that we can provide respite. We have to provide respite if that meets the needs of you as carers and the person you care for, ok? How we do that, we can do it in a variety of ways, and I think what you've been talking to Helen about is one of the different ways that we can provide it. And that's what we need to know from you, what's best to meet your needs.

Q – Are there going to be better ways than what they are now? That's my argument. Because at the minute, they go to respite in a group they know, and they all get on so well together and they help each other, if you're going to individualise that, they're going to lose that.

A – So it might be, from your point of view, that it's really important that it's residential respite.

Q – I think so, yes.

A – That might be your point of view, and that's absolutely fine, but we do know that there are other people where Kentish Road doesn't meet their needs. So it might be that actually we develop Kentish Road to provide a different kind of service, that provides respite, but in a different way that meets the needs of those people who are benefitting from it, but for those other people who aren't benefitting from it, we do something differently.

Q – If you're on direct payment, will we then be able to buy into Kentish Road?

A – You can't buy in Council services.

Q – At the moment, but will we be able to?

A – Say for example I have a budget of £100 per week, and I take that £100 as a direct payment. I can't use that on Council services. But if I need respite, in addition to that, then you don't need to have that as a direct payment if you want to use a Council service. So you can have a mix and match

Q – I just feel that if you want to buy occasional weekends at Kentish Road, you should be able to

A – Unfortunately I'm not in charge of the fact that you can't buy into Council services, but that's the reality of the position. But there might be somewhere else that provides respite-

Q – There are lots of other places, but it's whether your adult wants to go there.

A – We could still accommodate that, we could arrange for you to have weekends at Kentish Road, legally the government won't let us allow you to buy Council services, and that's one of the restrictions.

Q – So through no fault of yours, people can't buy Council services?

A – With a direct payment

Q – So therefore asking people to make a choice, they aren't able to make that choice. So it's like the gentleman said, you're asking people, I hope you don't mind me saying this, but without being hugely emotional you're actually asking service users as whether they're happy or not with what they want, or whether they would like a difference. That question in itself uses emotion and-

A – I appreciate it's a very difficult position to be in, to be able to be sure that we ask in the right way, in the leading way, and that we give people the opportunity to talk about how they'd best like their needs met. So in terms of choice, using a direct payment doesn't give you the choice of Council services, absolutely. The drive from the government is that direct payment gives you choices elsewhere. I'm just explaining the positions.

Q – That won't change in the future? It will stay that way, that you can't buy Council-

A – I have heard nothing that's told me otherwise, and the Care Act doesn't change that

Q – I hear what you're saying, and so therefore things have to change based to do with something to do with central government. What I do find quite unfair or difficult, is that it has to change for these reasons. It's quite unfair to use terms, I'm glad you've moved away from the building suggestion because we all need to meet somewhere, but to say that things are "traditional", whatever that may be, because today there was 4 different things that, and I'm not the only one, that were arranged using our local community and obviously people moving towards independence and we can afford to do that because we're not making money, so our goal is in 3 years' time or 2 years, however long that takes, that person – already that journey has been done for some people but others it's beginning. So that is what our whole drive is, for people to use our local communities.

A – And that's great, and as part of the co-production work that we're doing its about assessing where we are on that journey internally, and it might be that actually what comes out of it is that we

say “this is fine”. But the reality of the situation is that things will change. Things will need to change. Because the expectations and demands of people coming through into Adult Social Care changes all the time. We have to change for them, it’s really important that we’re able to be flexible and meet individual needs. Part of that work that you’re doing is looking at how we can be there, how we can get there.

Q – My mother’s a resident at Woodside Lodge, how would that affect her? How would the direct payment scheme affect her?

A – So unfortunately for residents of residential care using our services, then a direct payment wouldn’t be relevant for your relative. So when we talk about direct payments, we’re talking about using that for care during the day, non-residential care. So in terms of your relative, then actually what we’re talking about is what the Council provides in terms of resources to meet your relative’s needs. So there have been trials, I know, up and down the country around using direct payments in residential care but that hasn’t really taken off to be honest, because it’s a fixed price, so there’s a limited choice in that market.

Q – So if Woodside closes, what’s our choice?

A – If a decision was taken for Woodside to close, then what we would be looking at with you is actually where is there in the city that best meets you relative’s needs?

Q – But when we looked, this was the best one for her needs and within the cost we were told we could afford by the Local Authority. When we first started looking, we had a list. I took this to the Council, we were refused funding. We had to look at Woodside and we had to go and look at Holcroft, and that was our option and that’s what she could afford. She couldn’t afford the other ones, and we’re still going to be in the same situation 2 years down the line. Her financial situation hasn’t changed and obviously the cost of care homes has risen within 2 years, so where does that leave us? I wouldn’t put my mother in any of those care homes that we looked at. Woodside was our best option.

A – Absolutely, and that’s why you chose it, I understand that. So if it were to close, if a decision were made to close then what we would need to do is work with you and your relative to make sure that we found accommodation that met her needs and that you were happy with, within the confinement of the budget that you have.

Q – But what if there isn’t that care at that level?

A – We are confident that that care is available

Q – We’ve looked at a lot of homes and I can tell you I was absolutely appalled at the state of them. I went into one, I will tell you this, one we didn’t walk through the door and another one we walked in and I asked to look at the rooms. We looked at a very, very small room which had a single bed, really old furniture and when we asked to see a bigger room we were taken along the corridor, this lady had a bunch of keys on her waist, all the doors were locked and she opened the door and there were two beds in this room. And they pulled a curtain across the middle. And that was the privacy of those people in there.

Q – And I bet that all those homes were rated very high on CQC

Q – They were actually in the care guide that you’ve given us to look at homes.

Q – They were rated at very, very good, at the top rating. But I’m afraid it’s a completely different ???

A – Were these homes in the private sector that you’re talking about?

Q – Yes

A - So just to be clear, most people who receive care from us in terms of residential and nursing care currently their care is provided in the private sector. There are a very small proportion of people that we provide care for in our own homes because we only have 3. So most people already have a service in the private sector. And our colleagues, who work with us, work with us very closely with homes to ensure we monitor and improve the quality of those homes. But your description – I would agree with you – I wouldn’t want my relative to go there either.

Q – That’s what’s out there for us, within her budget; I don’t want to see Woodside close.

A – I can understand that, I absolutely understand that, what I’m saying is that there are alternatives there that are of the same quality.

Q – We must have seen 8 or 9 and I wouldn’t have put my mum in any of them. I would actually ask if any of those staff really had training around dementia. There were lots of mixed residents there, and my mother’s got vascular dementia and she’s deteriorating quite quickly. I mean, they would not be able to cope in those buildings. There were stairs with stair lifts, there were people wandering around, she wouldn’t be able to cope with that and that is what is available out there. That’s what I’m saying; there isn’t the quality that we have at Woodside at any of those care homes that I’ve been to see.

A – There is no point me saying to you that there is, because actually our experiences are different. And all I can say to you is that challenge about quality has been heard loud and clear through this consultation so you’re not the only person who’s said it, you’ve said it too, and that is clear. So I absolutely take that on board. I would argue that that’s not the case, but there’s no point having that argument because you’ve been, you’ve seen it and you’re clear.

Q – First of all, you might think it’s a great idea for us to go to direct payments which I don’t think people will like, but how do we know when we buy these services and that ourselves they’re safe for the adults?

A – Yes, that’s a really good question. So one of the challenges that I think we all have is that when people have more choice and control, there’s more risk, isn’t there? There is more risk. And I think that’s very difficult for us to come to terms with. So where we have adults that have the capacity to make decisions it is absolutely their choice to make those decisions. Where we have adults that don’t have capacity, or have limited capacity then it’s really important that we make sure however that direct payment is used, if you’re the relative who is managing that direct payment, that we support you in making sure that those services are safe. And what we do as part of our quality assessment, our quality unit that we have, is that we monitor all those services.

Q – So you'd have a full report on them?

A – Yes, we would have a full report on them. Just to be clear, Day Services aren't regulated in the same way that residential care services and domiciliary care services are regulated. So residential care services and domiciliary care services are regulated by the Care Quality Commission, Day Services aren't. So the only monitoring is our monitoring, that we do.

Q – If I could make a couple of points – it's very easy to be emotional about this, but there is one very good reason why I really do not believe that you should be considering shutting Woodside Lodge. We've been told within this consultation period that 18 months is the average life expectancy of somebody in residential care. Did you know that the average life expectancy for somebody who moves from one residential care unit to another is 6 months? So what you're doing, by asking us to potentially move our family members away from Woodside is condemning them, possibly, to an early death. And I am really not prepared to accept that under any circumstance. I'm sure you wouldn't want that for any member of your family, so therefore, if for no other reason, you really should consider that one. If you do go down the route, at the end of all this and say "yes, we agree, Woodside should close", if you take the average life expectancy of 18 months, what you could do is to re-classify Holcroft into medium to high, because loads of medium may well live a bit longer in sheltered accommodation, so you don't need the low to medium. Keep Woodside open for a minimum of 18 months, and offer any space that comes up, because by natural wastage, for want of a better term, you will get some people dying off in all 3 of the homes, heaven forbid it be my father but it may well be, but you offer there or you offer the place immediately to anybody in Woodside lodge, and if they don't want it then fair enough. But by 18 months if your figures are correct, by the 18<sup>th</sup> month average life expectancy you will have been able to close Woodside Lodge and nobody be displaced out into the private sector. And you won't have any of these problems because the quality of care will be that which the council offers.

A – Ok, I think that is a reasonable suggestion and I think that's a suggestion that needs to be considered. I would say that there is evidence from Kingsfund if you want to look at Kingsfund website.

Q – I've looked at an awful lot.

A - So if you look at the Kingsfund website there is evidence that if you plan, and planning is really important, that if you do close a home and you plan with the relatives and with that individual if you can, if they've got capacity, for that move then actually you don't have a negative impact on their life expectancy.

Q – Well other studies prove differently, and –

A – Well have a look at the Kingsfund one and come back to me. So in terms of your suggestion about keeping it open for 18 months that is an option that certainly the Council should consider.

Q – A minimum of.

A – Problem with that though, is that actually you're then increasing your expenditure. So you do have to consider that as well.

Q – How am I increasing my expenditure?

A – Because if you're not bringing people into the home, the running costs remain the same. The other challenge that you have is keeping the staff ????. That's a real challenge. So the risk is that you have agency staff in and you're not able to maintain your staff ????. But that's a perfectly reasonable suggestion.

Q – Just asking about the disability for direct payments, is that being done? Will we know by the time the Councillors make the decision in terms of who is going to be eligible for direct payments who currently is-

A – Everybody's eligible now-

Q – Ok, we meet the threshold of substantial and critical?

A – So the threshold of substantial and critical is a threshold for people's risk to independence. So you're assessing people's risk to independence – whether they're substantial or critical. What the service intervention is, as a result of that, can be anything. So it can be direct payment, it can be a day service, it can be anything. So direct payments isn't affected by eligibility criteria - if you're eligible then that's an option you can have.

Q – In the past when I was working in Mental Health Services and there was a consultation over Day Services then, there was talk at that time along with that consultation about direct payments. And we were of the opinion that that was the Promised Land, and that was what would happen, but actually what seemed to turn out was Day Services closed and not very many people got any direct payments. So obviously, what can you do to make that not happen?

A – So where people are eligible for services, direct payments in an option, ok? There was, and I don't know how long ago the Mental Health Services redesign was, but certainly originally the direct payments, it wasn't available to people who lacked capacity. It is now, but it wasn't, so that might have been the issue, I don't know. We know that we have to get our direct payments support service much better because part of the problem, offering direct payments to people can actually be quite a scary thing because actually they might not want to take on that responsibility. So you have to have the right support in place, so we're doing that currently in terms of making sure that that support is better for people.

Q – if this does all work out, how long will the period be before you transfer from what's happening now to the new services because it's taken an awful long time for, I'm speaking on behalf of my daughter now, what I know from other users, when you're special needs it takes an awful long time to get used to somebody, to know their ways, to know their routines. The staff that work with our child...adult, I still call her a child because she is in a way, but we've got to know the staff, the staff are there for us not just for the users and it takes an awful long time to get used to somebody new. She trusts everybody around her and it's going to take a long time so what will happen?

A – So, in terms of, are you talking in particular about Day Services or respite-?

Q – Day Services and respite

A – Ok, both of them. So we have this period where we're looking at working with you to think about actually what should the services look like in the future, alright? We will collate all that information and we will present that to the Cabinet. If the Cabinet decide actually, we want to redesign services this way, whatever way it is we've come up with, you've come up with; then we will have a plan with you how we implement them. It takes into account the fact that people, you said very clearly trusting us, trusting the staff that are currently there, thing about routine and consistency that's really important, structure, those things are really important in any redesign so we'll work with you about how we change them. It will depend on the individual's needs.

Q – I've brought it up before about the ??? but, I mean, they're brilliant. And I don't know what we'd have done as parents without them because they're at the other end of the phone for us if there's a problem, and I can't speak highly enough of them.

Q – In an emergency we use Kentish House and we phone them up and say we've got an emergency, is it possible ???

A – That responsiveness is really important.

Q – One more question – I don't want to hurt anybody's feelings, as the problem's trying to save all this money, have they ever thought about the future? All this young generation, we have children, I had 5 children at a very young age, but why doesn't the government do something about it and let people, even the younger generation have the special test which is provided for people over the age of 37 or 40 long term running? Ok put aside people who get dementia or anything when they're old, how about prevention in the first place? A lot of parents might think oh, our kids, as they get older they will struggle. They're very nice when they're babies, they're very nice when they're teenagers but at an older age, yes, I'm disabled nearly myself – I've got spinal problems and everything so coping with ??? is harder now. So I will have to think long term what I'm going to do-

A – Absolutely, and we should be supporting you in making those decisions.

Q – I think the government should also bring in a new thing-

A – I can't answer that question but-

Q – That's what should be put forward then; they're trying to save money-

A – We wouldn't be able to put that forward, but you're more than welcome to put that forward to the government. But we wouldn't be able to do that for you. But what we can do, what we should be doing, is working with you to support you to enable you to support your child.

Q – I don't want to hurt anybody's feelings I just wanted to-

A – Yes, Ok, that's out there, it's already said.

Q – Can I ask, how much of a saving will you make if Woodside closed?

A – So it's about £350?...£200 in the first year-

Q – I presume we're talking thousands?



A – Yes, sorry, £200,000 in the first year, 350 in the following year.

Q – And has anything been done about how much it will cost to have that care in place?

A – That includes that, it's the cost of re-provision is already included in that.

Q – And you said there aren't any plans for the building; I can't see how you can close something and not have some idea about what that building is either worth or what that land is worth, or what you're going to be doing with it. Because as a Council you wouldn't allow it to be empty once everybody's moved out so there must be some plans or some thought around that piece of land.

A – I can honestly say to you that there has been no discussion with me about the future of that building. There has been a discussion about the development of extra care across the city. So extra care is like sheltered housing, only its enhanced sheltered housing. So there has been discussion about that across the city, but not on that site.

Q – Could you explain what enhanced sheltered housing is, please?

A – So extra care, the best extra care facilities in the country are individual apartments, really, for individual people. There's also on-site all the facilities. So there are carers on-site, there's a restaurant on-site where people can eat together. So it's much more individualised care but within the safeguards of carers and facilities. And the best ones that are developed will have kind of street frontage and they'll have shops so people can access as well those kinds of facilities there. But increasingly they're being developed for people with dementia.

Q – Ok, so with dementia there are a number of issues there of course. Who's responsible for checking that the alarm goes off on the door when they walk in? Who's responsible for making sure they take their drugs? Where are the drugs kept? Are they kept in their own flat? If so, are they locked in a cupboard? Because if not, then they'll just take them because they've forgot they've taken them. If they are locked, who has the key? And I know at Woodside sometimes a drug round can take 40 minutes per person because I've asked them, so if a carer has to go in and spend 40 minutes with one person in a sheltered housing unit just to do the drugs, we're starting to get into the problem of an awful lot of other bits and pieces that won't be happening. Will they be ordering the food for them? Will they be expected to make sure the food's been eaten? These are all problems that dementia people suffer a lot and I did ask a question a couple of meetings ago which we haven't have an answer for, which was how many people that go into residential care at the moment are married? And that is a very significant question because I have another family member who is younger than I am, she's in her late 40's, and has a husband who has just turned 70. She has a house, she has a mortgage, has to work, she can't care for him, he has to go into residential care. Say if you go into sheltered accommodation with your wife, that wouldn't work, you can't start putting couples into sheltered accommodation when somebody's fit and able and working, so therefore residential care is needed for these sort of people. But she is not in a position because of their financial state to afford to have a lot of expensive public sector provisions so therefore she needs a council to step in and help. So these are all things you have to think about when you're looking at shutting places such as Woodside, because it's not such a simple model as sticking people, only with low grade dementia – bear in mind not medium to high - into sheltered accommodation. If you are

talking about sticking low to medium dementia sufferers into sheltered accommodation, why aren't you shutting Holcroft, which is the most logical thing to do because Holcroft is low to medium?

A – So I'm not suggesting that actually what we're doing is we're saying there will be no residential care in the city and everybody will go into extra care, I'm not saying that. What I'm saying is there needs to be a range of options for people. And there are some very good examples across the country where it works very well for people with dementia. And those issues that you've raised are covered because there are carers on site, in the same way that there are in residential care, there's just a greater level of independence. We haven't expanded that greatly in the city, although we are developing some units in the city at the moment. But it's about having a range of facilities, and that's all we're saying. In terms of how many people are married, I don't know that answer, but if I can get that answer for you, I will do.

Q – That is a significant question, but can you please answer another question I did ask. Why are you considering shutting Woodside which is medium to high and not Holcroft which is low to medium if you are looking at going down a model of sheltered housing for dementia sufferers?

A – I'm not saying we're going down a model, what I'm saying is there needs to be a range of options.

Q – But you've just said you're building some.

A – So 9 beds, it is 9 beds.

Q – And you have no plans to develop any more of those?

A – So those conversations are being had about whether we can develop more extra care. What I'm not saying is the strategy of the Council is not to close the residential care facilities in the private sector or in our own service and replace them with extra care. What I'm saying is you need a mix. You need a mix of facilities for people to be able to choose from, that's all I'm saying.

Q – Good evening, first of all, obviously it's emotional because my wife is in Woodside Lodge like ??? As Councillor Shields is here, why has the Councillor decided to particularly pick on Woodside Lodge, which caters for people who are in advanced stages of dementia? I'll just take for example my wife, she cannot speak, she hasn't spoken for over a year, so we cannot communicate. I can't tell her what's happening. She can't feed herself, she can't dress herself and she can't wash herself and she walks about all day, around the corridors, quite safely. Why are you closing a facility like that? It's no good you saying we could move her into another home, because it wouldn't be the same. She would be locked away in a room, basically, that's how it would end up and you would be then getting rid of your liability looking after seriously ill person.

A – We would not be suggesting to you that if the decision is to close, and that decision hasn't been taken, but if it is, we wouldn't be suggesting-

Q – Sorry to interrupt you, but why have you sown the seed? Because up there now at the moment, the staff are demoralised, Michelle who works very hard up there, she's losing staff, there's more sickness than there's ever been, it is now beginning to affect the running of the home. I was up there, I go up every day just to hold my wife's hand; there's staff of sick who have been off for a long

time. Why have you sown this seed of discontent? Is it a deliberate policy? You've got a bed block up there at the moment, I understand. Does that coincide with the bed block up at the hospital where they can't get people out of the hospital into homes when you put empty rooms up there?

A – There are a lot of issues you've raised there, if I can try and take them one at a time, and if I forget anything then please come back at me ok? So the reason why the Council have decided to consult on Woodside was because it had a lower occupancy rate than all other homes, that's the reason why.

Q – We've had this conversation before-

A – I know we have, and I was first there when I said it to you-

Q – But there are so many people out there that would give their left leg to go and have-

A – But that's the reason-

Q – It's no good saying you can console the dementia people because you can't, I can't talk to my wife-

A – But that is the reason that the Council made that decision-

Q – I'll say now that Councillor Shields is here, is there an answer? Why? Why pick on our most vulnerable in society? And they are the most vulnerable because they probably have a year, two years at the most. My wife is a living skeleton.

A – So the Council made a decision about Woodside on that basis, ok? Why the Council is consulting on the potential closure of a residential care home, and it's no consolation to you and I appreciate that, is it needs to think about what services it needs to provide in the future, ok? And that's why it's consulting on the closure. I appreciate that it's hugely disruptive and distressing, I appreciate that.

Q – But what is wrong with Woodside then?

A – So the Council needs to think about: is it right for it to provide care homes, or is there potential for those places to be provided in other settings in the private and independent sector? And that's the decision that the Council needs to make. What I'm saying-

Q – I only hope that some of the Council don't end up in the same position that we're in, where they've lost their loved ones.

A – Absolutely, the other point that you did make, and I'm trying to remember them, is that you said that at the moment your wife has the opportunity to walk around and if she went somewhere else she would be locked in her room. There will be no way that we would be working with you around that quality of care, that's not acceptable, alright?

Q – But if you look at most of these nursing homes as we've all done-

Q – Different levels

Q – it's a different ???

A – So the other issue that you raised was about bed blocking and one of the issues that we do have in the city is that we have less capacity for nursing care, and that's what we need when people are coming out of hospital. Woodside is residential care, so we have 75 beds for nursing care across the city, but we have more beds for residential care, vacancies. So that's one of the issues that we've got from the hospital.

Q - I mean I would back up that comment, when we looked around the care homes, none of them were on the same level, they were all different types of levels, lots of stairs, which you haven't got at Woodside which means that there is that actual access for people to wander and be safe. And I would just like to pick up on what the gentleman said at the front, I have my father who's in the first stages of dementia, and he is what is called an assisted living provision within Eastleigh. It's a fantastic provision, however, the one thing that is really missing is that he can go and come as he pleases, and no one would stop him walking out of the front door and not knowing where he goes. And he has threatened to do that, as he has threatened to do a lot of things because now we have groceries delivered. Sometimes someone may be there, the carers might be there. If they're not, they turn around and take them away because my father doesn't know that they're coming because he's forgotten that they're coming. I would say that the tablets are kept in a locked cupboard within his flat, and the carers have those keys. We have the issue that he can't remember that he's been given them so we have real issues about him causing damage and its fine, but he's at the very, very beginning of dementia and we don't feel that that's going to be a safe place for him very much longer. He doesn't get in a lift because he hates lifts, and he's on the second floor and he can't get downstairs very easily. So we have a fantastic provision, but it's not really what he needs.

A – And that's one of the big things that we have to take into account, is about risk and it's about as carers what are we comfortable with? And that has to be taken into account, you're absolutely right.

Q – These facilities are very, very good for elderly people who perhaps live on their own and are unable to take care of themselves, not because they've got dementia but because they're just not able to care for themselves anymore. People who've got dementia need specialised places like Woodside.

A – Ok, thank you.

Q – I think it's worth remembering, all the Councillors should remember, remember one of the Council's 6 priorities, corporate priorities. And that says improving the wellbeing of all residents and supporting older people, especially those with medical, care, social or financial needs. I want you remember that please, Councillor. That that is one of this Council's 6 corporate priorities, it says supporting older people, especially with those to care. So please bear that in mind when you make a decision, because that's one of your priorities, alright? And I'm sorry, but trying to shut a facility is not filling that corporate priority, it's just filling a ballot sheet. That's the argument, that's the bottom line, isn't it?

A – So the Council would argue that actually it's about providing services that meet individual need, and that that's provided in a different range of settings. But I take your point, and your point has been well made and it's been recorded.

Q – Can I just say one other thing, this is slightly off-track but you're talking about this being a public consultation – I don't live in the area, I've actually tried to Google, there's nothing on the Woodside Lodge page to say that a consultation is happening, that there's any public consultation going on. I haven't seen anything in the press, and I've Googled it and looked, and there's nothing that tells me that this is a public consultation. And by the look of the amount of people here, not many people perhaps know about it. What have you actually done to promote this public consultation? Not necessarily the meetings in the home, because I didn't hear about the closure of this for about a month after my mum got the letter, which was in her drawer, we were told by the staff. I then had to phone Southampton City Council to find out what was going on, only to be told I wasn't on the contact list. I'm actually a deputy for my mother, and have been since last November, and sent all the details to Southampton City Council and the care home, so what have you actually done to promote this, if I wasn't on the list to get a letter originally?

A – I really apologise for that and we'll make sure that we take your details afterwards so that we can send - we have sent letters to everyone that we know of, we have made sure the staff tell people that they're happening; it is on the website although as Alison said it's not a great website. What we can offer you is that we're happy to have a one-to-one conversation with anyone if you feel you would like that, and that's a way of doing it.

Q – My **step-???** has been at Woodside for a year. You've probably heard me say this but I'd just like to get my point over. Prior to him being there, which was always my first choice – Woodside – I visited 9 other care homes all over the place, which were really difficult for me to get to, so Woodside was my first choice but we were waiting for a vacancy. He was diagnosed in July 12. I live close to him, very close to him, early December I saw his lights on at 4o'clock in the morning - he'd fallen over, smashed his head against the toilet, all gashed open, 24 hours in A&E in the hospital, and sent home. Between January and March he fell over various times, within his own home, that was **???** 3 brain operations in 9 weeks. The last of those he stayed in hospital for nearly 3 months but they kept pushing me, pushing me, pushing me, get him in a care home, get him in a care home. I eventually chose a care home whilst still waiting for Woodside to present me with a vacancy, he was taken there by the hospital and he went absolutely berserk, there was no way he was staying there, no way. Midnight that night, he was sectioned under the Mental Health Act and taken away in a police wagon. Where to? Gosport. He's 91 years old. I never want to experience that again, and if that happens at Woodside, I don't know who I'd hold responsible because I cannot deal with that again.

**A - ????**

Q – At 91 years old, screaming and shouting being dragged away by police in a police wagon and then at midnight to ring me up and say he's been sectioned for 28 days and they've taken him to Gosport. How am I going to get to Gosport? I've got to travel on a bus. I don't want that to happen, I want Woodside to stay open.

A – Thank you for that

Q – Right, first of all, about the consultation, the only people that got the letter would be the users, my daughter got a letter, my husband got **???** but have you mentioned it on the radio stations, what's happening about it?

A – It has been in the press, and it has been on the radio.

Q – Out of 39 ??? providers, people will use those services, are they aware-

A – Yes, so they're involved in the same consultation, co-production.

Q – I sometimes find it quite hard to make a choice, say for what direct payments might mean for you, I don't that people are fully aware what the alternative is, at this moment. So with the consultation, probably if you don't know what the alternative might be, you're probably more likely to stick with what I've got. Do you think it's fair to say that it's not been made fully clear to people who currently use Day Services what the alternatives are, and what it might mean, and the benefit?

A – So that's part of the work that we're doing at the moment through the co-production is about actually working with people to talk about what the benefits might be, and what the negatives might be, what will change.

A – It's very much what is people understanding? What do they need to understand it? What their concerns might be, what opportunities there might be, it's hard to make choices if you don't know what those opportunities might be, so it's bringing people to an informed place. It's hard to inform everybody that's heard of or involved but it can also be quite complicated for people to hear the first time so it's a very good process of informing people and then they can make their choices whether that is to stay with the Council or take the budget a different way by direct payment.

Q – And that presumably, the deadline is kind of end of October isn't it? That's the deadline-

A – Not the deadline, not necessarily. Let's see how it goes.

Q – How do we get the list of what's available?

A – We can make it, we can ???

Q – Something that's come up at co-production meetings is that many people don't seem to know what their personal budget will be. Is that being addressed yet?

A – If the decision is to change things, whatever that might be as it comes out of the co-production workshops, is that actually everybody will need to have a reassessment. Which actually then determines what their personal budget will be.

Q – So my next question, was something else to add to that, and also with what we said earlier about obviously the only people who would be entitled to services are those who are critical and substantial; but it does feel as though the decisions are going to be made in December about services without actually knowing what numbers of people and levels of need there is.

A – So if we're not in a position to say that then we will need to say that quite clearly to the Council, at that time. And they will need to know that because you're right, that might mean that they can't make a decision at that time.

Q – Presumably the people that are affected by these changes, they've already been seen as being eligible at substantial and critical level, so that isn't going to change?

A – People’s needs do change, so I can’t say that their needs won’t have changed, I can’t say that. Their needs might be critical now, or they might not be, I don’t know. The one of the things I have to accept is that as a department Adult Social Care has not been good about undertaking annual reviews which it has a responsibility to do, so I apologise on behalf of Adult Social Care because everybody should have at least an annual reassessment, and we haven’t done that well.

Q – There was a point raised earlier on by the lady at the back about funding for residential care and that she made the point that one of the reasons for Woodside was that the private sector was too expensive. In order to get something with sort of similar quality, one’s going to have to pay more in the private sector. How is the Council going to help with those sort of payments? Because clearly if we have to move out, there is going to be an additional cost involved, and there is no additional cost in the budget from us, it’s just not there. So therefore, how is that going to be addressed for the individual going into the private sector please?

A – So the Council has what it calls a ceiling rate for residential care that the Council is prepared to pay in the private sector for residential care. Anything in addition to that, there’s an opportunity for what’s called a top-up. So you can contribute to that should you wish to. Now my commitment to you if this decision is made, is that we will look at what is available, I’m hearing very loud and clear you saying services and Southampton are not the same quality. I will make sure that during this consultation we have reviewed what’s available at the ceiling rate, and if you’re right, what you’re telling me, and then we will need to look at what our ceiling rate will be.

Q – I think the cost in the private sector is round about £600 for a single room per week.

A – Well that’s not what we know now, but what I’m committing is to say I will make sure that that work is undertaken during this consultation so that I am confident that if we do need to raise our ceiling rate then we will need to include that in any Cabinet report.

Q – That’s a game changer really. You can have a double room for your council rate is what we’ve been told because-

A – A shared room, you mean

Q – Yes, we went out and started looking just to see what was out there, we went round quite a number and we’d already done so beforehand and every single one of them told us a single room is £600. And that’s what they can afford; they’re running a business, so therefore that makes it out of the price bracket.

A – As part of the report to the Council in December we will make sure that there is an analysis of what we can purchase in the independent sector of the same quality of Woodside and what that costs, so that the Cabinet is informed about that.

Q – But that of course would have an impact on the money savings side.

A – Absolutely, which is why it needs to be in there.

Q – And why are the private sector homes allowed to use shared rooms where Council homes are not allowed to use shared rooms anymore?

A – So shared rooms is part of the CQC arrangements is that shared rooms don't meet the standards.

Q – But there are a lot of them out there-

A – Unless you choose to share a room, so going back to your married position, you might as a married couple want to share a room.

Q – Or more could do, but as was already pointed out, with a curtain down the middle of the room

A – Well that's not acceptable

Q – Well I've seen that, and that home scored the highest possible rate on CQC, and that's the reality of it. Go out and have a look, take a day out and just go and drop into these places. You will really see, honestly. You walk in and they smell, because they're not cleaned properly, they don't have adequate staff because the amount of staff turnover is low; costs are cut because they're trying to run a business themselves. And they do, you walk in and you think I'm walking straight out of here, it smells all this sort of thing-

A – I have to say I've also been to in-house services that smell as well

Q – We're talking about Woodside here, not anything else

Q – Can I just say something here, I do apologise to these people but last year my mother had dementia, she was on her own at home in a council home. She had a stair lift, she used to fall over and my brother and I decided that obviously she needed to go in a home. My brother lives in Surrey, my sister lives in Canada, and I live in Southampton. We'll have her somewhere over near me, I live in Sholing, my brother looked around, looked around and we found a care home and obviously mum wanted a homely atmosphere, she had a fantastic home, she lived there for 2 years before she fell very ill and she died last year. At her funeral there were about 5 members of staff, the manager, and the owner of the home. They are out there, they really are and it's such a lovely atmosphere to be in, the staff are absolutely incredible.

Q – I would agree with you there, however, those homes do not have the vacancies. The ones that have the vacancies are the ones you wouldn't put your mother into, and that's the truth.

A – And that's what needs to be reflected. You're absolutely right, that is what needs to be reflected, thank you for that.

Q – Can I just say, I've been through this and it's no different from 15 years ago and I was paying private for my father, and it's exactly the same.

A – Can you just explain what you mean, sorry?

Q – I had a father who I had to put into a home for dementia 15 years ago. And what they're saying, I said all this 15 years ago, and it hasn't changed at all.

A – Right, ok, so it hasn't improved is what you're saying

Q – No



Q – Can I ask Councillor Shields, over the last consultation meeting we had here you promised us you would take time out to go and see Day Services and see if they run, have you actually done that yet?

A – I’m waiting for the date for the meeting that I’d said I’d agree with you. I’ll check my diary to see if that’s in there, I’ve got quite a few meetings in. I can’t answer your question, I’m waiting to hear back from a time when it’s convenient to do it

A – We can help facilitate that; we can make sure that happens

Q – Can I suggest that as part of this consultation then, that some of your staff, Councillors, go out and actually visit some of these care homes like the gentlemen said so you can actually see what is out there? And so that you can actually match up, because what I would like to find out is that when my mum moves that she can take her own furniture, she can take her possessions, because we went to visit one where they said no personal possessions, no TV. We visited one with no outside space, when I asked about residents going outside, if the relatives don’t take them out, they don’t go out. And that is what’s so lovely about Woodside, they have the space, they have the ability to make it feel like their own home which we didn’t get when we visited some of the other places.

A – And that is really important.

Q – I wrote to all Councillors asking them to go and look at the Day Service provision in Southampton and not one of them wants to go and do that. And I think that’s disgusting.

Q – I’m sad to say you’ve got a Councillor up there not too interested either, because I thought for a meeting like this you would have come along already with that meeting booked so you could’ve answer that lady’s question that was raised. Because it’s more important to them than it clearly is to you, I would’ve thought that would be the most important thing for these meetings.

A – We all make sure those meetings are arranged

Q – Well I hope so

Q – It should’ve been done before the consultation ever started. They should’ve known what they were throwing out before they started the consultation

A – So as Councillors, I’m sure many of them would have visited Day Services in the past.

Q - ???

A – Councillor Shields is the lead member for Health and Adult Social Care

Q – And have you been to Day Services? Have you been to residential care homes to look at the facilities out there?

A – I have

Q – You have? How long ago?

A - ...

Q – How long ago? It’s an easy answered question.

A – I visited Day Centres there as part of my activities as a Councillor before I was a Councillor meetings that have been held there, I visited residential care homes, not as part of this consultation, that's admitted but they're not completely unknown to me and I'm not unaware of these-

Q – But how long ago? Was it a year ago or was it 5 years ago? Because if it was 5 years ago then you're clearly not up to speed with what's happening today, so how long ago please?

A – I can't answer that question

Q – You can answer that because you know full well, you just won't answer it because you know you're wrong.

A – It's just ???

Q – I'm sorry

Q – Can I just ask one thing, I'm not getting at Councillor Shields; he cannot see what's happening, we as parents and carers can see what's happening and what a job these people do. And what the hell can you put in place of that? You can't! You're going on about people with dementia, my mum had dementia, she was in a home, I know what it's like to have a mum with dementia. But this one here needs care as well, I mean she's almost in tears here thinking of what's going to happen to her in the future, and that means a lot to me.

A – Of course it does, of course it does.

Q – So I'm just wondering what the hell you're going to put in place of it? There's nothing to put in place of it

A – So in terms of Kentish, then as we talked about before what I hope and certainly from what Helen says to me is that you've been working with her to think about what it is that you put in place. If what you're saying is your daughter's needs are best met in that environment, as I said before, then that is what you need to say.

Q – Can I ask Councillor Shields a question? Could I make an arrangement, an appointment with you, in the next few weeks because it's got to be very soon, to come with me and visit Woodside Lodge so I can take you round and let you see what facilities you're trying to close. Can I make that appointment with you right now?

A – I'm quite happy to do that, I just want to make sure that's not cutting across any other appointments I need to make, but that's fine, yes we can do that.

Q – Ok, thank you

Q – I was just thinking about the process, Alison. At some point people are going to have a chance to hear all the things that you've collected up and how you've shaped that into a recommendation, presumably people will be able to comment on that. Will that be able to change any things at that stage? I recognise its quite late, 22<sup>nd</sup> –

A – So that’s the public consultation, ok? But in terms of the individual consultation with the individuals affected by the changes in individual services, we’ll do that as we go along. So there won’t be any surprises, ok?

Q – Once Cabinet makes a decision, then as a Social Care team you’ll be working with those people who are affected to find the best kind of solutions depending on how-

A – Depending on what the decisions are, yes

Q – Just one last thing, once the consultation has happened, the decision’s been made, the changes are being invented, so flicking forward to next year - is there any chance that there could be a follow up at some time for people? Just to try to learn from the whole of the process to learn what the outcomes have been for people so actually a year down the line you could look at the whole process and say: well actually this part has been really successful these people are well supported and they’re happy with what the final outcome has been, but there may be people that aren’t in that place. So maybe there’s some learning because no doubt there’s going to be future consultations partly driven by change in service models, partly driven by finances that are going to happen over the coming years, I can see that there will be numerous ones. But to be able to actually learn from the process and to then a year later be able to say ok, we got this part really right but maybe this part we didn’t get so right, how can we avoid that happening in the future? I think it would be really, really beneficial.

A – we would absolutely expect to do that, because not only would we expect to do that in terms of the consultation process but also in terms of the outcomes of individuals which is really important so we would absolutely expect to do that, we would absolutely expect to feed that back

Q – As far as I’m aware, no meetings have actually been held by the service users yet

A – Yes, they have

Q – That has started has it?

A – Yes, certainly, Day Services and respite care, yes

Q – Well certainly up until mid-last week, no one from Choices had been down to meet with the service users to get their feedback

A – Choices have been there while I’ve been there, absolutely, when I’ve been meeting with service users. So I’ve absolutely been there-

Q – You mean the co-production?

A – Yes

A – We’re doing a programme with individual service users; it’s different at different sites. So we have started some work with some service users and we have a programme that’s ongoing from next week for all the other centres.

A – Certainly those co-production work shop services users have been there and Choices Advocacy have been there as well.

Q – Yes but for many service users they actually do need the opportunity-

A – Absolutely and that’s why we’re doing that in particular groups, absolutely, in addition to that.

Q – At Freemantle then, have they had anything there?

A – They haven’t had the individual ones yet, no

Q – I’m just very conscious that time is moving on very fast and we have, what is it? 5 or 6 weeks left?

A – Yes, 23<sup>rd</sup>

Q – And to actually have proper consultation service users, I’m concerned that’s actually not going to take place by the end of the consultation time.

A – Absolutely, that’s really helpful feedback. We feel that there is that opportunity, if there isn’t that opportunity then we will make that very clear. So we want to make sure we get those views, if we don’t get those views then we won’t have to say so.

A – Anything else anybody wants to raise? Conscious this is not the only opportunity, there will be other opportunities. You can use those contacts, I am sorry about the website it isn’t ideal, but it is on the website. Please do use those opportunities, please do attend meetings however distressing it is because I do appreciate it’s distressing, but it is really important that we get your views.

Q – On the website it is actually almost impossible to find the consultation

A – I can show you if you like.

A – So Paul will show you how to find it. And there’s a question at the back as well

Q – Yes I was just going to say there’s another meeting on Thursday here, at the Overview Scrutiny Management Committee and our focus for that meeting is going to be on the adult care changes. So that’s at 5.30 the meeting starts but the adult care item will start at 6 and that’s in the Council Chambers. And that’s going to be Councillors questioning the decision but also a number of organisations will also be attending and making representations and anyone can turn up.

A – Thank you for that, Councillor Moulton. There’s Overview Scrutiny Management Committee will be looking over these proposals from 5.30 in the Council Chamber if you wish to go and see Council members scrutinising these proposals then please feel free to go.

Q – Is that Thursday 11<sup>th</sup>?

A – Yes, this Thursday

Q – That’s the same day you’ve got one at Freemantle because staff-

A – It finishes at 5.30-

Q – If parents with family members-

A – It won’t be on at 5.30, the adult-

Q – No, its 6o'clock but it's not a lot of time to have your tea and get there, is it?

A – I'd imagine it will go on for about 2 hours

A – The easiest way in is to go to the front page, and then to "living" which is one of the options on the top bar, and then to pick "Adult Social Care" from the navigation on the left hand side, there are other ways but this way works for me. And then there's "Consultation", again on the left hand side, or it's here, the redesign of some Adult Social Care provisions you can go in either way. And then there's a page with the latest on the consultation and at the bottom there is a schedule of meetings and the consultation documents and so on. You can just type in [Southampton.gov.uk/social-care](http://Southampton.gov.uk/social-care) which will take you to the Adult Social Care page, but I prefer to go Living-Adult Social Care-Consultation

Q – If someone could actually look at the consultation document for Woodside, I tried to complete that – the format is dreadful, there are actually some spelling mistakes and I've had to actually cut and paste it and stick it onto a word document, because I can't do it on that document.

A – Ok, we'll look at that, we'll do that tomorrow, urgently.

Q – It's very frustrating

A – I'm sorry about that, that's really not helpful. Ok, so there will be opportunities further, if you wish to have conversations with either myself or Helen independently then we're more than happy to do that. And I hope that we continue to talk, and we will continue to gather your feedback to present to Cabinet.

Q – Will we get a copy of the minutes from this meeting?

A – Everything will be recorded, from every meeting

Q – Yes, but will we get copies of it?

A – Yes, we can give you a copy, but what we need to do is take your names though

Q – Well you've got them from previous meetings so anything to do with Woodside I want

A – if there's people here who aren't affected by the consultation then can you please stay behind and give your name if you want a copy of the minutes, ok? Everybody else we will know. Thank you very much for your time.

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## Freemantle Consultation Meeting 9 October 2014

**PRESENT**

Carers and parents  
Carers in Southampton  
Mrs Morse    Parent  
Ricky Rossiter                                      Acting Service Manager  
Helen Woodland                                    Interim Head of Adult Services  
Councillor Shields  
Alison Gilroy                                        Operations Manager

| ITEM |  |  |
|------|--|--|
| 1.   | <b><u>Introductions</u></b>  |  |
| 2.   | <p><b><u>Discussion, questions / answers and comments</u></b></p> <p><b>Question:</b> Do you think there will be a day centre left?<br/><b>Helen Woodland - answer:</b> The elective members need all the options, ie smaller closures.</p> <p><b>Question:</b> Have Carers in Southampton been attending co-production?<br/><b>Carers in Southampton - answer:</b> Yes, we are representing.</p> <p><b>Question:</b> Carers in Southampton have been going since September, have you been able to deliver one to one support for carer's feedback.<br/><b>Helen Woodland - answer:</b> Yes, all link workers are now in place and we would be happy to support this.</p> <p><b>Question:</b> Why is money being spent on art, but not on elderly and LD?<br/><b>Councillor Shields - answer:</b> The money comes from different pots and my personal view is there is not enough money in the pot right now for care. To get more money for this, the only option would be to raise council tax above 2%, but this means we would have to have a referendum.</p> <p>Councillor Shields discussed the protected pots of money.</p> |  |

| ITEM |   |  |
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|      | <p><b>Comments:</b><br/>           What are we fighting for at the moment?<br/>           Alan Whitehead said that everyone should be having direct payments.<br/> <b>Helen Woodland – reply:</b> said ‘this is not accurate’.</p> <p><b>Comment:</b> The biggest change is about direct payments.<br/> <b>Helen Woodland – reply:</b> No, you don’t have to take a direct payment.</p> <p>The government is very keen that direct payments are taken up.</p> <p>If you’re a carer, then you have enough to do already, so the city needs to get better.</p> <p><b>Case Study</b> – Gillian, Baljinder and Lyndsey. What else do we need?</p> <ul style="list-style-type: none"> <li>• Creative people to help manage the budgets.</li> <li>• There is a need to inform the care managers and help them manage direct payments for people.</li> </ul> <p><b>Comment:</b> Catherine Clark – loves attending the services.<br/> <b>Reply:</b> Explained the situation.</p> <p><b>Question:</b> Is the centre closing?<br/> <b>Answer:</b> We can’t answer that, but we need to try and protect the services.</p> <p><b>Comment:</b> My daughter has no speech, but I am very happy that she is happy and safe here.<br/> <b>Helen Woodland - answer:</b> I don’t own the buildings, so there are options there. Being a community centre gives you this option.</p> <p>Discussion around age spectrum and the different needs. So need to look at options for all age ranges.</p> <p><b>Alison Gilroy - comment:</b> It is about people offering natural support to their peers. It is also about giving people the ability to say ‘this is what I want to do’.</p> <p><b>Mrs Morse - comment:</b> It is about the options that this service gives my daughter.</p> |  |



| ITEM |   |  |
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|      | <p>Our families and service users are happy here and it will cause more stress for me.</p> <p>Carers group is important because of the Care Act, this defines the rights of carers. In the past SCC should have been offering carers an assessment.</p> <p>When the Care Act comes into force, carers will be entitled to a direct payment for themselves.</p> <p>Co-production has been really good for information sessions and it helps to also reduce the isolation.</p> <p>Carers lunch happening at Carers of Southampton, and it will be in November.</p> <p><b>Question:</b> Councillor Shields asked if Carers in Southampton will run sessions to help people to use computers.</p> <p><b>Answer:</b> We have resources in the city we don't use, for example Time Banks. Carers in Southampton want to be a sign posting service.</p> <p><b>Question:</b> In December it goes to Cabinet, will it happen then?</p> <p><b>Answer:</b> On the 9<sup>th</sup> December it will go to cabinet.</p> <p><b>Question:</b> Do you take into account the performance of each centre?</p> <p><b>Answer:</b> We need to give the members all the information, which includes geographical usage.</p> <p>It is very difficult to compare our services to each other because of the difference of the services.</p> <p>Councillor Shields asked if we will make links with other organisations to help develop the employment options.</p> <p>'I have one hundred percent confidence in the way the centre is managed and run.'</p> <p>'Trust.'</p> |  |
|      | <p>Administration notes<br/>Owner of these minutes Ricky Rossiter.</p>  |  |

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**PEOPLE DIRECTORATE  
 Personalisation and Safeguarding**

**Consultation on the Future Day Services**

11 August 2014

Sembal House, Polygon, Southampton

**PRESENT:** Helen Woodland, Interim Head of Adult Services  
 Ricky Rossiter, Interim Service Manager  
 Jeremy Long-Price, Commissioning Manager  
 Izzie Clayton, Minutes  
 Service Users and families

**APOLOGIES:**

| ITEM |   | ACTION |
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| Q1.  | <p><b>We have someone who comes in 6 days a week, and they don't do much, and they are not very good. We go to the care company, and say, we don't want them to come back but they send someone back anyway. Is that something that you want to hear about?</b></p> <p>Yes, we do want to hear about them, we may want to pick up some of these issues in more detail with you personally. There is a difference between something the Council has bought and something the Council provides. We have 39 providers of day care and they are fairly well trusted. Quite often people can't make the distinction between Council provided and externally provided care services. I'm not saying that we don't have problems because we do. We have to focus on your individual feedback on the various care agencies, this is very important.</p> |        |
| Q2.  | <p><b>I get direct payments now. However, I was not informed by my social worker about personal budgets. One of the problems is that we are not being told exactly what is out there for us and what are our choices?</b></p> <p>I accept entirely what you are saying. The understanding of personal budgets, direct payments, personal health budgets, individual budgets and their differences is low among my staff. One thing we have started doing is mandatory training so that everyone has the same level of knowledge. Having worked elsewhere and looking at the direct payment system in Southampton, it's not great. We can improve it. Alongside all of our co-production work, one of the things we are doing</p>  |        |

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|     | <p>is looking at the process. We are feeding in all the comments you give us about how you want it to work, and how to make it simpler.</p>   |  |
| Q3. | <p><b>Would that mean that the time it takes to receive direct payments would be shorter, because mine took 12 months, and I had no care money in that time?</b></p> <p>People have told me that they were given a direct payment and told that all they could buy was home care. I am telling you that if you get any push back, speak directly to me. The direct payment can be used as creatively as you want it to be, as long as you are safe. If you want to buy a season ticket to see the Saints, absolutely.</p>   |  |
| Q4. | <p><b>I have spent all my savings to pay for PA's to look after me because my budget did not meet my needs. I am now extremely angry. I have not had a penny of that money back. I've got £30 left of £18,000! There is no communication between the Care Manager or Social Worker and an individual applying for the payment. The social worker I had at the time did say, when I was explaining to her what had happened, "If you had given me receipts I could have given you the money back". That information was not given to me in the first place.</b></p> <p>We need to look at your individual circumstances and your support plan. One thing that would be useful as part of the ongoing training, is to have a User Group who have direct payment experience. We could feed their experience into the training and tell my Care Managers direct</p> |  |
| Q5. | <p><b>Obviously this person hasn't been given the right information, could she be refunded some of the money she has already spent?</b></p> <p>It's really difficult for me to comment, it depends on the care plan and what the money was used for and other things. I don't want to stand up and say yes, because I can't make a general statement. What I am pledging is that you can talk to me individually.</p>   |  |
| Q6. | <p><b>I want to talk about the Elite Services and the wood work groups and the other capabilities that we have. There is a unique opportunity here, some people with mental health problems are working with people with learning difficulties, and the fact that they are able to support each other is really encouraging, and it's something we cherish, and would not want to lose.</b></p> <p>It is really important that you give us that feedback and it's</p>   |  |

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|     | also important that you come to as many of the co-production events as you can.  |  |
| Q7. | <p><b>In the letter you sent out on 29 July you said that you will need to take into account the financial pressures faced by Southampton City Council and to make sure that the financial resources are used as efficiently as possible. Can you expand on this please?</b></p> <p>What we talked about earlier was that there are an increasing number of people requiring support from the Council and there is a decreasing amount of money to do it with. I need to consider how best I can use the available money to meet the needs of all people likely to use the various services.</p>   |  |
| Q8. | <p><b>How much less money have you got, have you identified the amount?</b></p> <p>In broad terms the Council, not just Adult Services, but the entire Council needs to make savings of £75 million over the next few years.</p>   |  |
| Q9. | <p><b>Obviously, Adult Services are going to lose some money and that's why we are here today. This is going to have a significant impact on these centres. Since Sembal House has been refurbished it is a wonderful facility. All of us would agree that we do not want it to change. We want it to continue to provide the same services. Is it possible that your budget cuts could mean that Sembal House will have more facilities and more people coming here?</b></p> <p>It is possible. At every centre everyone says, we love our service just the way it is and we don't want it to change. My challenge is that I do not have enough money to keep running the same services in the same way. What we want you to tell us is how can we change them with minimum impact and improve the outcomes for people.</p> |  |

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| Q10  | <p><b>So how do we change Sembal House? In the last round of budget cuts we had significant changes here. The original service users have lost a considerable amount of space within the centre. We have had people from mental health and outside support groups come in and use Sembal as a hub. So we have experienced a great deal of service changes. Personally, I don't think we should be touched, because of all the recent changes.</b></p> <p>It's important that you feed that back so that I can present your ideas to the elected members and my cabinet colleagues. I have almost the same feedback everywhere I go. This is my challenge. What do I change, if everyone says don't touch anything?</p>  |  |
| Q11  | <p><b>Surely you should look at what is going on in each hub. If we have 15 different groups using one hub, while others have 7 groups, clearly we would be the best user of available space.</b></p> <p>This is part of what co-production is about, so that we are clear what is happening and where we are making the best use of the time and resources</p> <p>We have been accused of having a secret plan hidden in the drawer, but I promise you there isn't one. At this point we are asking you, how you would like the service to look. Thinking about how we can use everything we have got to best advantage. You people, as users, are best placed to give us that information and tell us what you think. We have no firm plans at this time.</p> |  |
| Q12. | <p><b>Previously, when we went through a review like this, it made a lot of service users very ill.</b></p> <p>I appreciate what you are saying. We want to get a balance between making sure that all your voices were heard and not putting too much stress on individuals. We would like you to feedback in whatever way is easiest for you. If you don't want to come to the meetings we will talk to in a different way. We don't always get things right but if you tell us we can adapt what we are doing.</p>   |  |

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| Q13  | <p><b>You have to forgive the majority of us for thinking that you have some big manifesto, the last time there was a review, no one listened us. So what can the Council do to make us feel that after all our singing and shouting, is someone going to take notice of us now?</b></p> <p>I would welcome your views. I will come back month after month, meeting after meeting and we will talk about things, and Izzie is here to write everything down. As the feedback comes in we will share it with you so that you can see we are not altering it in any way. We are open to your ideas.</p> <p>It's important to understand that the Council is not going to make this decision, it's going to be your local MPs. They will sit in the Cabinet in December and all we can do is present the information that we have received from you, and whatever else comes out of the co-production work. It will then be up to the Councillors of the Chamber to make their recommendations.</p> |                       |
| Q14  | <p><b>Would the Council permit an MP to visit Sembal House?</b></p> <p>That is what I was going to offer. It will be the lead member for Adult Services Cllr Shields, he will be more than happy to visit. I can arrange that for you.</p>   | HW to arrange meeting |
| Q15  | <p><b>I guess if we did write direct to the MP's all they would do is write back to us and say, "Sorry see your Council".</b></p> <p>Local government is very confusing and hierarchical. I feel that you would do better talking to the Cabinet Member in charge of Health rather than your MPs, but feel free to write to them if you want to.</p>   |                       |
| Q16. | <p><b>Is there one person? And you can fix that?</b></p> <p>I will be completely honest with you. I am happy to listen to your views, and I am happy to arrange for Cllr Shields to come and talk to you. But I go back to the point that I have to service more people's needs with less money. At the end of this process, what I am hoping for is that we can all come to an agreement, but it's unlikely that everyone will get what they want. I simply don't have the resources to increase or keep things the way they are at present.</p>  |                       |
| Q17  | <p><b>What does that mean? Could we lose our service?</b></p> <p>If you are eligible for our service you will continue to receive the service. It may not be exactly the same service that you receive now.</p>  |                       |

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| Q18 | <p><b>What do you mean by that?</b></p> <p>This is really hard to answer. This is the real challenge, because I can't say, this is what you have now, and this is what you will have in the future. What we do know is that this is what we have now, and I need you to tell us how we might change it. So I can't tell you in concrete terms what the changes might be.</p>   |  |
| Q19 | <p><b>In the last round of cost cutting exercises, do you know what kind of savings you made?</b></p> <p>I was not here then but I can speak to colleagues and find out what the savings were. Today we are talking about the day service, but there is no part of my services that we are not looking at. There will be changes to our provider services, we are talking about changes to everything that we do. A lot of you will know that in April we changed the structure of our Social Work Teams and I lost a number of social workers. There is nothing that we are not looking at.</p>   |  |
| Q20 | <p><b>Is it possible that services might be provided for people in their homes, like daily care services?</b></p> <p>One of things that my commissioning colleagues are doing at the moment is re-tendering of domiciliary care contracts. I hope this process will lead to better value for money and better quality.</p> <p>I don't know whether it's a comfort or not but there is nothing that is protected and we are looking at everything we provide, and how we structure ourselves, and how we staff ourselves. Nothing is off limits.</p>  |  |
| Q21 | <p><b>I lost a lot of money in the last cut back about £1,000 a month. If my care was to be cut back any more, my husband who works full time would have to give up his job to support me. You would be putting someone who is in a full time paid job, where we are financing ourselves apart from my care, into the benefit system.</b></p> <p>One of the things that we are not doing is looking at top slicing individual packages of care. I need to be careful when I say that to you. I know that we have some people who use our services who are not actually eligible to. If you are eligible for care you will continue to receive that care. There may be some people who are not eligible for care.</p> |  |



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|  | <p>I will be coming back to speak to you again and I will arrange for Cllr Shields to come and talk to you. I will hand out the forms for you to complete. I would also encourage you to go the next co-production event which is on 19 August 2014.</p> <p>To summarise the various consultation meetings:</p> <ul style="list-style-type: none"> <li>• There are co-production events that my commissioning colleagues are leading.</li> <li>• There meetings like this one today where you get a chance to question, listen to answers and give your feedback.</li> <li>• There will be two big public meetings where we will talk about all of the changes in adult social care.</li> </ul> <p>You can come to any, or all, or none of the meetings as you see fit.</p> |  |
|  | <p>Date of next meeting: 15 September 2014</p>  |  |

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11/09/2014

Freemantle – Meeting notes

Attendees:

Mike Ktomi

Sandy

Ricky

CLlr Shields

Alison Gilroy

+ 9 people

Carers yesterday

Personal budgets today – Co-production

Next week – Quality and out comes – delivering services – transport

Have staff been consulted?

RR - Meeting arranged for 25/09 with Helen. Pre-meeting arranged. SWOT analysis. Info about SES. Involved with coproduction. CLlr Shields visiting all services

What are the contact details for people who want to be involved in the coproduction?

SJ – This will be organised

Q – I felt coming from the last event @ Civic focused on solutions that are likely to cost more. Don't envy your role. Where is the facilitation waiting for an activity to begin? This is a community centre. My daughter comes in at 8

Don't just wait

Flexibility of timings

My son catches bus here and returns unsupported following bus training. I support positive risk taking but my wife is terrified by it. How do we have someone in the foyer at 8oclock? What if costing more money?

I drive my daughter here. She only comes in because they say she can.

A - Your son and daughter have different needs. Meet more needs, not lose anything. KR consultation. DP access different types of activity. Don't use DS **Equirable (?)**

Q - Will we be keeping this?

A – Can't answer that

Q – Wouldn't be able to go to work

A – If eligible continue to receive service. Work together to ID best solution.

Q – this place is

Q – Freemantle PH doesn't cost as much as private providers. My son has a mixed package

39 privately provided DS massive variety. Comparisons difficult

SJ – Cost analysis. Cost doesn't reflect full cost constrained by overheads. Apples/pears.

PBS – Parents and carers are concerned this place should charge more. Don't know how much their PB will be. Need to be reassessed.

Reviews increase more than decrease. Evidence backs this up. Substantially more increases. Acknowledge fear around PBS. Process not great. System must not increase stress. Don't use pre-paid cards. Easier to manage other options to manage Mencap Carers Together etc. (at a cost) included in the plan.

Marginal, small PB cost to them.

This is built into the payment. Wouldn't know what to do with PB. Have to review everyone. Work with you to determine options. Assessment – PC support. Plan care manager?

UQSW – You would have one to carry out the review.

Not allocated. Accessed when required. Carers assessments will need to be completed.

AG – Lots of myths, need to be allayed

SJ – CIS to support carers with advice and info. New service in Soton = Starting Point. New leg makes CA on legal right.

Cllr Shields – Support for carers – DS enables carers to work. Duties on employers to support people?

Entitled to so many days per year if ill, medical appointments.

SJ – Discretionary

Cllr Shields – Raise awareness/education/chamber of commerce

Q - I look after my daughters needs 24/7 there is no one else

SJ – To maintain your wellbeing have to be supported to go out to work and have a life

Q – Where would she go?

Q – My son has 1-1 support at home paid through PB

Q – I went to carers meeting yesterday. I was unaware of much of the support available

That's really helpful. Family experience of use of PBS learning, understanding, sharing experiences

Worried about somebody coming to my house

AG – Choice is very difficult based on information that you have

RR – Start – Blinkered as attend more meetings whole world opening up

SJ – What’s striking in this journey is how little people know

It’s in Echo and papers closing. Decision makers won’t listen to you. Makes me worried.

HW – Urge people to attend meetings

- Previous consultations have not always run in that way. East Soton day centre as an example. Challenging behaviour. Behaviour that society finds challenging.

RR – Health made that decision

Cllr – Trust is not very high with politicians. Feedback @ social gathering decommissioning of Bedford House painful experience. Current consultation praised but need to work hard to regain that trust.

HW – Suggestions helpful to pull together collective knowledge of services that are out there  
2. Use FB or Twitter as a forum to gather ideas from carers.

Cllr – LDPB co-chair **Shs** more knowledgeable about social media

Presentation – need for relationships. Need for base/centre

Familiarity

Alison knows who is coming through the door. Look out for people

SJ – Not an either/or. Looking at issues. Exploring opportunities. Decisions not made. Balance what’s not working with what’s good.

People don’t like change

AG – People say that but when I started we were at Brookside. Large institution. 3 double decker buses. Moving to here was a huge change. Support and time achievable. Demographic changing SCC no longer the only option. Challenging behaviour in order to be heard.

HW – concerns/themes – it takes time. Meeting Dec, all change in Jan.

Cllr – Relationships are important. Safe environment where people can go. Don’t have to be coming to do an activity where they have a safe environment.

That trust has built up over years

HW - 39 providers also trust

Don’t want to have to go through that again

SJ – Carer lives close to service didn’t know about it

It’s not wrong just to want what you’ve got

SJ – no its not but equally some people are looking for something different.

Respite – tidied room, wouldn't be done otherwise

RR – people come to table are passionate about staying but some needs are not met.

I still have to fight for my daughter

AG – people here a long time. No opportunity to experience other. Schools approach changing. Expectations of some users are changing.

Not against change but got to be done sensitively I totally get that

HW – a lot of fear and myths. We won't impose a change on a fixed date. Planned around individual transition. For some DS – no alternative, all know.

This may be what they want

SJ sometimes blinkered view. Gain confidence will be supported. Not all or nothing. Breadth of info to make choices

Q – I worked in public sector for a long time. Lots of shackles. Why not open it up? Other ways around to keep open? Being in private sector

HW – I know there are things Alison wants to do. Can't allow her to do it as managed as part of LA. Structured in different way. Owned/managed in different way. Ind. service – charge more.

Go private?

Options – to be developed with staff – shackled

Cllr – Private/public there are places in between. Not for profit. Look @ alternative models. Conference let me know your ideas.

SJ – for individuals looks/feels same. Different behind schemes

RR – Community centre successful

HW – ASC does not own this building

- Quality relieved about alternatives 3 years ago now cannot cope with numbers. 1 entrance/exit for 10 people. H&S concerns. Fire exits 3 years down the line always playing football on a Thursday afternoon

SJ – Part of assessment/reviews what does individual need

I totally and utterly agree

My daughter likes routine

SJ – Got to keep hold of what's working well. changes needed in some places

Why?

SJ – E.g. gardening 3 days a week. Doesn't want it

DP your choice

SJ – Some people happy/meets needs, some not

CLLr – I'm designing alternatives keep relationships/safe environment/routine not easy. End of world. Change world, not end.

HW – Difficult to consider all DS collectively. 39 providers and internal

What are you going to do?

Coproduction and working in(?) staff. All perspectives are coming together. ID and keep best/problem coproduction bring out those issues

Helen know at end of consultation and coproduction

RR – If Alison's shackles off could deliver something amazing

AG – Sport Oak MH/fitness. Sport LA couldn't apply for grants set (?) up. Sports group own governance paid for by fundraising. Special Olympics affiliated skiing/swimming small things(?). Potential to expand free of legal constraints.

E.g. Take art group to St Ives

AG – For me SDS has never stood still since I started 19 years ago. I was terrified when this first came up being led by need, demographics, finances etc. as process goes on not quite so anxious, not throwing baby out in bathwater

What are we doing?

Opportunities, doors opening

Alison confidence – improvement/progression

SJ – On a journey

Put to us a bit better. Told respite closing. Have a child need to know safe, backup in place.

RR – where did you get info from first media not correct

CLLr – reports drafted in a certain way. Liberating effect social enterprise. Not a tradition in (?) (?) other areas. Cornwall Eden Project financial framework. People need services have to get them. Shs(?) know best about how (?) cost effective.

HW – Valid point tell us where message is wrong

AG – On a journey. Starting point is scary. More your learn trust is built up. Not "that's it, you're out"

What happens?

Need more coproduction meetings as at awkward times

Carers not many people there but very interesting

SJ – times need to shift. As group comes together it will make it work. Small focus group. We will do what we can to ensure well informed enough to influence and shape. More about PB carers quality what's available

More meetings – what about?

SJ – Carers services qual/outcomes (?) there PBS/DPs

If don't want PB can you still need it?

Yes

SJ – Are we still reaching everybody?

RR – Can we make making(?) the notes/action points accessible

John – establish/use parents forms(?) private day services not CQC

HW – none are not even Council. Own quality checks but not CQC regulated. Any commissioned service contract managed.

RR – Self assessment reg 10 (?) (?). If CQC auditable, lose opportunities as may not if in legislation

SJ – When should art, holidays be regulated

Cllr – Incorporate quality in commissioning. Mike how would we maximise engagement with press?

MK – Website clearer

HW – Cant with feedback

Stay connected. Meet in comms team to summarise emergency issues.

SJ – Commissioned service incorporate quality PB up to individuals to choose.

HW – Safeguarding concerns. Please report.

SJ - Some may take unwise choices

J – worked in FE didn't make grade. Suggest social care. Carers and support workers different skills, abilities and commitment. Wider arena – think about it. do we want the people who don't have skills?

HW – DPs can improve quality if person not doing it to your satisfaction. Go elsewhere, more effective than commissioning

Cllr – Mencap making sure carers have a choice. Exercise rights. Silent voice that is going to be heard for alliance(?) in charting(?) (?) groups. General election in May. Pressure on political powers to ensure sufficient resources are put in to meet social care needs

J – I look at a person's teeth(??)

HW – Not a measure we use contractually



RR – if your struggle for work go to dom(?) care, walk out with a job SDS staff credit to LA

SJ – very good (?). Some concerning ind.

Concern about risk of abuse. It does happen it's a real fear

Carers meeting (?) sexually abused but total closure.

Having a handicapped child one of your worst fears

SJ – Fear

HW – Good/bad Council services. Always a risk get in touch to your safeguarding concerned

Are private sector police checked?

HW – depends what you were commissioned yes if you are commissioning your choice.

SJ – PA well known trust here not CRB

CLlr – Establish responsibilities info care act PB and where to work. Establish systems. Health watch.

Independent consumer voice. What to do, what do look out for

SJ – Long process to deal with issues. New process first happy easier to change.

My son's PB only used orgs cheaper to use (?) but not done that. Trust their safeguarding procedures.

SJ – Employ PA's. long slow journey. Works for some people.

Discussion about relative merits of different care agencies.

### Calypso Café – West Quay

release shackles

mark up

Jilly – loves calypso uses till

skills used @ home, employable skills

AG – Reason we are here is to help people to develop skills at home so don't need as much care.

Repeat process when people deskilling

J – Respite Centre Parcs with 1-1 carer

Transfer skills DS – respite

photographic evidence washing up

Weymouth – petrol money from PB

SJ – Not as flexible

apply to them instead of across whole day service system

My daughter likes CP

J – Not as many (?) if meets needs

SJ – KR/CP flexible

Cllr – 2001 (?) (?) climbed Mt Kilimanjaro

Welcome you already

Cllr – I find this setting more productive. Assists understanding

J – Human beings care for our loved ones.

Cllr – Mins of meetings let Shs(?) have their say too. All about understanding Shs(?) are talking to us

We are picking up on this

Jillian burst into tears

Cllr – Scary, lots of emotion

AG – Frightened about changes. Worked with people change not bad in itself

J – time bank

AG – we use that already e.g. café. Shs giving a service rather than receiving it

Workshop special needs cleaner

AG – Right support

Andrew working (unpaid) since 1999

SJ – Outcomes – focus on skill development. Not a theme across all day services.

**Sembal House Meeting  
13 October 2014**

**PRESENT:**

Three Service Users

One Carer

Helen Woodland

Ricky Rossiter

Steve Hards

Interim Head of Adult Services

Acting Service Manager

ICU

| ITEM |  | ACTION  |
|------|--|---|
| 1.   | <b><u>Introductions</u></b>  |   |
| 2.   | <p><b><u>Discussion, questions / answers and comments</u></b></p> <p>Choices attended Sembal and this was really positive because they are independent.</p> <p><b>Question:</b> What other advocacy agencies can support me?<br/><b>Answer:</b> Mencap, Carers in Southampton and any options you would like to use to get the message across.</p> <p>'You have got to be seen to be heard'. I have tried to encourage people to attend meetings.</p> <p><b>Question:</b> What is being done about clients that are off sick?<br/><b>Answer:</b> We send all the information to them and offer them the option to respond to the consultation. We can only offer them the option.</p> <p><b>Steve Hards:</b> Co-production – smallest group for biggest 12.</p> <p><b>Question:</b> With regard to interviews, this is already happening at Sembal.</p> <p>It is not just one service, it is all of them, and it is about sharing them at the co-production.</p> <p>I have attended most of these and I therefore do not have questions.</p> | RR to send Paul the minutes of the last meeting |

| ITEM |   | ACTION |
|------|---|--------|
|      | <p><b>Question:</b> Will the local authority continue to fund?<br/> <b>Answer:</b> Yes, if they meet the needs of our eligibility, then they will keep the service.</p> <p><b>Question:</b> But will we still need to be assessed?<br/> <b>Answer:</b> No decision has been made, but once a decision has been made, it will / may be carried out by a dedicated care manager and family and advocates will be welcomed. We want to have the people there who you would like to be there.</p> <p><b>Question:</b> A social worker attached to the unit like three years ago?<br/> <b>Answer:</b> This might not be the person who carries out the review.</p> <p>I believe there are some people in our service who are not eligible.</p> <p>The care manager will be here to assess the needs of the individual.</p> <p>FAC's will be implemented which will help them.</p> <p>Four bandings – low, medium, critical, and substantial.</p> <p>Ninety percent of councils will work with critical and substantial, and as of April this will turn to one hundred percent.</p> <p>If you are not eligible, you will not get a service.</p> <p>Reviews should have been completed annually. This has not happened and we are sorry.</p> <p>If I get a review this month, would I then be reassessed at the end of the consultation?</p> <p>Yes, because people have to be assessed.</p> <p>As a disabled person, you get stripped of your life, whilst care managers undertake this piece of work.</p> <p>The issue is we have to do it because of the legal responsibility because of the changes.</p> <p>If SCC reviewed, then this would not have been such a shock.</p> |        |

| ITEM |  | ACTION |
|------|--|--------|
|      | <p>It is a statutory duty to do this, we could have done one before and after, but we felt it was too much.</p> <p>‘Because I am a disabled person, it is not right you treat me as a second class citizen.’</p> <p>Helen Woodland said ‘I am sorry you feel like this, but there are others that feel differently.’</p> <p>‘You have to be able to have a rapport with the care manager to disclose all the information that is need at review.’</p> <p>Care managers will not be allocated to a person without a case to be answered.</p> <p>Decreasing funds / increasing population.</p> <p>Care managers should be there to pick up a piece of work, then withdraw and allow you to live your live. This helps the social worker build skills and enables service users to be more independent.</p> <p>When care managers do a review, they try to lower the levels that service users have already put.</p> <p>Care managers have trained and have strengths to work with the service user to evidence the facts.</p> <p>What should happen is a discussion with the care manager to come up with a review.</p> <p>If you do not agree, then they need to evidence what the facts are.</p> <p>‘I know there are positives to this suggestion, but I used to be a nurse, so I know that there is the other side.’</p> |        |
|      | Owner of these minutes: Ricky Rossiter   |        |

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## Freemantle Consultation Meeting 14 August 2014

### PRESENT

|                  |   |
|------------------|---|
| Ricky Rossiter   | Unit Manager, 32 Kentish Road   |
| Helen Woodland   | Head of Service, Provider Services  |
| Jeremy Longprice | Commissioning   |
| Jane Gleeson     | Mencap  |
| Alison Gilroy    | Operations Manager Freemantle Day Services  |
| Parents:         | Mrs Bartlett, Mrs Curry, Mrs Lodwidge,<br>Mrs Donnelly, Mrs Gill, Mrs White, Mrs Gale |

| ITEM |  |
|------|--|
| 1.   | <b><u>Introductions</u></b>  |
| 2.   | <b><u>Questions, answers and comments</u></b>  |
| 2.1  | <p><b>Mrs Lodwidge</b><br/>Will SCC build another Day Service?</p> <p><b>Helen Woodland</b><br/>Whilst the city has 37 other Day Services it is unlikely.</p>  |
| 2.2  | <p><b>Mrs Lodwidge</b><br/>I have concerns over the closure ideas. Can you assure us that Freemantle won't close?</p> <p><b>Helen Woodland</b><br/>No, but we need to make sure there is trust, consistence and the other issues are considered.</p>                         |
| 2.3  | <p><b>Mrs Gale</b><br/>This is a short term saving and due to family stress it will end up in crisis and cost SCC more.</p> <p><b>Helen Woodland</b><br/>If eligible, service users will continue to receive a service but it may be different than the current service.</p> |
| 2.4  | <p><b>Mrs Lodwidge</b><br/>Will relationships and the thoughts of service users be taken into account when making the decisions?</p> <p><b>Helen Woodland</b><br/>This can be done in co-production meetings which you should attend.</p>                                    |

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| 2.5 | <p><b>Mrs Donnelly</b><br/>Are the other 37 providers regulated?</p> <p><b>Helen Woodland</b><br/>Yes, they are part of the commissioned service, they are vetted and they have to go through monitoring. Monitoring and quality will still be monitored by SCC.</p>  |
| 2.6 | <p><b>Mrs Donnelly</b><br/>Are direct payments being offered?</p> <p><b>Helen Woodland</b><br/>Due to the availability of this, it allows us to be more flexible which will then offer a range of services. Some see this as a positive and others as a negative and some work needs to be done around making others understand where they are.</p> <p><b>Mrs Donnelly</b><br/>What will the transition plan be?</p> <p><b>Helen Woodland</b><br/>There is a Cabinet meeting in December, it will not be a rushed change.</p> |
| 2.7 | <p><b>Mrs Gale</b><br/>What safeguarding will be in place?</p> <p><b>Helen Woodland</b><br/>Challenges are as a result of historical problems, and the future is what we need to focus on in the coming months. You can have a one to one or be part of the other groups, whatever works for you. We need to know your views, no matter how you tell us.</p>  |
| 2.8 | <p><b>Mrs Lodwidge</b><br/>Two different age groups here, will the options still be offered?</p> <p><b>Helen Woodland</b><br/>We know that friendship groups are important and we will try to maintain these. We can't tell you what will happen yet, this is down to the co-production events and that of the Cabinet.</p>   |
| 2.9 | <p><b>Jane Gleeson - Mencap</b><br/>Carers concerns – what reassurances can you give families that the timings of the day services will stay similar?</p> <p><b>Helen Woodland</b><br/>Carers need to be part of the co-productions and families may not want them to stay the same.</p> <p><b>Jane Gleeson – Mencap</b><br/>Will this be facilitated?</p> <p><b>Helen Woodland</b><br/>We can't guarantee that.</p>  |



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| <b>2.10</b> | <p><b>Mrs Lodwidge</b><br/>Why change it?<br/><b>Helen Woodland</b><br/>Because of the financial burdens of an aging population and shrinking budget.</p>   |
| <b>2.11</b> | <p><b>Mrs Bartlett</b><br/>What happened with the Brookside budget?<br/><b>Alison Gilroy</b> – Alison gave a history of Brookside – that money was reinvested to ensure that the service was good enough and partnership working struck with the community association.</p> |
| <b>2.12</b> | <p><b>Mrs Gill</b><br/>What cut backs are we having? Will people stop coming one day a week?<br/><b>Helen Woodland</b><br/>No, this will be based on the eligibility of individuals. SCC has to save £76 million and we are part of that.</p>                               |
| <b>2.13</b> | <p><b>Jane Gleeson – Mencap</b><br/>Explain why it is so expensive.<br/><b>Helen Woodland</b><br/>Adam will explain this and feed it back at a later meeting.</p>   |
| <b>2.14</b> | <p><b>Mrs Lodwidge</b><br/>What is commissioning in layman's terms?<br/><b>Helen Woodland</b><br/>They buy stuff for people to use and they then ensure the quality, which includes quizzing them for safety.</p>   |
| <b>2.15</b> | <p><b>Mrs Donnelly</b><br/>So you won't leave us with the money to manage?<br/><b>Helen Woodland</b><br/>If you don't want to take a personal budget you don't have to, but we need to explain this better.</p>   |
| <b>2.16</b> | <p><b>Jane Gleeson – Mencap</b><br/>Are we looking at the alternatives now?<br/><b>Helen Woodland</b><br/>We are currently building a web based directory which should be available by September.</p>   |

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| 2.17 | <p><b>Mrs Lodwidge</b><br/>What I don't want is this to close and my daughter having nowhere to go.</p> <p><b>Mrs Donnelly</b><br/>I want guidance.</p> <p><b>Helen Woodland</b><br/>History tells us that change is difficult and people will be monitoring this. As carers currently reduce this financial pressure on SCC we must ensure we look at correlation of figures. We can have a look but we need to look at sustainability for the future and whilst it could cost more in the first few years, we need to look at the longer picture.</p>   |
| 2.18 | <p><b>Alison Gilroy</b><br/>SDS has never stood still and we now look after more complex people. We now need to look at skill sets for people in the future so that they would not need a service so much.</p> <p>Looking at younger generation and build on their abilities.</p>   |
| 2.19 | <p><b>Mrs Lodwidge</b><br/>We have had our children all our lives and this is scary. People who are older go to residential care projects once the family become old and this used to be 'normal', I don't want that for my daughter.</p> <p><b>Helen Woodland</b><br/>There is a huge range of people using the services and we need to look at how this can be better delivered.</p> <p><b>Mrs Lodwidge</b><br/>If I gave up Lindsay then it would cost you more. We have created a 'cotton wool' kid and what happens when something happens to me?</p> <p><b>Helen Woodland</b><br/>SCC have not looked at the future planning process before effectively.</p> <p><b>Mrs Lodwidge</b><br/>I don't understand this, why does residential care cost so much?</p> <p><b>Helen Woodland</b><br/>Residential Care cost - £1300 per week, Extra Care £300 per week. This is an evolution of the move from institutional care. This allows us to deliver this in a better way.</p> |
| 2.20 | <p><b>Mrs Gale</b><br/>Vulnerability over the safety of service user once they move. Where does the money come from to ensure the protection of service users?</p> <p><b>Helen Woodland</b><br/>This is already in place. SCC will always be accountable (Helen offered the Voice to be able to vocalise their concerns) and this needs to be built into the plan.</p>  |

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| 2.21 | <p><b>Mrs Lodwidge</b><br/>We don't want it to change.</p> <p><b>Helen Woodland</b><br/>If we want improvements and independence then we have to change.</p> <p><b>Mrs Lodwidge</b><br/>If LL does not want to leave, will it be left open?</p> <p><b>Helen Woodland</b><br/>Councillor Shields will be invited to Freemantle to understand what is at our service. Unless he sees it he will not understand it.</p>   |
| 2.22 | <p><b>Mrs Donnelly</b><br/>Next Tuesday there is a co-production event at the civic centre.</p>  |
| 2.23 | <p><b>Mrs Gill</b><br/>What happens to people at Woodside Lodge?</p> <p><b>Helen Woodland</b><br/>There are places in the city to offer them a different home.</p>   |
| 2.24 | <p><b>Mrs Gill</b><br/>Planning Team came out to look at other options for my daughter to remain at home longer. In the future she will need downstairs living space.</p> <p><b>Helen Woodland</b><br/>I can't comment on what the Planning Team say, any personal comments can be discussed on an individual level.</p> <p><b>Mrs Gill</b><br/>You want to save money and I want to keep my daughter at home, surely that's a saving? Some joint working with Planning will need to be done.</p> <p><b>Helen Woodland</b><br/>There needs to be work completed with the Disability Adaptation Grant, but it may be what you're entitled to, not what you want.</p> <p><b>Mrs Gill</b><br/>If we could keep our child at home with a carer, then we would have that.</p> |
| 2.25 | <p><b>Helen Woodland</b> – discussed the age of population and aging carers.</p>   |
| 2.26 | <p><b>Mrs Donnelly</b><br/>Will there be more care managers?</p> <p><b>Helen Woodland</b><br/>Today we are interviewing for two Learning Disability Care Managers and then we will be fully staffed.</p>   |

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| 2.27 | <p><b>Mrs Lodwidge</b><br/>Do I have a care manager now?</p> <p><b>Helen Woodland</b><br/>No, until the consultation is final, then they should happen.</p>   |
| 2.28 | <p><b>Mrs White</b><br/>How long is the waiting list for the Direct Payments?</p> <p><b>Helen Woodland</b><br/>There is a waiting list for assessments but not Direct Payments.</p> <p><b>Mrs White</b><br/>What about respite?</p> <p><b>Helen Woodland</b><br/>Future options include Shared Lives and Bradbury Service, but other options are out there. Activity holidays. Having a range of options for a range of people. In the main it will cost SCC less money but will offer more choice.</p> <p><b>Mrs White</b><br/>How if you don't have the money?</p> <p><b>Helen Woodland</b><br/>By offering other services.</p> |
| 2.29 | <p><b>Mrs Lodwidge</b><br/>Some of these people can't make their own decisions.</p> <p><b>Helen Woodland</b><br/>This is why we are having co-productions and also these meetings on a monthly basis.</p>   |
| 2.30 | <p><b>Mrs Gill</b><br/>What happens if no money is saved?</p> <p><b>Helen Woodland</b><br/>We need to ensure this happens.</p>  |
| 2.31 | <p><b>Alison Gilroy</b><br/>Staff have been here so long they know the individuals well and that makes the service good and it is important they are involved.</p>  |
| 2.32 | <p><b>Mrs Lodwidge</b><br/>This is Lyndsey's life and work. She loves coming here and will even pretend she is ok when she is ill.</p>  |
| 2.33 | <p><b>Jane Gleeson – Mencap</b><br/>Carers want the simple truth – will this change 100%?</p> <p><b>Helen Woodland</b><br/>No, but looking at the financial constraint it is unlikely to stay the same. Change versus closure, there will be change. If you don't like the option of talking at cabinet then attend co-productions, council events or the consultation events.</p>  |

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|             | <p><b>Jane Gleeson - Mencap</b><br/>Will it make a difference?</p> <p><b>Helen Woodland</b><br/>It is already an agreed format.</p>  |
| <b>2.34</b> | <p><b>Mrs Gale</b><br/>Strong advocacy from the city residents is needed.</p> <p><b>Helen Woodland</b><br/>All the way through we have said that we want to hear your views via email, one to one and telephone calls.</p>                                     |
| <b>2.35</b> | <p><b>Mrs Lodwidge</b><br/>The friends she will lose is my biggest worry.</p> <p><b>Helen Woodland</b><br/>Please attend co-production so you can feedback.</p> <p><b>Mrs Lodwidge</b><br/>It is a prison sentence living with a person with a disability.</p> |
| <b>2.36</b> | <p><b>Helen Woodland</b><br/>Please feel free to attend any of the events so we can help shape future services.</p>  |
|             | <p>Administrative Notes<br/>Owner Author: Ricky Rossiter - Retention period: 3 years from date of this meeting</p>   |

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**DRAFT**

**Sembal House Meeting  
15 September 2014**

**Present:**

|                      |   |
|----------------------|---|
| Richard Barritt      | Solent Mind – <a href="mailto:rbarritt@solentmind.org.uk">rbarritt@solentmind.org.uk</a>                              |
| Christine Penney     | Sembal Service User   |
| Jeff Penney          | Carer   |
| Dot Emery            | Sembal Service User   |
| Jayne Lampard        | Sembal Service User   |
| Tracey Baker         | Sembal Service User   |
| Shalinder Kaur       | Sembal Service User   |
| Jean Doherty         | Sembal Service User   |
| Carol Smith          | Sembal Service User   |
| Janet Tucker         | SCC Day Service   |
| Ernie Upton          | Sembal Service User   |
| Sally Rigby          | Sembal Service User   |
| Becci Dries-Hemmings | SDS Manager, Sembal   |
| Steve Hards          | Assistant Service Development Officer, SCC  |
| Ashley Raynor        | Carers in Southampton –<br><a href="mailto:a.raynor@carersinsouthampton.co.uk">a.raynor@carersinsouthampton.co.uk</a> |
| Andrew Mattack       | Parent of Service User<br><a href="mailto:Andrew.mattack@btinternet.com">Andrew.mattack@btinternet.com</a>            |
| Dave Shields         | Councillor  |
| Ricky Rossiter       | Acting Service Manager  |

| ITEM |  | ACTION |
|------|--|--------|
|      | <u>Agenda</u><br><br>Updates on consultation<br>Summary<br>Co-production work<br>Questions   |        |
| 1.   | <b>Introductions</b>   |        |
| 2.   | <b><u>Discussion, questions and answers</u></b>  |        |
| 2.1  | <b>Question: Tracey Baker</b> - would the council be doing this if it was not a financial reason?<br><br><i>Answer: PJ - yes, because the timing is right.</i><br><br><b>Question: Tracey Baker</b> - why was the meeting arranged |        |

| ITEM |  | ACTION |
|------|--|--------|
| 2.2  | <p>early evening after transport has taken us home?</p> <p><b>Answer: PJ</b> - because it offers more chance for people to attend.</p>   |        |
| 2.3  | <p><b>Question:</b> I find it really irritating the miscommunication and the way Direct Payments are handled and is this being addressed?</p> <p><b>Answer: PJ</b> - yes, we are working with the team of care managers to help them understand better.</p>                            |        |
| 2.4  | <p><u>Comment:</u> - 'Independence takes time and even years'.</p> <p><b>PJ</b> - this is true, but we are not seeing it across all services yet.</p>  |        |
| 2.5  | <p><u>Comment:</u> - 'We are not good at selling ourselves'.</p> <p><b>PJ</b> - you are right, we would be well placed creating Centres of Excellence or Beacons of Care.</p>  |        |
| 2.6  | <p><b>Jeremy Longprice</b> - five co-production workgroups.</p>  |        |
| 2.7  | <p><b>Steve Hards</b> – leading carers group</p> <ul style="list-style-type: none"> <li>- Themes (three carers feed into).</li> <li>- Two way communication is really important.</li> <li>- Limited information ability currently.</li> <li>- Support around change.</li> </ul>        |        |
| 2.8  | <p>Need more carers. SDS managers to support.</p> <p><b>PJ</b> – decision will be made in December and the implementation plan will happen as a transition and not overnight.</p>  |        |
| 2.9  | <p><b>Question to Councillor Shields</b><br/>Why are we going down this process?</p> <p><b>Answer: Councillor Shields</b> - regarding money, we need to do more with less. Growing demand and needs and the standards need to increase. The Care Act helps grow this.</p>              |        |
| 2.10 | <ul style="list-style-type: none"> <li>• Does the service we have meet the needs of the people with the greatest needs?</li> <li>• We are the worse council at delivering Direct Payments bar one.</li> <li>• So, whilst it is not all about the money, it's been a driving</li> </ul> |        |



| ITEM |   | ACTION |
|------|---|--------|
| 2.11 | <p>force.</p> <ul style="list-style-type: none"> <li>• Where has the word choice gone from the local authority vocabulary? We are being forced to do this.</li> <li>• We have issues accepting this and it will make us ill.</li> </ul> <p><i>PJ - choice is all about the reason we are doing this and we need to ensure we are offering this to all the people. But you are right, the options around this service are not offering the choice.</i></p> <p>Comment: Support for housing – carers are supported and it's all dealt with here.</p> <p><i>Jeremy Longprice - you don't need the skills and resources tied to one building and the reason why we are doing co-production is to ensure we gain your trust and you have input into the future of your services.</i></p> |        |
| 2.12 | <p><u>Comment:</u> Since I have become disabled, I have never had to give so much information and this is all to do with trust.</p> <p><i>Becci Dries-Hemmings – this is for the co-production arena, not this one. Raise it there and share your experience.</i></p> <p><i>PJ - we need to ensure you can still maintain your abilities. Becci Dries-Hemmings – and you can be part of that.</i></p>   |        |
| 2.13 | <p><b>Question: Ernie</b> - it is important people understand my communication, how will this happen?</p> <p><i>Answer: Choices Advocacy and individual support from Sembal.</i></p>  |        |
| 2.14 | <p><b>Question:</b> If the decision is made, then can I challenge this?</p> <p><i>Answer: PJ - you could do this by judicial review, but other options are limited.</i></p>   |        |
| 2.15 | <p>The whole system does not work and will end up stripping people of services.</p> <p>'If it is working, leave it alone'.<br/>If it is broke, fix the bit that's not working'.</p> <p><b>Question: Richard Barritt – Solent Mind</b> - Mental Health day service closed three years ago, bar Sembal there is limited options and this is placing increased pressure on</p>   |        |

| ITEM  |  | ACTION |
|---|--|--------|
| <p>2.16</p> <p>2.17</p> <p>2.18</p> <p>2.19</p> <p>2.20</p> <p>2.21</p> <p>2.22</p> | <p>crisis teams, families and individuals. As a result individuals have fallen outside of day services, how will you seek their input?</p> <p><i>Answer: PJ – we can work with Solent Mind to seek their feedback.</i></p> <p><b>Richard Barritt:</b> You can, but they have been beaten back so many times you may struggle.</p> <p>Broader view – finding services that meet people’s needs outside of traditional day services.</p> <p>View outside of the five million pounds saving, for example voluntary groups that have set up from Mental Health Services and with a little SCC input these could flourish. Look more at the wider breadth.</p> <p><i>Councillor Shields – legacy - done well in the past.</i></p> <p>More need – less resource, community development and co-production. Not sure it’s entirely right with Mental Health clients and little post funding after the event, it should be easier once we work together.</p> <p><b>Tracey Baker</b> – physical disability clients, nine out of ten are dual needs.</p> <p><i>Councillor Shields – I have a problem with boxing people into spaces.</i></p> <p><i>Ricky Rossiter - quality versus budgets, not a good comparison.</i></p> <p><i>Councillor Shields – these events are better placed to understand the real problems.</i></p> <p>Southampton Carers – leaflet drop – people appointed not yet in place.</p> <p><i>Ricky Rossiter - Direct Payments offer different ranges of choice that allow you to go outside of the city walls.</i></p> |        |
|   | Owner of these minutes: Ricky Rossiter   |        |

**People Directorate**  
Provider Services - Adults



**Staff Team Meeting with  
Helen Woodland  
17<sup>th</sup> September 2014**

**PRESENT:**

Helen Woodland (HW)  
Ricky Rossiter  
Di Selby (DS) - minutes  
Beccie Dries-Hemmings (BDH)  
Gloria Kilshaw (GK)  
Juliette West (JW)  
Heidi Hunns (HH)  
Mike McQuillan (MM)

**APOLOGIES:**

Karen Robinson (KR)  
Kevin Lancashire (KL)  
Claire Rodgers (CLR) - Reception  
Anna Cooper (AC)

Beccie - explained that Woolston had strong community links and others were in the pipe line. Discussed feedback of the SWOT analysis.

**Positives:-**

- Strong community links.
- Flexible staff team.
- Positive staff team.
- Complex client needs can be accommodated.
- Location of building good with bus links
- Lots of links with external organizations in the private sector and voluntary.
- Service user peer support - very high.
- Employment opportunities coming through.
- Provide out of hour activities.

Community projects – link with the community café – set up stall and helped to run it.

Ageas Bowl – Greg Stuart contacted WCC works for charity who can help with funding to support individuals into voluntary work. i.e. catering workshops, gardening.

They run literacy and numeracy courses which are Level 1 certificated courses. Healthy lifestyles. Also help to move on – employment opportunities – very positive.

Client reviews – recognize care management very stretched but we do/could complete the reviews.

Setting up clear goals and outcomes – prevents stagnation.

Noted 5 clients in residential units but still receiving day service from us.

Helen

Discussion about residential clients and who should provide care/service for them.

Talk about what happens at the end of this process.

Staff at Woolston are in a better position to carry out reviews.

Who do we provide service to?

Community Centres are not going anywhere - trust, consistency - important.

More direct payments – big challenge to staff and carers.

Support brokerage – is this care manager job?

We need to think about structure – social enterprise registered as PA's.

At present can only work with critical or substantial – will get harder and have more complex needs.

Range of options – can't fund raise, cross fund, can't apply for grants.

Don't lose vital and what we do as staff team do well.

Find out what is needed out there.

Big gap in market for employment.

Travel training and independence training.

ACL funding available if not in council.

We have already Strong understanding of skills already that we will need.

Brokerage

Direct payments.

RR would like to see younger day service and older day service.

Care Act coming in April –service user's will have own personal budget. What help and support can we give them?

Next meeting at WCC older carer's are coming too.

Mike – discussion

Re expanding day services i.e. flexible hours – offering evenings and weekends.

To increase hours at Day Centre's – can't do due to high costs.

Always need building bases services but have too many at present – for complex needs.

Trading arm - discussion.

Could maintain service user's that are still here.

Can made profit for service.

Can fund raise.

Unit cost at present is very high.

In future we could run it ourselves.

Sustainability

If you have criteria eligibility you will still receive your service.

Charging policy?

Lost 25 service users but were critical.

To remember we are pioneers of what happens.

Some concerns raised over critical and substantial.

Over a building for one category lose diversity of individuals and natural support.

Assessment, support plan and service.

We are in the right place to carry out assessments.

Essential that Care plans are completed fully/ thoroughly.

Not great at lead their own support but we are as a service.

Helen at Sembal 25.09.2014 for meeting.

We can talk about:-

Trading arm

Social enterprise

Collective

Mutual's

Lacto was under the umbrella of City Council – problem is cost.

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**PEOPLE DIRECTORATE**  
**Personalisation and Safeguarding**

**Consultation concerning the Future of Day Services**

18 August 2014

St Denys Community Centre, Southampton

PRESENT: Cllr Dave Shields, Cabinet Member for Adult Services  
 Helen Woodland, Interim Head of Adult Services  
 Ricky Rossiter, Interim Service Manager  
 Guy Adams, Commissioning  
 Gill Lewis-Lee, Centre Manger  
 Izzie Clayton, Minutes  
 Service Users Families

| ITEM | Questions and Answers  | ACTION |
|------|--|--------|
| Q1.  | <p><b>We are worried about the children and I can't understand why, all of sudden, this has come up. There's no smoke without fire.</b></p> <p>Why are we looking at these services? It is not because the services are poor, we all agree these are excellent services, and we think our staff are excellent. What you tell us is that you really like the staff and your loved ones also really love them. But we have a challenge. The population is getting older and we know that people with severe and complex difficulties are living longer. We know that more people are going to need our services in the future and we will have less and less money to provide these services. We have to look at different ways of delivering equally good services, but the difficult thing is, it will need to change.</p> |        |
| Q2.  | <p><b>What kind of changes, what do you mean by this?</b></p> <p>That is another challenging thing when we are talking about day care services. One of the reasons that we are holding our co-production events that there are a lot of things we can do. It will probably be a mixture of a number of different things. What we want to do is get your input in designing what those services look like. I can't say to you at the moment what they will change to.</p>   |        |

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| Q3. | <p><b>I just heard that it was closing down and I will have to have her home?</b></p> <p>If your loved ones receives a service now and is eligible for a service they will continue to receive a service. How that service looks and where it is based might be different, but they will continue to receive a service.</p>   |  |
| Q4. | <p><b>Our children love their routine and they know the people here and to suddenly be somewhere different with different people. I don't know how it will affect them?</b></p> <p>This feedback is consistent with Adam's experience at the co-production meetings. Everybody we have spoken to, said that their loved ones struggle with change. Change is clearly a big issue. How we change a service is very important. I know that people are concerned, because when we have made changes in the past, we have not done them particularly well. This time we want to make sure that you are fully involved from the word "go". We really want your feedback and input and we want you to come to the co-production events.</p> |  |
| Q5. | <p><b>May I just ask you a question? You spoke about people and their routines. From your experience with your son, do you worry about the Council making changes to the staff that he sees, or the buildings that he goes to, or both of these?</b></p> <p>It's all about routine, he knows everyone here and he comes in and he smiles. But if he was to come in here with strangers I don't know how he would react. He can't talk and I am on my own now. It would be very sad if he couldn't go somewhere he was comfortable and happy.</p>  |  |



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| Q6. | <p><b>If there are to be changes, what will the differences be between now and some place in the future?</b></p> <p>I encourage you to go the co-production events because that is where we talk about the things that we can do differently. One of the things we are talking about, for example, is direct payments. But as Adam has fed back, some people don't want them, while others don't know what they are. We have the job of explaining direct payments and what you can do with them. We will not force you into direct payments.</p> <p>We know that some people want more flexibility in how they access the community. In particular our young people coming through from Children Services. They want more choice on how they spend their day.</p> <p>For example within our day centres we have friendship groups that have common interests. What we can do here is rather than give direct payments to an individual, we can work with a friendship group. It might be that we have a group of people who want to use the money to get a season ticket to go and see Saints. We can support them to do that. So direct payments can be given to an individual or to a group.</p> <p>Going forward there are various possibilities that we need to look into. It is important to know that in Southampton we have 39 providers of day services that are not owned or operated by Southampton Council.</p> <p>Our staff have made some suggestions about how they could organise themselves into a privately operated service which would give them more flexibility and control.</p> |  |
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| Q7. | <p><b>Direct payments were introduced when our son was at Bishopstoke, but we decided not to take that option. Our reason was that if you went into the direct payment system and then found that it was not beneficial, you could not go back into the care system? Also the people who wanted their children to do different courses found that due to cutbacks courses were cancelled. There were also problems arranging specialised transportation. Sometimes the children were stuck at home because the courses were stopped and the transport was hard to arrange.</b></p> <p>You can stop direct payments and go back into core services. That is always an option and we do that quite regularly.</p> <p>With regard to funding for higher education, one of the things we can do if we have a group of people who want to do a specific course is use that money to make sure the college run a dedicated programme. What we want to know from you is the types of things you want to access.</p> <p>At the moment there may not be the courses or activities out there for you and that's where we can help. If you come to me and say we want to do a particular course then our commissioning colleagues can help develop that with you. That is why co-production is so important.</p> <p>There is no difference between direct payment or the normal service in that your Social Worker or Care Manager needs to work with you to produce a support plan. That support plan should set out your needs, including transport options, and how you pay for and access the service. As with any aspect of care, if that breaks down or is not working you need to come back to us so we can help resolve it.</p> |  |
| Q8. | <p><b>I agree with you that young people often don't want to do what older people do.</b></p> <p><b>What will happen to people who are so disabled they are not able to get out to community and access leisure activities? In the day centres different activities are found for them to do?</b></p> <p>When we look at redesigning our system we will always need an element of building based day service for those people with the most severe and complex needs. At the moment we don't have a broad enough range of things for people with severe needs. This is where your feedback is really</p>   |  |

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|             | <p>important. I think that we need different levels of care that can deal with people at the very highest level of need across to those who are fairly able.</p>  |  |
| <p>Q9.</p>  | <p><b>My son is in his 50s. The Education Act came in when he was still of school age. However, he was in a care situation for 10 years, not an education system, he was only cared for. They did not teach him things like toilet training and dressing himself. If the children are taught basic skills they will be more ready to go out and live in the local community. Because my son has been able to learn social skills within this unit, he now goes out with this dad and communicates with the neighbours. This centre helps to teach living skills to people. It offers interaction and they develop communication skills.</b></p> <p>Everything you said is very important. How do we deliver these basic skills, potentially, in a different setting? We know that people who regularly attend a day centre over a long period of time can find it very difficult to change the things they do. We need to consider what those people need and how we can provide that. We are looking at everyone in day services and assessing the individual needs. For some people the change will be easier and for others it will be harder. It's about achieving the maximum independence that an individual can achieve. We are all getting older and we need to look at what needs to put in place. There is a whole system to support our loved ones to be as independent as possible. Our approach may be very different for different people and we accept that, but we have to look at changing our system to support that.</p> |  |
| <p>Q10.</p> | <p><b>These basic skills must stay in place. It's these skills that will get them accepted into local family life. Gaining confidence and learning skills by attending this centre is what he needs.</b></p> <p>I am very inspired by the extent to which your neighbours are now involved in your son's life. I know the support here at the centre has been very important but also the support of yourselves, your neighbours, the community and family. I think we should look at how we can help to improve on what has been achieved and I will take that forward with my colleagues here.</p>  |  |

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| Q11. | <p><b>At present my son gets his transport through our GP what will happen to that? He is not mobile now so he would need transport.</b></p> <p>Transport is an issue that seems to be of concern to a lot of people and we will confirm the situation as we go forward.</p>  |  |
| Q12. | <p><b>If this centre is to close, will other centres be available to go to?</b></p> <p>I am sorry but I can't answer that question yet. We are using this time to think through and design what we are going to deliver in the future. We have not designed the revised service yet.</p>  |  |
| Q13. | <p><b>So this centre is definitely going to close?</b></p> <p>Not necessarily.</p>  |  |
| Q14. | <p><b>I have looked after my sister for 35 years since my mother died, she can't do anything for herself. We do everything for her, she can't even put her slippers on, and she can't do anything for herself. I am asking you, what is going to happen to her?</b></p> <p>At the moment no decisions have been made. I think that as part of the co-production work we are always going to need building based day care. I can't tell you where that will be or who will be able to access the day care. What is really important is that you give us your personal opinion and we get your views into the consultation.</p>   |  |
| Q15. | <p><b>When we had Brookside in Millbrook my sister went to school 5 days a week, then she came here and it went down to one day a week. We couldn't get her in anywhere else. My husband had a serious heart problem in February so they decided to give her another day, Friday. So now she comes here on Tuesday and Friday, she only comes to give me a break, nothing else. I am worried about her and my husband.</b></p> <p>One of the things Adam said was coming through from the feedback is how important the services are to carers, and what the impact would be on carers and we can't ignore that. We are encouraging you to give us all the feedback you can and to get as involved as you can. Carers, to be fair, are telling us different things because you all have different circumstances. Some carers are saying they need more flexibility, some carers are really worried because they don't want changes. We need your personal views so that I can</p> |  |

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|             | <p>feed that in.</p>   |  |
| <p>Q16.</p> | <p><b>We need to save our residential day care. The basic skills they are taught in the centre help them cope in everyday situations and in the long term that will save on residential care costs. These are the sorts of things that are helping us.</b></p> <p>One of the challenges we face at St Denys, for example, is say on a Tuesday we have 20 people come with different needs. Some of them are younger and some are older. We need to focus on those people who will most benefit from those basic skills, we need to use the centre for the people who need it most.</p>   |  |
| <p>Q17.</p> | <p><b>This centre was purpose built and it has a good image. I know that you say it's not closing down and that you haven't made a decision, but if the council decides to close it down that is what they will do. It would cost a lot of money to re-invent these facilities. Why waste the money?</b></p> <p>I understand that there is mistrust of politicians, that we are not the most trustworthy people. We are reviewing the service, no decision has been made yet and we are looking at the options. We are not going to close down this centre. We are looking at the options and considering how to provide the best range of services. You make an excellent point the special design of this building and the amount of thought that has gone into its construction. To re-iterate what Helen said earlier, if people have a need we will ensure that those needs are met even if they are met in a different way than they are at present.</p> |  |
| <p>Q18.</p> | <p><b>Are you saying is that it is not going to close down but you are going to re-invent it?</b></p> <p>I would not use that language. What I am saying is that we are in the process of exploring the options of how we can continue to meet the needs of people. Our biggest challenge isn't the people who are coming through at present. It is how we manage the transition for the people who currently use the services and have done for a number of years.</p> <p>The previous lady speaker made the point that her sister used to come to the centre one day a week and that was increased to two days. As we get older and our loved ones get older, people are going to need to access the service more and more, and at the moment we struggle to meet that</p>   |  |

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|      | growing demand.  |  |
| Q19. | <p><b>We have twin girls who both come to this centre. If they don't come here we will struggle and we will probably end up having nervous breakdowns.</b></p> <p><b>I can't understand why you can't leave things alone. Everybody is happy here, the children love it, the teachers are lovely, and we are all happy. Why can't you just leave things alone? If it's not broken don't try to fix it!</b></p> <p>The problem I have is that every time I go into a centre every parent, relative or loved one tells me the same thing. How do I meet the all these differing needs?</p> |  |
| Q20. | <p><b>Who wants you to meet these needs? Not you? Is it the council that wants you to meet all the needs? Who is pressing the buttons? Who is making you do this? Why has this come up all of a sudden?</b></p> <p>This has not come up all of a sudden. We have an ageing population and more people are coming through our care services. Meanwhile central government is giving us less money each year. We have to provide all kinds of support to more individuals with less money.</p>   |  |
| Q21. | <p><b>We pay for our children to attend this centre.</b></p> <p>A: You make a contribution but that is not the whole cost of attending this centre.</p>  |  |
| Q22. | <p><b>Get rid of the Mayor, we don't think he's worth the expense.</b></p> <p>You need to put that forward as a suggestion. In the next three years the Council has to save £76 million.</p>   |  |

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| <p>Q23.</p> | <p><b>Are you looking at making savings in all departments? Are you looking at the support given to unmarried mothers? It seems to me that these mothers have a wonderful life. I see them sitting around and having coffees all day.</b></p> <p>You need to put that idea forward as a suggestion. We get a lot of really good suggestions. Our staff have suggested taking less sick pay money. We are looking at absolutely everything. £76 million in 3 years is a lot of money to save.</p> <p>There are some good points here and I think it's really important that I listen to your experiences. There are going to be differences of opinion about how much money the Government gives to local councils to support people with care needs, and we have to work within the law. The Government gives us a Grant and this is gradually reducing, meanwhile we are being told by the Government that we have to meet the needs of more people. We have to look at how we can do things differently. That is the reality we are facing. Every part of the care system is under strain including Primary Care, GPs, and Hospitals.</p> |  |
| <p>Q24.</p> | <p><b>Why don't the Government give us the money instead of sending it abroad?</b></p> <p>I cannot answer that.</p>   |  |
| <p>Q25.</p> | <p><b>Surely it would be more expensive if my son was cared for in a care home rather than being cared for at home? Doesn't the Council pay for them in a home?</b></p> <p>One of the things we are looking at is the whole way we support people with learning difficulties in Southampton. We will always need to use some residential care, however, it's not a good model for care. Working with people at a younger age in order to give them basic skills to achieve independence is more easily done if we start at the age of 10 rather than 45. We need a range of options for support for care.</p>   |  |

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| Q26. | <p><b>How long will it take you to sort this out before you can tell us what you are going to do?</b></p> <p>The process is that we have a 90 day period where we run our co-production events and we have our meetings. As we go through this process we will come back and update you. There should not be any shocks or surprises at the end. The next time we meet we will give you an update on the co-production meeting that is being held tomorrow. I have to take everything that you tell me and summarise the information into a report so that our cabinet members can see what you have said to me. Then I will have to make recommendations. We will talk to you about the recommendations before the report is submitted. We are not always going to agree but I will be honest and tell you what I am going to say. The Cabinet Report will go to the Cabinet in December 2014 and based your input and my recommendations the Cabinet will make their decisions. You will only know the outcome on completion of this process, so not before December.</p>  |  |
| Q27. | <p><b>We are talking about an 18% cutback for Care and Respite, are these cutbacks similar to other council departments?</b></p> <p>In some council departments the cutback is greater and in some less. Let me put this into context. We receive a Grant from the Government, less each year as it happens, out of which we have to fund services. About 20% of the cost of our services comes from the council tax. There are some services that have to be ring fenced. For example the Schools Grant goes directly to the schools and we cannot touch it. Similarly with the Housing Revenue Account, this money for council tenants goes into a separate account and cannot be touched.</p> <p>The amount of savings gets focused on those areas where there is discretion. Successive governments have given us reduced amounts of money to meet the same level of statutory service. They expect us to become more efficient. We are getting to the point now where there are not many more efficiencies that can be made in the present structure. The situation will then arise, do we stop providing some services or do we look to provide them in different ways? The discussions that we are having here today are in that area. I do not wish to see services cut, however, I think in order to get the outcomes that we want we will need to change. This means looking at doing things differently. If we had started down this journey a few years ago when the</p> |  |



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|      | <p>budget pressure was not so great things would have been easier. We have no choice now. If we can't deliver our services within the budget, the government will send in people from the Ministry to run the council for you. We are doing our best to protect frontline services to vulnerable people.</p>   |  |
| Q28. | <p><b>I have had a burning ambition all my life to pack a suitcase for my daughters and take them up to No.10 Downing Street, knock on the door and say you there you are, you look after them.</b></p> <p>I was at a Mencap lunch a few days ago and I wonder whether groups like Mencap could help you to get your voices heard and get your points across?</p>  |  |
| Q29. | <p><b>Are you going to continue to provide a service and will it cost money?</b></p> <p>We are not closing the building but how we use it might change. The gentleman over there was talking about an 18% saving, at the moment I do not have a target. I have not been told I have to make a 20% saving which is why we are going through the co-production activity. Until we know what the service looks like I will not know what savings can be made. For some people changing the way they receive services could be more expensive while for others it could be less expensive. We are talking about a lot of people but overall we believe it will reduce our spend.</p> |  |
| Q30. | <p><b>Will they be able to go somewhere similar or do we have to keep them at home?</b></p> <p>I can't answer your question directly because we are relying on you to help design the new service. There will be a service but we do not know what that service will exactly look like at this time.</p>   |  |
| Q31. | <p><b>My sister doesn't cost you a lot. All she does is come here and sit down, she doesn't do anything, and she doesn't cost you anything. And we pay for that.</b></p> <p>What you pay is only a contribution. The cost to my department, whether Sue comes for one day or 5 days is much higher than we ask you to contribute. We have to pay staff wages, pensions and the ongoing running and maintenance of the building. These operational costs compared to the amount I pay for people to access private or independent day services is significantly higher.</p>   |  |

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| Q32. | <p><b>We pay £220 per month regardless. It does not matter if a person is on holiday, or on staff training we pay that no matter what, week, after week, after week.</b></p> <p>The way that our finance colleagues calculated your contribution is an annual average cost. What you are paying is a yearly amount spread over time.</p>   |  |
| Q33. | <p><b>When we downloaded your report it mentioned that: “we might have to go down to a statutory minimum care”.</b></p> <p>I am not sure what document you are referring to. We are trying to avoid cutting our services. My pledge to you is that if your loved one is eligible for a service and is currently receiving a service then they will continue to receive such service. It may be in a different format but we don't want to cut services.</p>  |  |
| Q34. | <p><b>Is that the statutory minimum?</b></p> <p>The figure is somewhere in that report but I am not sure if the figure relates to day care or residential care. There was a reference but we will look back and refer to you again on this point.</p>  |  |
| Q35. | <p><b>In the report there was mention of 15 different charities who looked at private care services. Their main problem was they couldn't afford to run them and had to close centres. If the charities had this problem back in 2012 why hasn't someone in the council already sorted the matter out?</b></p> <p>Again we are not entirely certain what document you are referring to.</p> <p>I am sure there are a lot more reports and I think they illustrate the crisis confronting the care system across the whole country. The Government likes to compare us to other councils that have similar issues so I have been writing to my other council counterparts and other authorities to see what they have been doing. Some of them have gone down this review path a little earlier than us and have gone through it and come out the other side intact but not without some difficulty. We have not been as quick to respond to some of these pressures.</p> <p>Helen only joined us in April 2014 and Alison our new director, who has a good track record of managing change, joined us about a year ago. We wanted to make sure that we had the right people to help us manage this difficult</p> |  |

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|      | change process. Apologies for being later than some others but I think we can learn from them and the difficulties they went through.   |  |
| Q36. | <p><b>I am concerned because not only is the Council dropping care services but also a number of charities are reducing some of their services at the same time.</b></p> <p>Charities get much of their income for running their care services from councils. Most of the adult social care we buy is from independent and voluntary organisations. I think that the main issue concerns residential care. We have a number of charities and providers that provide day services for us. We check that they are able to run the service in line with the amount of money that we are giving them.</p> |  |
|      | I have feedback forms for you to fill in. There are people here who can help you fill in the forms or you can give us your feedback in whichever way is easiest for you. Please get involved in the co-production events and come back to the next meeting. Please tell us know what is most important to you.  |  |
|      | Date of the next meeting: 22 September 2014   |  |

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18/09/2014

Consultation Meeting – Sembal House

15.00

Attendees:

5 people – 3 service users, 2 carers

Q – Will people see the report before it goes to Council?

A – Yes, not much time. We will endeavour to present recommendations at next month's meetings.

Q – Would welcome feedback

A – Themes being fed back today

Q – Choices refused to help me as only deal with LD

A (Ricky) – Met with them today and will visit Sembal to work with other clients. Healthwatch Spectrum CIS MIND alternatives.

Q – I can't write myself

A – One of your carers will be able to write down what you say to ensure that you can respond to the consultation

Q – Politics. People in power won't say what they don't want to be heard in these (coproduction) workshops people don't know what is available. Will you set out the options?

A – We don't want to restrict you

Q – Will you publicise what we don't know what is available?

Q – Are you mapping what else is happening in the **country(?)**

A – Yes, good ideas. Coproduction present ideas and options **do letters(?)**. Suggestions of what we think might work. Focus should be on what we want.

Q – People may not know what's available

A (Adam) – This has come up in the groups. What is available in the community? E.g. photography group. We are talking about how we can get that info to people.

Q – Leisure important but advice and support services e.g. for wheelchair users not known.

A (Adam) – Thinking about the best way of sharing this info.

(Helen) – Good information exchange

Q – Pottery keeps me focused. Helps me manage my (MH) problems.

Q – Support for carers. Very important.

A – Support for carers, quality of home care providers is not in scope of this consultation.

Q – Employment – I have two voluntary jobs. I worked for years in payment ledger office. Very difficult to get paid work.

Q – Valuable work (proof reading) recognised by not paid and charged for meals, £1.50.

A – Need to support people who want to move from voluntary to paid employment and to create new voluntary opportunities.

- I haven't got any questions. Different things services provide e.g. photography Suzanne my key worker has set up a camera club. My photos are on the wall. Beccie, manager, turning photos into canvases. I love it. I had a stroke in June, reduced my abilities but I get good pride in my pictures. Every Friday I am in a choir we do performances. If it wasn't for here, God knows where I would be right now.

- This place enables people to do a little bit of what you enjoy.

- I went to second coproduction event but found it a bit much (because of size of group).

A – Reassurance, smaller groups. Last one Adam's 18 people. Much more manageable.

A – We will update you every time you come back.

Q – Will everyone be assessed again?

A – If decision is made look at individual circumstances to determine what you need and what you get.

Q – I'm scared I will lose the service

A – We will need to make sure you **cooperate(?)** to get the services that you need.

Q – Who will do it?

A – Dedicated SW for Sembal. You can have an advocate there

Q – MIND **could my(?)** key worker be there?

A – Yes we know it's difficult and a change

Q – We don't like change happening constantly

Q – I don't want to go anywhere else

Q – What is the budget for the consultation?

A – No extra budget. Done as part of our jobs. We own the building. Not able to provide refreshments.

Q – When is the next meeting here?

A – Monday 13<sup>th</sup> October 2014. Come back with any questions.

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## Woolston Day Service Consultation Meeting 20 October 2014

**PRESENT:**

|                   |   |
|-------------------|---|
| 11 Family members | Five Shared Lives Carers – two services |
| Steve Hards       | ICU                                     |
| Ricky Rossiter    | Acting Service Manager                  |
| Helen Woodland    | Interim Head of Adult Services          |

| ITEM |   | ACTION |
|------|---|--------|
| 1.   | <b><u>Introductions</u></b>   |        |
| 2.   | <p><b><u>Discussion, questions / answers and comments</u></b></p> <p><b>Question:</b> We have three people living with us who have LD provisions. What other options are there out there, and who funds this?</p> <p><b>Answer:</b> We need to make savings but this is via a different use, and this needs to be done with families and carers. If the council make a change then we would have to reassess.</p> <p>We may need to create new services.</p> <p>A lot of people are telling us that they want employment and friendship.</p> <p>We also know that transitions are difficult for individuals and have to support this.</p> <p><b>Question:</b> Will there be more care managers?</p> <p><b>Answer:</b> No, we have enough people within the council, and we would have the day centre staff and advocates.</p> <p><b>Question:</b> If they are eligible for a service and the service closes, what will happen socially for these individuals?</p> <p><b>Answer:</b> We have heard this loud and clear. We need to ensure there is the trust as currently there is no CQC service and trust is imperative.</p> <p><b>Question:</b> At the last respite meeting, you suggested Centre Parks, but this is not CQC registered?</p> <p><b>Answer:</b> Adults have the right to make choices and sometimes we may not agree with their decisions and SCC needs to get better at this.</p> |        |

| ITEM |  | ACTION |
|------|--|--------|
|      | <p><b>Steve Hards</b> - Spoke to individuals last week about respite and it was suggested that you could use an agency to deliver respite anywhere and then it is regulated.</p> <p><b>Question:</b> What areas do we have to make the money from?<br/> <b>Answer:</b> We do not have a target but SCC have to save £79 million. We currently do not have a figure. We make up 71% of the whole budget, the Childrens Service and Housing pots are ring fenced but the Adults Team is not, so it is likely we will have to make major savings.</p> <p><b>Question:</b> In the report, you have made financial savings.<br/> <b>Answer:</b> These were indicative budget and we cannot at this point identify the total cost.</p> <p><b>Question:</b> Where will the savings come from?<br/> <b>Answer:</b> It is likely the saving will come from staffing costs and buildings cost. We have also moved on from Brookside and we are now looking at a more social enterprise model.</p> <p><b>Question:</b> If people do not know what is coming, how can people ask what they want?<br/> <b>Answer:</b> I take your point; we have not been great at telling people what else is out there.</p> <p><b>Steve Hards</b> – The carers are saying we need services and we need to help them find out how to find this out.</p> <p><b>Helen Woodland</b> – Not everyone has online access and Carers in Southampton are setting up carers’ lunches.</p> <p>I have done a lot of work with the care management team to ensure their knowledge is up to speed.</p> <p><b>Comment from carer:</b> When Prospect closed we lost our transport and there was no real reason why, and there was no contact to go to.<br/> <b>Response:</b> Transport is a big topic and not consistent across the services. We also need to explain to the carers, how we get to this outcome.</p> <p><b>Comment from carer:</b> I have lived here 61 years and you are making money from council tax and then close older people’s services and when they move to other services they are poor.<br/> <b>Response:</b> You can get a breakdown of how the local authority spend money.</p> |        |

| ITEM |   | ACTION |
|------|---|--------|
|      | <p><b>Comment:</b> In the past, there have been limited cuts.<br/> <b>Response:</b> Helen Woodland said this is not true; we have been looking at efficiencies over the last 20 years.</p> <p>There is good care and bad care homes and services across the UK.</p> <p>We have a dedicated team of individuals within the local authority who go out and assess the homes.</p> <p><b>Comment:</b> If the respite service at Kentish Road closes, then Shared Lives will not be able to meet the need.<br/> <b>Response:</b> We have the highest cost per person, per night, and provide the highest number of nights across the country.</p> <p>We have a long way to go.</p> <p>More people need respite.</p> <p><b>Comment:</b> There are times when there is an emergency and respite has to be cancelled.</p> <p><b>Question:</b> I am really happy with my service user's services, can you give me any idea what is coming?<br/> <b>Answer:</b> No, not really, but people are saying friendship groups are really important. We could use the community centre better and the staff are good.</p> <p><b>Question:</b> When you say friendship groups, does that mean evenings?<br/> <b>Answer:</b> Whatever happens with the individuals, there needs to be a review to look at the best option for each person.</p> <p><b>Comment:</b> If my service user does not access here, he would need one to one funding which would be more expensive.<br/> <b>Response:</b> It depends, as some will cost more, and some will cost less. If someone attends here it costs yearly £1,000 per day, a centre will be around £120.</p> <p><b>Question:</b> My daughter loves her day service, but we are getting older, what will happen?<br/> <b>Answer:</b> We have been poor at planning for this and we must get better and plan better.</p> <p><b>Comment:</b> She is 49 and has be disabled since birth and we do not know what will happen when we go, and I would</p> |        |

| ITEM |   | ACTION |
|------|---|--------|
|      | <p>prefer she goes before us.</p> <p><b>Response:</b> This demonstrates how poor the planning has been, but services in the city need to help people receive a seamless service to prevent your daughter feeling isolated.</p> <p><b>Question:</b> Will the local authority look at this?</p> <p><b>Answer:</b> We have to try with the money we have to meet the needs of these individuals.</p> <p>There will be another meeting after the 9 December to give you feedback.</p> |        |
|      | Owner of these minutes: Ricky Rossiter  |        |

DRAFT

**St Denys Day Service Consultation Meeting  
20 October 2014**

**PRESENT:**

|                |                                |
|----------------|--------------------------------|
| Ricky Rossiter | Acting Service Manager         |
| Helen Woodland | Interim Head of Adult Services |
| Gill Lewis-Lee | Operational Manager            |
| Mr Drodge      | Parent                         |
| Mrs Crowin     | Parent                         |

| ITEM |  | ACTION |
|------|--|--------|
| 1.   | <b><u>Introductions</u></b>  |        |
| 2.   | <p><b><u>Discussion, questions / answers and comments</u></b></p> <p><b>Question:</b> What alternatives are there?<br/> <b>Answer:</b> We have been completing co-production workshops, but we are looking towards different things for different people, to widen the scope of option.</p> <p><b>Question:</b> This is a council building – why close it?<br/> <b>Answer:</b> Because we need to look at the services we provide and still find a way of saving £79 million, and we need to ensure we meet the needs of younger generations.</p> <p><b>Comment:</b> Can you not take money from a different pot, for example stop giving young mums’ free housing, which will then save us. I feel like writing to David Cameron.<br/> <b>Response:</b> We can’t move this money, but if you feel like informing the Prime Minister, that is your choice.</p> <p><b>Question:</b> What other services are there?<br/> <b>Answer:</b> We have 39 other day services within the city, but it does not have to be a day centre that direct payments are used for. With a direct payment, you can purchase the services you want.</p> <p><b>Comment:</b> ‘My son is limited in his ability.’<br/> <b>Response:</b> We would need to find services that are of interest and support the transition.<br/> <b>Comment:</b> ‘I dread the thought of him sitting at home all day.’</p> |        |

| ITEM |   | ACTION |
|------|---|--------|
|      | <p><b>Question:</b> Will we lose services like this anymore?<br/> <b>Answer:</b> In the future, we would not need these services.</p> <p><b>Question:</b> Will people lose jobs?<br/> <b>Answer:</b> Nobody will be forced to be made redundant.</p> <p><b>Question:</b> Where can I find out information?<br/> <b>Answer:</b> Internet or our services will provide this.</p> <p><b>Question:</b> When will we close?<br/> <b>Answer:</b> No decision will be made until December, then transition will happen.</p> <p><b>Gill Lewis-Lee – comment:</b> we have done moves like this before.</p> <p><b>Comment:</b> ‘I feel to a certain extent it is a good idea.’</p> <p><b>Mr Drodge - comment:</b> ‘Every time the council do this my son presents with challenging behaviour and wanting constant reassurance. My wife is now ill with pneumonia and if this is because of this consultation. The community centres are not going anywhere, so why close it. Don’t reduce or close our service. Steven likes coming here in the morning, and that is the way we like it. Your changes will affect my whole family, not just Steven. We have looked at direct payments and we feel the services are not there and / or they don’t provide transport.</p> <p>I am 72, and we don’t want the hassle of booking keeping and then SCC will audit them every six months.</p> <p><b>Response:</b> In the past, we have been poor at delivering direct debits payments. Only ten percent of people are audited and we are trying to get prepaid cards to make it easier for people to bookkeep.</p> <p>Some friendship groups could pool these budgets and that way access other services. This will effect benefits.</p> <p><b>Question:</b> Mrs Hobbs is a Hampshire client, why is she not paying?<br/> <b>Answer:</b> It is not a benefit; it is a different type of payment.</p> <p>SCC may have to try and create services that are wanted but not in the way we are now.</p> <p>This is a different process. No one joined the services to close them, but actually, we could end up with better services.</p> |        |

| ITEM |  | ACTION |
|------|--|--------|
|      | <p><b>Mr Drodge – comment:</b> My son is at an age now where he does not want to do horse riding or stuff like that. Steven now has his ipad and this helps him to watch military bands and this is what he enjoys back home, but at the day centre he needs to enjoy what he has.</p> <p>I try to help my son go out, but he is starting to be housebound, as he does not want to go out because of his age and needs. My son used to go to Bishopstoke day service, which had 125 people, but it closed to become a satellite project.</p> <p>This process has been an ongoing evolution from in-patient wards to where we are now.</p> <p>‘I think this is a good idea’ – Mrs Crowin.</p> <p>Transport is a big issue within the city, so we need to drive up the revenue and needs within the city.</p> <p>Part of the plan has to include transport.</p> <p>Streamline are normally responsive but they are struggling at the minute.</p> <p><b>Question:</b> Have you looked at other local authorities and learnt from their mistakes?<br/> <b>Answer:</b> If you look at other local authorities, they have already moved away from this model.</p> <p><b>Question:</b> When after the 9 December will we know?<br/> <b>Answer:</b> We will meet with you to inform you of this as soon as possible, but you can attend the meeting if you choose.</p> <p><b>Question:</b> Will each base have a meeting to inform the base?<br/> <b>Answer:</b> Yes.</p> <p><b>Question:</b> Will there be a gap in provision?<br/> <b>Answer:</b> No, we will ensure it is a consistent service.</p> <p><b>Question:</b> What amount do you think we will save?<br/> <b>Answer:</b> We do not have a target, as people with direct payments will need to be assessed on an individual basis.</p> <p><b>Comment:</b> I have seen figures and they quote savings, where have they come from?<br/> <b>Response:</b> Yes, this was the Pre Budget Report and it is</p> |        |

| ITEM |  | ACTION |
|------|--|--------|
|      | <p>an indicative budget.<br/>           'I think we all know that SCC need to make savings.'</p> <p><b>Question:</b> The Care Act was been brought in in April, how is this going to work if you have to make savings?<br/> <b>Response:</b> It is how you interpret it really, and we have a duty to provide services that meet the eligibility needs and each person's response to the Care Act is very different.</p> |        |
|      | Owner of these minutes: Ricky Rossiter   |        |

DRAFT



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 us 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.



**DRAFT**

## Woolston Day Service House Consultation Meeting 24 September 2014

Two Day Centre Staff

|                |   |
|----------------|---|
| Lyn Hall       | Service User's parent                           |
| Jane Gleeson   | Mencap Representative for Carers in Southampton |
| Steve Hards    | ICU   |
| Ricky Rossiter | Acting Service Manager                          |
| Helen Woodland | Interim Head of Adult Services                  |

| ITEM      |   | ACTION |
|-----------|---|--------|
| <b>1.</b> | <b>Introductions</b>  |        |
| <b>2.</b> | <p><b>Complaint from Mrs Hall</b></p> <p>Mrs Hall's husband received a letter in July. Mrs Hall wrote to Councillor Letts to voice her concern over this. Her husband received another letter on Friday. Mrs Hall felt it was bad manners to ignore responses she had raised. Helen Woodland apologised.</p> <p>Commissioning also sent a letter that had nothing to do with Mrs Hall. Mrs Hall's name was added to the carers' list through co-production. Jane Gleeson requested SCC to be aware of the impact of multiple invites.</p> <p>Mrs Hall said this has an adverse effect on what is happening at home, as well as emotionally. 'We are constrained by being carers'.</p> |        |
| <b>3.</b> | <p><b>Discussion, questions and answers</b></p> <p><b>Jane Gleeson</b> - mental wellbeing will have an impact on carers throughout the process and the timescales we are going through. Helen agreed that no one would deny it is a challenging time and we empathise that it is not easy, but people need to be involved.</p> <p><b>Mrs Hall</b> – felt that the co-productions should not have happened at the same time as the consultation.</p> <p><b>Helen Woodland</b> - we need to present Cabinet with informed options.</p>  |        |

| ITEM |   | ACTION |
|------|---|--------|
|      | <p><b>Mrs Hall</b> – asked if this will this be implemented by April?</p> <p><b>Helen Woodland</b> - confirmed it was not likely, because service users need time for transition.</p> <p><b>Mrs Hall</b> - asked why the reviews had not started yet?</p> <p><b>Helen Woodland</b> - explained it was because we did not want to do this until we understood what the options are.</p> <p><b>Jane Gleeson</b> - suggested an impact assessment should be considered and actioned, and because it has not happened, this has caused concerns.</p> <p><b>Mrs Hall</b> - queried whether Choices Advocacy should be asking questions to our service users in a 2 x 2 hour slot and get an understanding</p> <p><b>Mrs Hall</b> – asked if T45 Reliance is going to be cut? This takes place on Tuesday’s and her daughter is mixing with mainstream people there.</p> <p><b>Helen Woodland</b> - confirmed all day centres, internal and external are being reviewed. Service users are asking for job related support, so we cannot answer what there will be in the future until after the consultation has happened.</p> <p><b>Jane Gleeson</b> - endorsed Mrs Hall’s comments. However you present this situation, people with LD do not have the intellect to understand and it is important they have people around them that know and understand them.</p> <p><b>Helen Woodland</b> – everyone could react differently and that is why we are relying on our staff and families to ensure we give them the best opportunity to feed into this. It has been a difficult balancing act.</p> <p><b>Mrs Hall</b> – commented that it had taken 15 years to get Jenny to a settle as well as she has, and it has lasted six months.</p> <p><b>Helen Woodland</b> - transition is the key to this and if we make changes, we have to do this on an individual basis.</p> <p><b>Mrs Hall</b> - What about the older carers? What support are you offering them? We are now in a position where we have many older carers and we are not looking holistically at their needs and waiting until we are in crisis, which is not a good way of working.<br/>We have some people who have used our services for a</p> |        |

| ITEM |  | ACTION |
|------|--|--------|
|      | <p>number of years and their transition will be very difficult.</p> <p><b>Jane Gleeson</b> – there is a lot of misconception out there from families and this then creates crisis.</p> <p><b>Helen Woodland</b> - we do not make good use of our services, for example Shared Lives and sheltered accommodation. We cannot keep what we have and develop new services.</p> |        |
|      | Owner of these minutes: Ricky Rossiter   |        |

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Future of Day Services Meeting  
25<sup>th</sup> September 2014

Present - Helen Woodland  
Ricky Rossiter  
SDS Freemantle & Nutfield Teams

The meeting started with Alison Gilroy (AG) giving a brief outline of our service & the potential of Nutfield services as a social enterprise.

Christine Crockford outlined ideas of branching out into domiciliary care & advised in the past we have had to turn down requests such as overnight cover, or cooking meals & clients learning skills within their own homes.

Helen woodland (HW) recognised these opportunities, & advised that Southampton City Council has in the past not been proactive with personalisation of clients needs. It would appear Southampton doesn't have a huge market.

HW identified clients with personal budgets wishing to purchase services & maybe use a personal assistant to support them with tasks / activities, find it difficult to find trained staff. There is no register of individuals whom are willing to fulfil this role or a register of skills an individual may have & the support they can offer. It has been identified that clients purchasing this type of service need it to be an individual they trust & have a good rapport with, perhaps someone they have already built up a relationship with & will be constant during the task / activity.

Outcome based services should be on offer i.e. purchase support for a walk in the park, cook a meal, go out for dinner etc. Already supply & demand match up.

AG - outlined the work streams that Nutfield have, People's Gardens, Branching Out, these are already working out in the local community & have customers & links that can be built upon. Alison Welch suggested there is potentially a huge customer base & they are always turning work down. It was outlined contracts can be fulfilled for large organisations i.e. Western Hospital & domestic properties i.e. social housing. This service enables clients to work through the different groups / skills sets building upon skills to hopefully move on to paid employment. It was also

identified that therapeutic gardening fulfils different needs & again requires a different skills set. Clients were recruited for this service by City Limits Employment more able clients due to skills required. Ricky Rossiter (RR) suggested this is an opportunity for supported employment, not a day service & could therefore encompass mental health clients & people from older persons.

The relationship of working with a variety of groups was highlighted by Martin from Wooden reflections, LD clients & mental health clients' work together to make various items that could be sold.

The working relationship of different client groups was also highlighted by Nicki Berry when outlining Otars & the sports provision on offer, with evening & weekend activities and the opportunity to compete at Special Olympics. Nicki outlined that clients with no day service provision buy into sporting activities run on a Tuesday evening.

It was suggested other groups could work along side us. HW suggested statutory services roles are changing & now it's proactive & sustaining & working across the board rather than certain skill sets remaining together.

HW asked if the social enterprises meetings had been useful, feedback was positive & it has given freedom to explore developing the service for the future. It would appear many organisations have tried the LATCO route but these have failed.

Time scales are very tight! If a decision was made on a social enterprise how quickly could this be achieved? HW advised that 73% of SCC budget is sat within the People's directorate, children's & housing services have money which is protected therefore savings have to be made from the Adult social Care Budget.

HW advised day services on offer has to be different than currently being provided. It has to provide services its customers want & that are meeting a need.

Assessment & reviews were seen as a selling point as there are currently 220 clients that we conduct annual reviews for to assist care managers with this process.

Managing direct payments - there is a market for this as a lot of carers do not understand this area fully & potentially a service could be offered to assist with this growing area.

PCP - currently no market to help clients use their money to purchase the support / activities they want. Outside organisation may not have time to really get to know an individual where as we have built up excellent rapport over the years & could provide excellent support for this.

SCC always interested in what is already running within local communities that clients can connect with, using personal budget in a more constructive way.

The Care Act 2014 - ???

SCC cannot change the criteria of clients, can only work with those that have critical & substantive needs. In the future support should be offered at an earlier stage before needs are critical.

**Transitional Services** - not so great, HW suggested a life span service team that support an individual from the age of 14 to ensure transition from children / teenage to adult services goes more smoothly, at present a person loses all their support at 18 & therefore would go into crisis. Direct payments also apply to children. Trying to keep families and individual out of crisis. **This is an opportunity to think about as we move forward.**

**Emergency Care** - could we setup a service to offer support with emergency planning, respite in people's home if an emergency did occur or activity break if a family going through hard times.

RR suggested that Freemantle is a very driven team & is willing to develop & change given the opportunity, and that we need to get feedback from our parents & carers to see what their needs really are.

Think about;

Short term  
Medium term  
Long Term

Gaps in the market then put together a proposal & HW is quite happy to the idea back to the commissioners.

Meeting a need

Short term need - give SCC the budget saving they need

Gain SCC support through the process

Essential to learn more from City Catering find out their financial model, legal model & meet with SCA to see how they run things. SCC has agreed a social enterprise model for city catering & therefore is more willing to accept these proposals.

Identified is a gap in transition planning, parents are paying for services & need to know & understand the direct payments process & perhaps guided through this process. Sam Searle family and his family have had a very positive experience & are happy to share with others their experiences.

Currently day services & P.A services are not regulated. Potentially if P.A service was setup along side a CQC domiciliary care service then could be the market leader.

Freemantle community centre is situated in a good location & on most bus routes. It was also suggested services could pop up with the local community, shop front, café to offer support & advice closer to clients. Also mentioned in the centre of town a social enterprise café has recently opened.

SC suggested a gallery for client's art could be setup to bring in income from painting & picture sales. It was suggested in the future we need to think about income generation as well as meeting customer's needs in a more cost effective way.

Feedback from parents / carers & clients is essential & continue to offer support to carers at these difficult times. HW reminded all that as officers of the council we need to adhere to SCC guidelines. HW will pass on any feedback she receives.

HW outlined the difference between the two processes running at the moment;

Consultation - statutory requirement when a local authority wishes to change services, this gives all involved the opportunity to have their say a report is compiled and recommendations given.

Co-production - these groups continue past the consultation period and are separate to the consultation process. These groups discuss certain aspects.

HW can get support for a social enterprise model to be explored & developed. It was suggested to network & research the following;

Essex local authority - 1<sup>st</sup> local authority to approve a social enterprise  
Sunderland local authority - some services just moved to a LATCO  
Oldham - children services

HW & RR happy to hold further meetings to develop suggestions & ideas.

The meeting closed at 5pm.

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Staff Consultation – St Denys  
Monday 29<sup>th</sup> September @ 4:00

Present

Tremaine Lovell (TL)  
Celia Shotter (CS)  
Suzy Roberts (SR)  
Anju Desai (AD)  
Gill Lewis-Lee (GLL)  
Becky Beusman (BB)  
Richard Bassil (RB)  
Oriana Taylor (OT)

Apologies

Claire Pickering (CP)  
Dave Burrington  
Morna Jones  
Will Goodier  
Mike Hibbert  
Keely Seager  
Martin Veal  
George Grimes  
John Mulford

Visitors

Helen Woodland (HW)  
Ricky Rossiter (RR)

A meeting was arranged so that staff at St Denys could feed their ideas into the consultation Process.

As there were a large number of staff unable to attend so information was collated prior to the meeting.

(SR)

**Perception of quality and safety of service is important to service users and their families /carers: *post Winterbourne and with no inspection framework for day services confidence is key.***

- Involvement Plan proposed some months ago which mapped actions around three key criteria of involvement:
  1. involving service users in decision making
  2. involving service users in planning provision
  3. Involving service users in quality assurance and improvement activities
- PCPs are the hub of our day service programme and review activity and regular reporting of progress and achievement is mapped against individual's day service targets. It would benefit service users if perhaps we had responsibility for ensuring that these reviews involve more people (other professional, other people supporting the service user). This is ideally the role of the care manager but most service users are unallocated unless there are issues. This role would enable us to monitor and plan for all service users: ensuring services continue to meet their needs.

- Parents and carers know us: we would be the ideal service to organise support groups for families and carers.

### **Flexibility to make improvements that meet the needs of service users and their families/carers**

- Flexibility on length of day. Sessional provision (2 or 3 sessions per day: i.e. morning, afternoon and evening) service users attend one, two or three sessions a day as meets their need.
- Flexibility on periods of attendance
  - (provision in college holidays)
  - blocks of provision (i.e. every Monday for four months)
  - Weekends
  - Clubs running once a month activities in the evening.

### **Hub and spoke development**

- We are already a community based provision not a buildings based provision ( in that we are in an open to the public facility, work with other SDS providers as a campus, utilise satellite bases and provide transport to community based activities); but we could promote this hub approach further and link to other day services, other providers, residential etc to widen the offer of activities and make “quorate” groups where individuals with same interests need support to access activities; but groups need to be formed.
- Match funding sessions: we develop sessions and promote them to individuals & groups outside the service (over 60s, specific health groups like stop smoking and diet and exercise groups, adult learners etc). We have experienced staff who could offer activities and we have community venues. “If we build it they will come” approach to creating community activities. This would benefit our service users who would have more opportunities to integrate.
- Co-location of the professionals around the service user. Would provide a one stop shop for service users and their families/carers. As previously mentioned we are the known faces because we operate from a community venue. If other professionals were co-located with us it would lead to improved information sharing and families/carers would have more confidence that they could get to see professionals (like Jigsaw).

### **Education, training and work**

- Need to build relationships with schools and parents/carers from KS4 at least. As it is at this stage in reviews of Statements that young people are set on track for their adult provision. Those of us who have worked in schools and colleges know that colleges promote their courses to parents and, by default, day services is seen as a passive option. We should offer taster days to schools, open days to parents and get our staff to go into schools to run regular sessions with their KS4 and Post 16 groups.



- We could offer preparation for Work courses (passport to work courses). Edexcel offer these and we could look to adult learning for funding. We have teachers on staff.
- We could create a Preparation for volunteering programme that would reflect the Big Society initiatives and provide a stepping stone to work placements. This would need to be a properly constructed course that had volunteering experience built into the programme: it would also be time limited (i.e. one day a week for a year). We could build links with local employers and third sector organisations to enable this provision.
- Develop programmes for service users with mental health and learning disabilities. We have expertise and success in this field. There is a gap in the market for this work and the need for the work which could prevent escalation of need.
- We could develop passport to independence programmes for younger people: to enable people to develop the skills to live as independently as possible. We could work in sessions and offer portage to enable service users to achieve and progress.

(GLL)

- **Transition**

To offer support and brokerage for those leaving school or college.  
 A flexible holiday programme to support families and offer tasters  
 Travel & Transport training.  
 Sign posting to those wanting employment or education.

- Personal Assistance /Support work

Develop a recruitment agency for organisation requiring PA or 1:1 support.  
 Offer apprenticeships schemes to train new staff where there are shortages.

- **Mental Health**

To develop buddying or natural support from clients that require MH support services for Service users with LD.

- Name change from Day services to a community focused image.
- Proactive approach to community groups and other organisations how they can be involved with us.
- To offer a care planning service.

From (CP)

- **Dom Care**  
working with individuals in their home on budgeting, shopping and cooking skills. We've not been able to do so as we're not registered to work in people's homes but this could be a possibility in the future.

Our knowledge of our service users mean that we could provide a brokerage role if people choose to take up direct payments

(TL)

- **Stella Maris**

Stella is a base where SU's that don't access any other Day Service provision can meet and be supported within the community. Offering staff support to access opportunities that they like to do within central Southampton. This helps them live independently.

To Offer a flexible drop in service for those that have a reduction in service offering flexible support.

To act as a drop in base for those having 1:1 offering friendships and social support to service users and support for staff.

To Support access to local facilities for those that do not want a building based service.

Concerns about other providers sitting in café's for hours and not communicating with their 1:1 Service users. Stella works in small groups 1:2 /1:3/1:4 which offers them a mix of social and support.

We have used this to support volunteers who have later developed and moved into support work.

(BB)

- **Youth Group**

We have ran a successful youth group and some individuals have moved into employment or external services or SDS services. This has been good at promoting peoples independence at a young age and helping them make decisions about their future. It also highlighted a number of safeguarding concerns. This was excellent for SU to mix with their own age group and do what young people do , internet , computer games , sport etc.

This provision support parents that were concerned about their young charge mixing with much older people.

(AD)

Asked RR about the loss of jobs and he said there were 197 post at risk.

When Bedford House all were reassessed for C&S category. Would there be any additional staff coming in to assess. RR said that there would be additional staff but we would be included as part of the process as we knew service users.

(HW)

Helen thanked staff for their input and agreed that there were some good ideas and she wasn't saying that we weren't offering a good service, however many of the ideas would cost the SCC more money and we would be recreating what we already have when we should be looking at the provision gaps and offering our services in a different way.

There were plenty of other day service providers in the private sector some offering the same services and that we needed to look at what service they weren't offering e.g. care planning , personal assistants , direct payment support , reviewing.

Social enterprise discussion about options for possible gaps in the market and this is being looked at. RR said that St Denys were in a good position due to the small services that we currently offer.

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30/09/2014  
16.00

## Meeting re. Woodside Lodge

### Attendees:

Helen Woodland  
Paul Juan  
Liz  
Ashleigh  
3 relatives

All forms go into report.

Q – WL is definitely closing. Has a decision been made to close the other two homes? (from member of staff)

A – No decisions have been made. Elected members will make decision. Only WL is subject to consultation, economic climate may ultimately lead to closure of other homes

Q – My dad is here, Alzheimer's. If decision is made to close will he move to GL or HC?

A – not expect anyone at WL to go home. We will manage move in conjunction with you. Review, assessment, process for moving.

Q – Didn't want to happen that my dad is homeless

A – Our duty is to manage the move to meet your dad's and your needs. Depends on market availability

Q –Financial year basis. Can situation continue until home is a quarter full (now half full)

A – Some anxious, requested immediate move. We will manage situation as we go. Not fair to accept new referrals. Some people have requested a move to another care home. We are holding beds there. Cannot guarantee their future.

Q – Every year is a bonus. Often contactable by email only

A – Liz Palmer will arrange for appropriate support. Clear that you are not in the situation on your own.

Q – What instigated the closure of the home?

A – Incidences dementia increasing. Residential care doesn't lead to best outcomes. Supporting living may be better option. Move to residential care – 18/12 live. Other solutions have better outcomes. More people need services

but with less money. Majority of people in private or independent sector. Cost of Council care is significantly more. Invest in broader range of solutions.

Q – Stannah stair lift – one year of life left. Situation care in home impossible to sustain situation. Needs to escalate which means residential care needed.

Q – We are self-funding. If took on more self-funders then subsidise others. Emergency respite led to permanent placement.

A – No reflection on standard of care. Managing market

Q – Quiet this afternoon as I've made my views known. People are panicking. I'm not going tonight with my wife. Safer for her here. Wonderful area. Concerned if we do lose this. If vacancy will the home have the same space to wander around? Some homes have smell

A – We will not contract with homes that do not meet CQC standards. Good standards. Regulate private homes more rigorously through dedicated quality unit.

Q – Worry converted homes stairs. Safe on one level, safe to wander around.

A – Need to be clear individual requirements that's what we would look for.

Q – Terrible thing. Different stages of disease, final stages now. Nothing we can do apart from make them happy.

A – Marie is here from Choices Advocacy – work with residents to understand their needs where they're able to.

Q – Council run, so not profit driven. Private have to make a margin, same happens in schools – supply teacher lower grade teacher. Read horror stories.

A – Regulations given qualification of staff to receive some training. Bad care homes – quality improve or don't contract with them. We can help you with signs to look for to choose right care for right individual.

Q – How often do you inspect?

A – Programme 18 months risk based work on improvements. CQC 2 week notification. (Holcroft just received theirs). All residents placed and funded by Council receive an annual review.

Q – Long time

A – Respond to concerns sooner

Q – Bottom line – Council's do not want to be in this business. Rather than expand, put people in private sector.

A – Is the Council's role to provide services or to coordinate and regulate. Tension between both. More and more Councils are not providing services

Q – New residents, losing (?) way, private sector.

Q – Strange pre-set government putting funding into care. Local gov. blame central gov. nobody is responsible

A – Same under various political administrations. Policy to reduce residential care. Realistically budgets have been cut in real terms. Challenge to use money more efficiently.

Q – Self-funding limited pot of money. If unable to pay would he have to move again?

A – We will find somewhere that we contract with. Capital depleter. We will take on the cost of care. Where people have chosen expensive homes options to pay top up or to move. Depends on financial circumstances.

Q – There's nothing more to add. The consultation goes on and on

Q – Are staff likely to move to the other homes?

A – Not recruiting permanently to any vacancies as they come up. Confident that we will be able to find jobs for people if decision is made to close WL.

16.40h end.

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October 2014

# Pooled budgets and the better care fund

## Guidance

In association with

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This guidance looks at the governance and finance issues underpinning the operation of a pooled budget that CCGs and local authorities need to be discussing now to go live on 1 April 2015

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## Introduction

1. Launched through the Spending Round in June 2013 and highlighted as a key element of public service reform, the better care fund (the fund) has a primary aim to ‘...drive closer integration and improve outcomes for patients and service users and carers<sup>1</sup>’. The fund will be set up as a pooled budget - a type of partnership arrangement whereby NHS organisations and local authorities contribute an agreed level of resource into a single pot (the ‘pooled budget’) that is then used to commission or deliver health and social care services.

2. This guidance looks at the relevant legislation and regulations that underpin the operation of a pooled budget and the governance and finance issues that clinical commissioning groups (CCGs) and local authorities need to be discussing now in order to be ready for ‘go live’ on 1 April 2015. It also considers the accounting arrangements that will apply and need to be thought through in advance of preparing the signed agreement that will underpin the pooled budget.

3. The purpose of this guidance is to provide an overview of the governance and accounting issues associated with the operation of the fund. It is not intended to replace or override statutory guidance, accounting standards or prescribed accounting and governance best practice for both NHS and local authority bodies. It is each body’s responsibility to determine the appropriate governance and accounting treatment for their pooled budget based on their circumstances.

4. This guidance takes account of the information available at the time of writing (September 2014). More detailed guidance will be made available by NHS England over the course of the next few months.

## Relevant legislation and regulations

### Overarching legislation

5. The better care fund operates within the context of existing legislation, the key elements of which are:

- **Section 256 of the NHS Act 2006**, which allows for a transfer of resource between health and local authorities but not a transfer of functions. A contribution is made to support specific local authority services without a delegation of health functions. This power is used at the national level by the Department of Health to transfer funding from the health vote to local authorities, although it is also available to CCGs to transfer funds.

- **Section 75 of the NHS Act 2006**, which allows local authorities and NHS bodies to operate pooled budgets (directly replacing section 31 of the Health Act 1999). This is the legislation that allows the establishment of pooled budgets between NHS bodies and local authorities at a local level (see Appendix 1).

- **Statutory Instrument 2000 617 (SI 2000/617)**, which sets out the regulations governing pooled budget<sup>2</sup> arrangements between NHS bodies and local authorities (see Appendix 1).

- **Section 195 of the Health and Social Care Act 2012**, which requires health and wellbeing boards (HWBs) to ‘encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner’. In particular, HWBs must provide advice, assistance or other support for the purpose of encouraging services to be provided under section 75 of the NHS Act 2006.

6. It should be noted that section 75 is applicable only to prescribed health-related services and prescribed local authority services. It precludes CCGs from delegating any functions relating to family health services, the commissioning of surgery, radiotherapy, termination of pregnancies, endoscopy, the use of Class 4 laser treatments and other invasive treatments and emergency ambulance services. For

local authorities, the services that can be included within section 75 arrangements are broad in scope although detailed exclusions exist. It is therefore imperative to check that services considered for inclusion in the pooled budget can be incorporated legitimately and that no ultra vires spending is incurred.

### Individual funding streams

7. The fund is comprised of a number of existing funding streams (as part of 2014/15 allocations to local authorities and CCGs) with legislation and regulations governing each as follows:

- **Disabilities facilities grant (DFG) – £220m** This is capital money made available to local authorities as part of their allocations to award grants for changes to a person’s home. There is a statutory duty for local housing authorities to provide grants to those who qualify. This part of the fund will be governed by the disabilities facilities grant conditions of grant usage as made by the Department for Communities and Local Government (DCLG) under section 31 of the Local Government Act 2003<sup>3</sup>. Therefore, although officially part of the fund, the money cannot be used for other things and will be paid back out of the fund to the relevant local authorities.

- **Social care capital grant – £134m** This is capital funding made available by the Department to local authorities to support investment in adult social care services via a direct grant allocation from the DCLG. The Department and the DCLG will issue conditions of use of these grants under section 31 of the Local Government Act 2003<sup>4</sup>.

1 NHS England Publications Gateway Ref No. 01977, July 2014

2 The statutory instrument refers to a ‘pooled fund’ as opposed to a ‘pooled budget’; this guidance uses the term ‘pooled budget’ as this is how such arrangements are known

3 See NHS England planning guidance at [tinyurl.com/oe77mhc](http://tinyurl.com/oe77mhc)

4 The conditions of the 2014/15 grants are set out in LASSL(DH)(2014)1 See [tinyurl.com/q7lb28f](http://tinyurl.com/q7lb28f)

*Given that CCGs and local authorities have different statutory bases, it will be for each partner to consider the regulatory impact of the decisions made*

● **Carers' break funding – £130m**

This is funding currently included within CCGs' baseline allocations to support long-term carers. CCGs' general financial duties are set out in sections 223G to K of the NHS Act 2006; section 223GA specifically refers to funding used for integration of health and social care<sup>5</sup>.

● **CCG reablement funding – £300m**

This is funding currently included within CCGs' baselines to support integrated working with local authorities in order to reduce avoidable hospital admissions and facilitate more timely hospital discharges.

● **Funding already transferred by NHS England** to support social care in 2013/14 and 2014/15 (£1.1bn) using section 256 of the NHS Act 2006.

8. To these funding streams will be added existing NHS revenue funding from allocations to CCGs in 2015/16 (amounting to £1.9bn at a national level) to give a total pooled budget of at least £3.8bn from 1 April 2015<sup>6</sup>. Some £135m of this funding is to be used to fund additional costs incurred by local authorities as a result of the new duties imposed by the Care Act 2014. These duties relate to new entitlements for carers, the national minimum eligibility threshold, advocacy services and safeguarding duties.

9. Although the better care fund will operate as a pooled budget, the conditions attached to each funding stream will still have to be met. For example, where funding such as the DFG has been earmarked for a particular purpose, it must be used only for that purpose. This may have implications for the related accounting arrangements.

**Governance arrangements**

10. Although the pooled budget is created from allocations to CCGs and local authorities, the arrangements do not constitute a delegation of statutory responsibilities. These are retained by the CCG governing body and the local authority cabinet/executive.

11. The governance arrangements for

the better care fund will therefore have to meet the requirements of all partners to achieve economy, efficiency and effectiveness in their use of resources<sup>7</sup>. Each partner will also need to satisfy itself that the pooled budget complies with the requirements of its appropriate code of governance<sup>8</sup> and annual governance reporting guidance.

12. Each partner must also satisfy itself that all other regulatory requirements are met – for example, that discrete funding streams are only spent appropriately at a local level. Partners therefore need to make arrangements to ensure that that is happening.

13. Given that CCGs and local authorities have different statutory bases, it will be for each partner to consider the regulatory impact of the decisions made. This is likely to be more onerous for the CCGs in the partnership as they work within a tight regulatory framework: they are required to meet both NHS England and the Department's reporting requirements, and their auditors are required to express an explicit opinion<sup>9</sup> on the regularity of their transactions.

**Operational structures**

14. It is for each local area to determine the operational structure for their local pooled budget. As it has been required to sign off better care fund plans, the HWB provides the means for ongoing oversight.

15. However, consideration needs to be given as to whether the operation of the pooled budget would be more appropriately managed through a formal subcommittee of the HWB – for example, an 'integrated commissioning executive'. If this model is used, the pooled budget agreement could be prepared by the integrated commissioning executive and ratified by the HWB.

16. Below this 'integrated commissioning executive' could sit a delivery team/programme management office focused on operational and financial delivery supported by work

5 Guidance on CCG allocations can be found here: [www.england.nhs.uk/2014/03/27/allocations-tech-guide/](http://www.england.nhs.uk/2014/03/27/allocations-tech-guide/)

6 More money can be pooled locally than the minimum requirement

7 For local authorities, this requirement is set out in section 3 of the *Local Government Act 1999* and for CCGs, section 14Q of the *NHS Act 2006*

8 For local authorities, the CIPFA/SOLACE *Delivering Good Governance in Local Government: Framework and for CCGs*, HM Treasury's *Managing Public Money* and the UK Corporate Governance Code

9 The regularity opinion states whether in the opinion of the auditor transactions included in the financial statements conform, where appropriate, with the legislation that authorises them; regulations issued by a body with the power to do so; Parliamentary authority; and HM Treasury authority

streams for specific schemes and programmes within the pooled budget.

**17.** The precise arrangements are likely to vary, depending on whether the local authority is coterminous with a single CCG or has a number of CCGs operating within its area. However, such a structure would allow adequate focus on the detail of the pooled budget at an appropriate level and representation from all local health and social care partners, both commissioner and provider. This structure would need to be accompanied by formal delegation arrangements to enable decisions to be made at an appropriate level.

**18.** The introduction of the better care fund may also mean significant changes to the agenda for HWBs. Consequently, it may be necessary to revisit the membership and terms of reference of the HWB itself to ensure both are appropriate to support the implementation of the pooled budget from 1 April 2015.

**19.** The governance and financial reporting arrangements will be heavily influenced by the operational structures, so it is important to think through what approach is likely to work best.

### Hosting

**20.** The regulations require that one of the partners is nominated as the host of the pooled budget and this body is then responsible for the budget's overall accounts and audit. The decision as to which partner is to host the pooled budget should be made locally and based on the most appropriate operational requirements. However, the relevant finance department will also need to consider the impact of issues such as:

- **Value Added Tax (VAT)** The arrangements for NHS and local authority bodies are very different. It is expected that further guidance will be issued by NHS England in relation to VAT arrangements.
- **Accounts closedown timetable** NHS bodies are subject to a short

timeframe for the preparation and audit of their accounts, with final completion by early June. Local authorities have longer to prepare their accounts.

- **Ledger arrangements** Local authorities determine their own financial ledger arrangements, whereas CCGs are required to use the Integrated Single Finance Environment (ISFE) operated by NHS Shared Business Services on behalf of NHS England. Consequently, there is little local flexibility for CCGs to determine their own coding structure.
- **Charging arrangements** Local authorities are able to charge for certain services whereas NHS services are free at the point of delivery.

**21.** One issue that partners may wish to consider when determining the operational arrangements is the fact that culturally, NHS bodies and local authorities may be different. Care should be taken not to assume that operational arrangements will work in a particular way.

**22.** The host body will have delegated powers but will need to be able to work within the reporting and management environments of all members of the partnership.

### Signed agreement

**23.** The signed agreement for the pooled budget forms the basis of the governance arrangements and needs to set out clearly and precisely what the overall aims are; who is responsible for what and the associated plans for reporting and accountability. Issues that warrant particular consideration when drawing up the agreement include ensuring that:

- There is a common understanding of the pooled budget's aims.
- Statutory responsibilities of all partners are understood and will be met.
- There is clarity over what is and is not covered by the arrangement.
- Decision-making responsibilities are clear.
- The amount of contribution, both financial and non-financial, will be

*To support the measuring and reporting of performance, it is necessary to identify information that might be required so that it is collected from the outset*

made by each partner is clear, both in terms of amount and the timing of payments.

- The criteria for making payments for performance are determined.

- There is clarity around which organisation manages the pooled budget and who has the power to commit expenditure (including details of approval levels). This should include consideration of the contracting arrangements. For example, when the provider is an NHS body then the standard NHS contract should be used as it meets all contractual requirements, including those of the Commissioning for Quality and Innovation (CQUIN) scheme.

- There is accurate and timely reporting of financial and non-financial information, including the specification of performance metrics, outcome measures, the partner responsible for production and the accompanying deadlines. To that end, the agreement needs to detail the local 'operating rules' for the above in relation to:

- The pooled budget as a whole
- Individual schemes
- In-year reporting of the cumulative/ year to date position
- The year-end forecast
- Cashflows
- The point of recognition for contributions to, expenditure on and subsequent variances in relation to:

- A budget for a whole service where it is part of the better care fund
- Performance-related payments
- Contributions made to larger budgets from the fund, such as in support of nursing or residential homes. For example, if the larger budget overspends, does the fund take a 'hit'?

24. These budgets could be for both revenue and capital expenditure. Where they are for capital expenditure the relevant capital accounting regime must be taken into account.

25. The agreement should be reviewed regularly to ensure that

the arrangement remains relevant to local circumstances and that all those involved are working towards the same goals.

#### **Information requirements**

26. To support the measuring and reporting of performance, it is necessary to consider and identify the information that might be required so that it is collected on a regular basis from the outset. This information will be financial and non-financial in nature and is likely to comprise some or all of the following:

- Total emergency admissions (non-elective admissions, general and acute), which is mandatory as it underpins the single pay for performance metric
- Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
- Delayed transfers of care from hospital per 100,000 population
- Patient/service user experience
- The proportion of people feeling supported to manage their (long-term) condition
- Estimated diagnosis rate for people with dementia
- The proportion of patients with fragility (hip) fractures recovering to their previous levels of mobility/ walking ability at 30/120 days
- Social care-related quality of life
- The proportion of adults in contact with secondary mental health services living independently with or without support
- Carer-reported quality of life
- The proportion of adult social care users who have as much social contact as they would like
- The proportion of adults classified as 'inactive'
- Injuries due to falls in people aged 65 and over
- Locally determined quality metrics as set out in the plan
- Spending versus budget by scheme

and provider for the year and the year to date, available on a monthly basis.

### In-year changes to plans

27. In-year changes to plans must be subject to appropriate authorisation and approval including final sign off by the relevant HWB.

### Financial arrangements (in-year)

28. In-year reporting is governed by the requirements of SI 2000/617 section 7 paragraph 4(b) as follows:

- In-year reporting of the performance of the pooled budget to the parties to the agreement must be undertaken by the host on a quarterly basis.
- The host (through a nominated 'pool manager') must provide quarterly details of income to and expenditure from the pooled budget as well as '...other information by which the partners can monitor the effectiveness of the pooled (budget) arrangements.'

29. In practical terms this means that CCGs and local authorities will need to consider a number of general and specific issues as set out below.

### General considerations

- The role of the HWB and the in-year monitoring and reporting required.
- The level at which financial and non-financial performance metrics will be reported. For instance, where there is an agreement that is co-terminus with a single unitary authority and more than one CCG, it may not be possible for the local authority to report certain metrics at the CCG level. This is more likely to be the case with non-financial metrics such as service user experience, where the local authority may not be able to identify the CCG area where the service user lives. Where it is important that metrics are determined at a level other than the pooled budget level this should be identified at an early stage to ensure the appropriate data can be collected.
- NHS bodies should be mindful of the fact that their financial information will be consolidated nationally.

Experience shows that one barrier to smooth consolidation is different accounting treatments, particularly in relation to accounting on a gross or net basis. The default position in IFRS is gross accounting although there are exceptions. With this in mind, parties should consider maintaining all management accounts on a gross basis as it is easier to produce financial reports on a net basis from gross information than the other way around.

- Parties to the pool will need to appropriately reflect the better care fund in their risk register (associated risks including performance reporting). This should be a requirement of the signed agreement. In the first instance, this should be considered by those charged with governance in the CCG and local authority.
- Consider whether the pooled budget arrangement needs to be reflected in the internal audit programme based on materiality and risk. If those charged with governance consider this to be the case, then plans should be put in place for internal audit review of the pooled budget arrangements on an ongoing basis.
- All parties to the pool will need to discuss with their external auditors<sup>10</sup> the assurances that will be required in order to sign off the year end accounts. This will be a particular issue for those bodies that are not hosting the pool because usually auditors will seek to rely on the work of the host body auditor. This is an efficient arrangement but does require co-operation in advance between auditors to determine the work to be performed and any impact on fees<sup>11</sup>.
- For CCGs, the quality committee may consider the review of the quality of services delivered via the pooled budget.
- The host will be responsible for ensuring that the VAT arrangements are compliant with both NHS and local authority VAT regimes as appropriate.
- The host will be responsible for ensuring that appropriate capital accounting arrangements are applied as required.

10 At this stage, parties to the arrangement must be mindful of the changes to external audit arrangements following the enactment of the *Local Audit and Accountability Act 2014* dissolving the Audit Commission on 31 March 2015

11 Paragraph 5.3.7, *NHS Audit Committee Handbook*, HFMA, 2014

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*Consider the assurances that may be required in order to be able to sign off the relevant accounts*

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**Further considerations for the host**

- Appoint/nominate a pool manager whose role is covered appropriately by standing financial instructions/ prime financial policies and the scheme of delegation.
- Ensure arrangements are in place to deliver the quarterly reporting of:
  - Income
  - Expenditure
  - Performance information as data becomes available (via national and local data collection processes) to ensure that progress is transparent and can be regularly reviewed.
- Ensure the regular and timely receipt of performance reports by the HWB (an example financial summary is shown in Appendix 2).
- Ensure that where elements of the pooled budget are ringfenced for a particular purpose, the necessary supporting information is available to provide assurance that those elements have been used appropriately and to support the accounting arrangement applied.

**Further considerations for other parties to the pool**

- The CCG governing body and the local authority cabinet/executive needs to be familiar with the following:
  - The level of contribution to the pooled budget
  - What has been spent at a point in time
  - What has been delivered
  - How the pooled budget is performing in overall terms.
- Incorporate consideration of the information expected and received into the body's assurance framework.
- Consider where assurances that the information received in relation to the pooled budget is correct and accurate will come from.
- Identify who will review how the pooled budget is performing against planned outcomes, including the process for alerting the CCG governing body and the local authority cabinet/

executive at the first indication that matters are not as they should be.

- Consider what information is required to gain assurance that ringfenced elements of the pooled budget have been spent appropriately.
- Provide right of access to the records of the pooled budget for the auditors of all parties to the pooled budget. This is only to be exercised in exceptional circumstances as auditors will usually seek to rely on the auditor of the host body to maximise efficiency.

**Financial arrangements (year-end)**

**30.** There are various issues relating to the year-end financial processes that parties to a pooled budget need to consider in advance of the year-end itself. Although not an exhaustive list, it is helpful to examine the following:

**General considerations**

- Include in the signed agreement the deadlines as to what must be shared and by when in order to prepare the accounts recognising the difference in NHS and local authority year end reporting requirements.
- The accountable officer/section 151 officer<sup>12</sup> needs to consider the assurances that may be required in order to be able to sign off the relevant accounts that include the transactions relating to the pooled budget arrangement.
- The nature of a pooled budget in accounting terms (see Appendix 3 for more details) – it may be that it is a joint operation in accordance with IFRS 11 but it may be that the substance of the arrangement means it does not meet the standard's criteria for a joint operation. If the arrangement is not a joint operation then its substance should determine the accounting. It may be a lead commissioning or aligned commissioning arrangement.
- The likely impact on the governance statements of the parties to the pooled budget (these will differ depending on whether the organisation is the host or a contributing partner). For CCGs, the exact requirements for the governance statement will be for NHS England to identify. It is expected that CCGs will be

<sup>12</sup> This officer is responsible for ensuring that his or her organisation operates effectively, economically and with probity; makes good use of their resources and keeps proper accounts



required to identify if there have/have not been significant issues relating to the operation of the pooled budget during the period covered by the statement. For example, if the pooled budget overspends during the year, this would be a significant control issue. However, other parts of the governance statement, such as those relating to internal control and risk management frameworks, may need to reference the pooled budget where it is high risk and material in nature.

- While records must be kept on a gross basis at the year end, it is envisaged that there will be one calculation setting out the net balance in the pooled budget and the ownership of this balance. Parties to the better care fund must agree its treatment in advance. CCGs cannot carry forward cash balances nor make payments in advance<sup>13</sup>. Therefore it is important that likely year-end balances are accurately forecast, so that action can be taken if necessary. If the partners envisage any surpluses to be held in the local authority accounts, so that they can be carried forward, the arrangement must be set up in such a way as to allow this to happen while not breaching the regulatory or accounting requirements with which all partners are required to comply.

- All parties will need to agree the information required by NHS bodies to undertake the annual agreement of balances exercise. As pooled budgets are not entities in their own right, no balances or transactions are with the pooled budgets; they are with the parties to the pooled budget. Guidance on 2015/16 agreement of balances will be issued by the Department and NHS England in due course.

- Consider the role of the auditor and the information they require to be able to give their opinion on the financial statements. The auditors of the parties to the pool will usually seek to rely on the host's auditor for this purpose.

#### Further considerations for the host

- **SI 2000/617 paragraph 7(4)** states that the host is responsible for:

- Managing the pooled budget

- Submitting an annual return to the partners about the income of, and expenditure to the pooled budget and any other relevant information.

- **SI 2000/617 paragraph 7(6)** currently requires that the host body arranges for their Audit Commission appointed auditor to certify the pooled budget accounts. It is expected that this requirement will be repealed once the Audit Commission ceases to exist in March 2015. This should be kept under review.

- The host must review other requirements specified in the signed agreement and ensure compliance.

- To meet the requirements in relation to an annual return the host must prepare and publish a full statement of spending, signed by the accountable officer/section 151 officer to provide assurance to all other parties to the pooled budget. This is likely to include:

- Contributions to the pooled budget – cash or kind
- Expenditure from the pooled budget
- The difference
- The treatment of the difference
- Any other agreed information.

- The host should also liaise with other partners to identify if there is any other information they require for their year-end reporting and the corresponding date that it is required in order to meet external reporting deadlines.

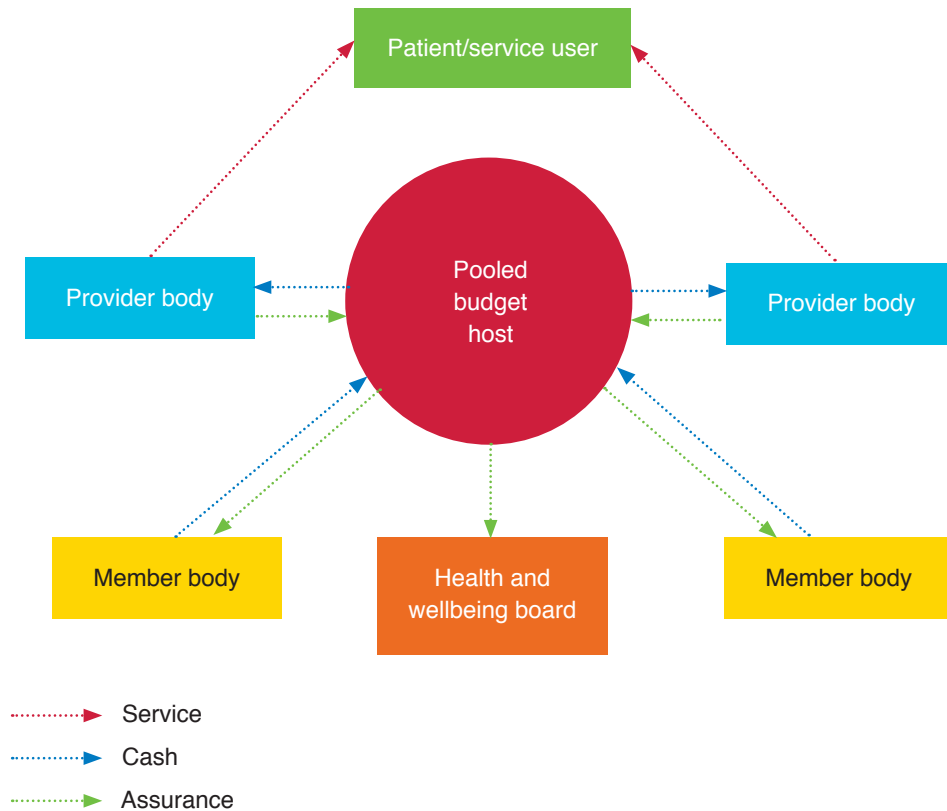
#### Further considerations for other parties to the pool

- Where the better care fund is material (recognising that the pooled budget may be material to some organisations but not others), disclosure in the annual accounts will be necessary and this will be in the format required by the relevant accounting guidance for 2015/16. Partners will need to liaise with the host body to ensure that the relevant information is available in time to meet external reporting deadlines.

- NHS bodies may be required to provide information for consolidation

<sup>13</sup> If the agreement states that any surplus on the pooled budget is held by the local authority at the year end, then CCGs need to satisfy themselves and their auditors that they have not drawn down cash in advance of need

**Which bodies need to provide assurance to whom?**



purposes even where the better care fund is not material to their own accounts. Therefore all CCGs will need to consider what information may be required for consolidation purposes and maintain their records accordingly.

- The signed agreement needs to reflect when the memorandum account will be available to the parties to the arrangement in line with the external reporting deadlines for each body.

**Assurance**

31. The better care fund is a high-profile policy. Key stakeholders include:

- The general public
- CCGs and local authorities, both as statutory organisations reporting to their own governing bodies but also reporting to the HWB
- NHS England and the Local Government Association
- Ministers from the Department and the DLGC

32. In order to demonstrate the appropriate use of public sector money and the extent to which the pooled budget has achieved its aims, it is necessary to identify at an early stage which bodies will need to provide assurance to whom, as suggested in the diagram above.

**Nature and sources of assurance**

33. Those charged with governance in each statutory organisation identified above need to be able to obtain the right information and rely on it. This is particularly important for parties to the pooled budget (other than the host), where key information will come from another organisation.

34. It can be helpful to consider assurances in three broad categories:

- **First line** Management assurance from 'front line' or business operational areas

● **Second line** Oversight of management activity, separate from those responsible for delivery but not independent of the organisation’s management chain – for example, the accountable officer or the section 151 officer

● **Third line** Independent and more objective assurance, including internal audit and from external bodies<sup>14</sup>.

35. The assurances themselves can take a number of forms (for example, outcome data, process data or reports from reviews carried out) and can be derived from sources that are both internal and external to the organisation concerned. These may include some or all of the examples in the table below<sup>15</sup>:

36. The pros and cons associated with internal and external sources of assurance can be found in Appendix 5.

**Underlying data**

37. Those charged with governance will need to assure themselves that the data underpinning the above assurances is robust. This involves looking beyond the messages received, critically reviewing the underlying data and ascertaining the source’s reliability. Any gaps in assurance will need to be identified

and addressed. To that end, the following can be used to evaluate a data source:

- Is the data source valid?
- Is the data complete?
- Is the data up to date?
- Are the messages consistent with other information?
- How is data viewed by the organisation – is it trusted?

**The outcome**

38. Having identified the assurance and its source, and established the reliability of the underlying data, those charged with governance must then consider the results and their implications for the achievement of the pooled budget’s objectives. It can be helpful to consider:

- Whether the overall objective of the pooled budget (or individual scheme if appropriate) is being met
- Whether the main controls are operating as expected
- Any agreed actions for improvement are being implemented.

39. A summary of the essential measures and controls considered as necessary in supporting the successful delivery of the better care fund as set out in this guidance is included as Appendix 4.

**Different forms of assurances**

| Internal sources                                     | External sources  |
|--|---|
| Internal audit (financial and non-financial)         | External audit  |
| National and local metrics*                          | National and local metrics*   |
| Performance reports                                  | External benchmarking (review against local and national peers – as data becomes available) |
| Clinical audit                                       | National and regional audits  |
| Results of internal investigations                   | Peer reviews  |
| Patient/ service user experience surveys and reports | Feedback from service users   |
| NHS contract monitoring information                  | NHS contract monitoring information   |
| Staff satisfaction surveys                           | Feedback from other partners  |
|  | Service auditor report (ISAE 3402)  |



\*Note: the performance of national and local metrics could be internal (for the host) or external (for other parties to the pool)

14 NHS Audit Committee Handbook, HFMA, 2014

15 NHS Audit Committee Handbook, HFMA, 2014

**Appendix 1: Section 75 and the associated regulations (SI 2000/617)**

Section 75 of the NHS Act 2006 allows the secretary of state for health to set out in regulations the arrangements that NHS bodies and local authorities can enter into to exercise their health related functions. Together the section and associated regulations set out the bodies that can enter into such arrangements. As this is the legislation that underpins all pooled budget arrangements it is important to understand what it says. Both the section of the Act and the regulations are copied below<sup>16</sup>.

**Section 75 of the NHS Act 2006: Arrangements between NHS bodies and local authorities**

(1) The secretary of state may by regulations make provision for or in connection with enabling prescribed NHS bodies (on the one hand) and prescribed local authorities (on the other) to enter into prescribed arrangements in relation to the exercise of:

- (a) Prescribed functions of the NHS bodies
- (b) Prescribed health-related functions of the local authorities, if the arrangements are likely to lead to an improvement in the way in which those functions are exercised.

(2) The arrangements that may be prescribed include arrangements:

- (a) For or in connection with the establishment and maintenance of a fund:
  - (i) Which is made up of contributions by one or more NHS bodies and one or more local authorities
  - (ii) Out of which payments may be made towards expenditure incurred in the exercise of both prescribed functions of the NHS body or bodies and prescribed health-related functions of the authority or authorities
- (b) For or in connection with the exercise by an NHS body on behalf of a local authority of prescribed health-related functions of the authority in conjunction with the exercise by the NHS body of prescribed functions of the NHS body
- (c) For or in connection with the exercise by a local authority on behalf of an NHS body of prescribed functions of the NHS body in conjunction with the exercise by the local authority of prescribed health-related functions of the local authority
- (d) As to the provision of staff, goods or services in connection with any arrangements mentioned in paragraph (a), (b) or (c)

- (e) As to the making of payments by a local authority to an NHS body in connection with any arrangements mentioned in paragraph (b)
- (f) As to the making of payments by an NHS body to a local authority in connection with any arrangements mentioned in paragraph (c).

(3) Regulations under this section may make provision:

- (a) As to the cases in which NHS bodies and local authorities may enter into prescribed arrangements
- (b) As to the conditions which must be satisfied in relation to prescribed arrangements (including conditions in relation to consultation)
- (c) For or in connection with requiring the consent of the secretary of state to the operation of prescribed arrangements (including provision in relation to applications for consent, the approval or refusal of such applications and the variation or withdrawal of approval)
- (d) In relation to the duration of prescribed arrangements
- (e) For or in connection with the variation or termination of prescribed arrangements
- (f) As to the responsibility for, and the operation and management of, prescribed arrangements
- (g) As to the sharing of information between NHS bodies and local authorities.

(4) The provision that may be made by virtue of subsection (3)(f) includes provision in relation to:

- (a) The formation and operation of joint committees of NHS bodies and local authorities
- (b) The exercise of functions that are the subject of prescribed arrangements (including provision in relation to the exercise of such functions by joint committees or employees of NHS bodies and local authorities)
- (c) The drawing up and implementation of plans in respect of prescribed arrangements
- (d) The monitoring of prescribed arrangements
- (e) The provision of reports on, and information about, prescribed arrangements
- (f) Complaints and disputes about prescribed arrangements
- (g) Accounts and audit in respect of prescribed arrangements.

(5) Arrangements made by virtue of this section do not affect:

- (a) The liability of NHS bodies for the exercise of any of their functions
- (b) The liability of local authorities for the exercise of any of their functions

<sup>16</sup> Note: the extract from the Act has been taken from [www.legislation.gov.uk/ukpga/2006/41/section/75](http://www.legislation.gov.uk/ukpga/2006/41/section/75) – it may not include all of the most recent changes to legislation

(c) Any power or duty to recover charges in respect of services provided in the exercise of any local authority functions.

(6) The secretary of state may issue guidance to NHS bodies and local authorities in relation to consultation or applications for consent in respect of prescribed arrangements.

(7) The reference in subsection (1) to an improvement in the way in which functions are exercised includes an improvement in the provision to any individuals of any services to which those functions relate.

(8) In this section:

- “health-related functions”, in relation to a local authority, means functions of the authority which, in the opinion of the secretary of state:
  - (a) Have an effect on the health of any individuals
  - (b) Have an effect on, or are affected by, any functions of NHS bodies
  - (c) Are connected with any functions of NHS bodies
- “NHS body” does not include a special health authority.

(9) Schedule 18 makes provision with respect to the transfer of staff in connection with arrangements made by virtue of this section.

The regulations that govern pooled budgets are SI 2000/617. This SI has been amended over the years by other legislation; this version includes all of the changes, as set out on the government website<sup>17</sup>.

**2000 No. 617  
NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000**

*Made: 10 March 2000  
Laid before parliament: 10 March 2000  
Coming into force: 1 April 2000*

The secretary of state for health, in exercise of the powers conferred upon him by section 126(4) of the *National Health Service Act 1977*<sup>18</sup> and section 31 of the *Health Act 1999*<sup>19</sup> and all other powers enabling him in that behalf hereby makes the following regulations:

**Citation, commencement and extent**

1. (1) These regulations may be cited as the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 and shall come into force on 1 April 2000.
- (2) These regulations extend to England only<sup>20</sup>.

**Interpretation**

2. (1) In these regulations:

- “the Act” means the *Health Act 1999*
- “the 1948 Act” means *National Assistance Act 1948*
- “the 1983 Act” means the *Health and Social Services and Social Security Adjudications Act 1983*
- “the 2006 Act” means the *National Health Service Act 2006*
- “the Board” means the National Health Service Commissioning Board
- “health-related functions” means the functions of local authorities prescribed under regulation 6
- “local authority” means a body to which regulation 3(2) applies
- “NHS body” means a body to which regulation 3(1) applies
- “NHS contract” has the meaning given in section 9 of the 2006 Act<sup>21</sup>
- “NHS functions” means the functions of NHS bodies prescribed under regulation 5
- “partners”, in relation to partnership arrangements, means one or more NHS bodies and one or more local authorities
- “partnership arrangements” means arrangements prescribed under regulations 7, 8 and 9.

(2) In these regulations, unless the context otherwise requires, any reference to a numbered regulation is a reference to the regulation bearing that number in these regulations, and any reference to a numbered paragraph is a reference to a paragraph bearing that number in that regulation.

**Prescribed NHS bodies and local authorities**

3. (1) The NHS bodies prescribed for the purposes of section 31 of the Act are:
  - (c) An NHS trust<sup>22</sup>
  - (d) An NHS foundation trust

17 [www.legislation.gov.uk/changes/affected/ukxi/2000/617](http://www.legislation.gov.uk/changes/affected/ukxi/2000/617)

18 1977 (c. 49); section 126(4) is applied by virtue of section 62(4) of the *Health Act 1999* and was amended by the *National Health Service and Community Care Act 1990* (c. 19), section 65(2) and the *Health Act 1999*, Schedule 4, paragraph 37(5)

19 1999 (c. 8); see section 31(8) for the definition of “prescribed”

20 The functions of the secretary of state under section 3(1) are, so far as exercisable in relation to Wales, transferred to the National Assembly for Wales by the National Assembly for Wales (Transfer of Functions) Order 1999 SI 1999/672 as amended by section 66(4) and (5), *Health Act 1999*

21 Section 9 was amended by the 2008 Act, Schedule 5, paragraph 82 and by the 2012 Act, Schedule 4, paragraph 6, Schedule 7, paragraph 18, Schedule 14, paragraph 4, Schedule 17, paragraph 10(2), Schedule 19, paragraph 9(2), and Schedule 21, paragraph 6

22 See section 5 of the *National Health Service and Community Care Act 1990* as amended by paragraph 69 of Schedule 1 to the *Health Authorities Act 1995* and section 13(1) of the *Health Act 1999*

- (e) A clinical commissioning group
- (f) The Board.

(2) The local authorities prescribed for the purposes of section 31 of the Act are:

- (a) A district council
- (b) A county council
- (c) A county borough council
- (d) A London borough council
- (e) The Common Council of the City of London
- (f) The Council of the Isles of Scilly.

### Partnership arrangements between NHS bodies and local authorities

4. (1) Subject to paragraphs (2) and (3), the partners may enter into any partnership arrangements in relation to the exercise of any:

- (a) NHS functions
- (b) Health-related functions, if the partnership arrangements are likely to lead to an improvement in the way in which those functions are exercised.

(2) Subject to paragraph (2A), the partners may not enter into any partnership arrangements unless they have consulted jointly such persons as appear to them to be affected by such arrangements.

(2A) Paragraph (2) does not apply where the partnership arrangements have been consulted

23 2005 c.9. Schedule A1 was inserted into the *Mental Capacity Act* by Schedule 7 of the *Mental Health Act 2007* (c.12)

24 1970 (c. 42); Schedule 1 was amended (by repeal, substitution, or insertion of entries) by the following: section 78 of, and Schedule 7 to, the *Charities Act 1992* (c. 42); section 78 of, and Schedules 2 and 3 to, the *Public Health (Control of Disease) Act 1984* (c. 22); the *Statute Law (Repeals) Act 1978* (c. 45); the *Statute Law (Repeals) Act 1993* (c. 50); section 73(3) of, and Schedule 4 to, the *Adoption Act 1976* (c. 36); section 57 of, and Schedule 5 to, the *National Health Service Reorganisation Act 1973* (c. 32); section 148 of, and Schedule 4 to, the *Mental Health Act 1983* (c. 20); section 108(5) of, and Schedules 13 and 15 to, the *Children Act 1989* (c. 41); section 89(2) of, and Schedules 2 and 3 to, the *Domestic Proceedings and Magistrates' Courts Act 1978* (c. 22); section 127(1) of, and Schedule 3 to, the *Mental Health (Scotland) Act 1984* (c. 36); section 54 of, and Schedules 2 and 3 to, the *Matrimonial Causes Act 1973* (c. 18); section 35(2) and (3) of, and Schedules 7 and 8 to, the *Supplementary Benefits Act 1976* (c. 71); section 129 of, and Schedule 16 to, the *National Health Service Act 1977* (c. 49); section 66(1) of, and Schedule 9 to, the *National Health Service and Community Care Act 1990* (c. 19); section 20(1) of, and Schedule 4 to, the *Social Security Act 1980* (c. 30); sections 3 and 4 of, and Schedules 1 and 2 to, the *Housing (Consequential Provisions) Act 1985* (c. 71); section 57 of, and Schedule 1 to, the *Registered Homes Act 1984* (c. 23); section 216(3) of, and Schedule 17 to, the *Housing Act 1996* (c. 52); section 582(1) and (2) of, and Schedules 37 and 38 to, the *Education Act 1996* (c. 56); section 1(7) of the *Carers (Recognition and Services) Act 1995* (c. 12); section 3(1) and (3) of the *Community Care (Direct Payments) Act 1996* (c. 30); and section 15(1) of, and Schedule 2 to, the *Adoption (Intercountry Aspects) Act 1999* (c. 18)

25 1948 (c. 29)

upon pursuant to section 77(1A)(b) of the 2006 Act and regulation 4 of the *NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012* (consultation requirements).

### Functions of NHS bodies

5. The NHS functions are:

- (a) The functions of arranging for the provision of services under sections 3, 3A and 3B of, and paragraphs 9 to 11 of Schedule 1, to the 2006 Act, including rehabilitation services and services intended to avoid admission to hospital but excluding surgery, radiotherapy, termination of pregnancies, endoscopy, the use of Class 4 laser treatments and other invasive treatments and emergency ambulance services
  - (aa) The functions of providing the services referred to in paragraph (a), pursuant to arrangements made by a clinical commissioning group or the Board
  - (b) The functions of arranging for the provision of services under section 117 of the *Mental Health Act 1983*
    - (ba) The functions of providing services referred to in paragraph (b) pursuant to arrangements made by a clinical commissioning group or the Board
    - (bb) The functions of making direct payments under:
      - (i) Section 12A(1) of the *National Health Service Act 2006* (direct payments for health care)
      - (ii) The National Health Service (Direct Payments) Regulations 2013
  - (bc) The function of arranging the provision of Healthy Start vitamins under regulation 8A of the *Healthy Start Scheme and Welfare Foods (Amendment) Regulations 2005*
  - (c) The functions under Schedule A1 of the *Mental Capacity Act 2005*<sup>23</sup>.

### Health-related functions of local authorities

6. The health-related functions are:

- (a) Subject to sub-paragraph (k), the functions specified in Schedule 1 to the *Local Authority Social Services Act 1970*<sup>24</sup> except for functions under:
  - (i) Sections 22, 23(3), 26(2) to (4), 43, 45 and 49 of the 1948 Act<sup>25</sup>
  - (ii) Section 6 of the *Local Authority Social Services Act 1970*
  - (iii) Sections 1 and 2 of section 3 of the *Adoption and Children Act 2002*
  - (iv) Sections 114 and 115 of the *Mental Health Act 1983*

- (iva) Subject to sub-paragraph (1), section 17 of the 1983 Act
- (vi) Parts VII to IX and section 86 of the *Children Act 1989*<sup>26</sup>
- (aa) The function of providing Healthy Start vitamins under regulation 8A of the Healthy Start Scheme and Welfare Foods (Amendment) Regulations 2005
- (b) The functions under sections 7 or 8 of the *Disabled Persons (Services, Consultation and Representation) Act 1986*
- (c) The functions of providing or securing provision of recreational facilities under section 19 of the *Local Government (Miscellaneous Provisions) Act 1976*<sup>27</sup>
- (d) The functions of local authorities under the Education Acts as defined in section 578 of the *Education Act 1996*<sup>28</sup>
- (e) The functions of local housing authorities under Part I of the *Housing Grants, Construction and Regeneration Act 1996*<sup>29</sup> and under Parts VI and VII of the *Housing Act 1996*<sup>30</sup>
- (f) The functions of local authorities under section 126 of the *Housing Grants, Construction and Regeneration Act 1996*
- (g) The functions of waste collection or waste disposal under the *Environmental Protection Act 1990*<sup>31</sup>
- (h) The functions of providing environmental health services under sections 180 and 181 of the *Local Government Act 1972*<sup>32</sup>
- (i) The functions of local highway authorities under the *Highways Act 1980*<sup>33</sup> and section 39 of the *Road Traffic Act 1988*<sup>34</sup>
- (j) The functions under section 63 (passenger transport) and section 93 (travel concession schemes) of the *Transport Act 1985*<sup>35</sup>
- (k) Where partners enter into arrangements under regulation 7(1) or 8(1) in respect of the provision of accommodation under sections 21 or 26 of the 1948 Act, the function of charging for that accommodation under section 22, 23(2) or 26 of that Act or
- (l) Where partners enter into arrangements under regulation 7(1) or 8(1) in respect of the provision of a service under any enactment mentioned in section 17(2)(a) to (c) of the 1983 Act, the function of charging for that service under that section
- (m) The functions of local authorities under or by virtue of sections 2B or 6C(1) of, or Schedule 1 to, the 2006 Act.

**Pooled fund arrangements**

7. (1) Subject to the following provisions of this regulation, the partners may enter into arrangements for or in connection with the establishment and maintenance of a fund (“pooled fund arrangements”), which is made up of contributions by the partners and out of which payments may be made towards expenditure

incurred in the exercise of any NHS functions or health-related functions.

- (2) A partner which is an NHS trust may not enter into pooled fund arrangements with a partner which is a local authority unless it obtains the consent of each clinical commissioning group with which it has an NHS contract for the provision of services for persons in respect of whom the functions which are the subject of the pooled fund arrangements may be exercised.
- (3) Where the partners have decided to enter into pooled fund arrangements the agreement must be in writing and must specify:
  - (a) The agreed aims and outcomes of the pooled fund arrangements
  - (b) The contributions to be made to the pooled fund by each of the partners and how those contributions may be varied
  - (c) Both the NHS functions and the health-related functions the exercise of which are the subject of the arrangements
  - (d) The persons in respect of whom and the kinds of services in respect of which the functions referred to sub-paragraph (c) may be exercised
  - (e) The staff, goods, services or accommodation to be provided by the partners in connection with the arrangements
  - (f) The duration of the arrangements and provision for the review or variation or termination of the arrangements
  - (g) How the pooled fund is to be managed and monitored, including which body or authority is to be the host partner in accordance with paragraph (4).
- (4) The partners shall agree that one of them (“the host partner”) will be responsible for the accounts and audit of the pooled fund arrangements and the host partner shall appoint an officer of theirs (“the pool manager”) to be responsible for:
  - (a) Managing the pooled fund on their behalf
  - (b) Submitting to the partners’ quarterly reports, and an annual return, about the income of, and expenditure from, the pooled fund and other information by which the partners can monitor the effectiveness of the pooled fund arrangements.
- (5) The partners may agree that an officer of either may exercise the NHS functions and

26 1989 (c. 41)  
 27 1976 (c. 57)  
 28 1996 (c. 56)  
 29 1996 (c. 53)  
 30 1996 (c. 52)  
 31 1990 (c. 43)  
 32 1972 (c. 70)  
 33 1980 (c. 66)  
 34 1988 (c. 52)  
 35 1985 (c. 67)

health-related functions which are the subject of the pooled fund arrangements.

- (6) The host partner shall arrange for the audit of the accounts of the pooled fund arrangements and shall require the Audit Commission to make arrangements to certify an annual return of those accounts under section 28(1)(d) of the *Audit Commission Act 1998*<sup>86</sup>.

### Exercise of functions by NHS body

8. (1) Subject to the following provisions of this regulation, the partners may enter into arrangements for the exercise by NHS bodies of health-related functions in conjunction with the exercise by such bodies of their NHS functions.
- (2) Where the partners have decided to enter into arrangements under paragraph (1) the agreement must be in writing and must specify:
- The agreed aims and outcomes of the arrangements
  - The payments to be made by local authorities to the NHS bodies and how those payments may be varied
  - The health-related functions and NHS functions the exercise of which are the subject of the arrangements
  - The persons in respect of whom and the kinds of services in respect of which the functions referred to in sub-paragraph (c) may be exercised
  - The staff, goods, services or accommodation to be provided by the partners in connection with the arrangements
  - The duration of the arrangements and provision for the review or variation or termination of the arrangements
  - The arrangements in place for monitoring the exercise by the NHS bodies of the functions referred to in sub-paragraph (c)
  - In the case of the exercise of functions mentioned in regulation 6(k) or (l), the arrangements in place for determining the services in respect of which a user may be charged and for informing users about such charges
  - The arrangements in place for the sharing of information between NHS bodies and local authorities.
- (3) The NHS bodies shall report to the local authorities, both quarterly and annually, on the exercise of the health-related functions which are the subject of the arrangements.

### Exercise of functions by local authorities

9. (1) Subject to the following provisions of this regulation, the partners may enter into arrangements for the exercise by local authorities of NHS functions in conjunction with the exercise by such authorities of their health-related functions.
- (2) A partner which is an NHS trust may not enter into arrangements under paragraph (1) unless it obtains the consent of each clinical commissioning group with which the trust has an NHS contract for the provision of services for persons in respect of whom the functions which are the subject of the arrangements may be exercised.
- (3) Where the partners have decided to enter into arrangements under paragraph (1) the agreement must be in writing and must specify:
- The agreed aims and outcomes of the arrangements
  - The payments to be made by the NHS bodies to the local authorities and how those payments may be varied
  - The NHS functions and the health-related functions the exercise of which are the subject of the arrangements
  - The persons in respect of whom and the kinds of services in respect of which the functions referred to in sub-paragraph (c) may be exercised
  - The staff, goods, services or accommodation to be provided by the partners in connection with the arrangements
  - The duration of the arrangements and provision for the review or variation or termination of the arrangements
  - The arrangements in place for monitoring the exercise by the local authorities of the functions referred to in sub-paragraph (c)
  - In the case of the exercise of functions mentioned in regulation 6(k) or (l), the arrangements in place for determining the services in respect of which a user may be charged and for informing users about such charges
  - The arrangements in place for the sharing of information between NHS bodies and local authorities.
- (4) The local authorities shall report to the NHS bodies, both quarterly and annually, on the exercise of the NHS functions which are the subject of the arrangements.



**Supplementary**

- 10. (1) In connection with any partnership arrangements a partner may agree to provide staff, goods, services or accommodation to another partner.
- (2) Partners may form a joint committee to take responsibility for the management of partnership arrangements including monitoring the arrangements and receiving reports and information on the operation of the arrangements.
- (2A) Where a local authority in England is operating executive arrangements, a joint committee formed under paragraph (2) may include any person who is a member of that authority whether or not he is also a member of the executive of that authority.
- (3) Without prejudice to any complaints procedures under the *Hospital Complaints Procedures Act 1985*<sup>37</sup> or under section 7B of the *Local Authorities Social Services Act 1970* or otherwise, where partners have formed a joint committee under paragraph (2) in respect of partnership arrangements they may agree that a sub-committee, or a member of the joint committee, may consider complaints about the partnership arrangements if the complaints are made by or on behalf of users of services provided under the partnership arrangements.
- (4) In paragraph (2A), “executive” and “executive arrangements” have the same meaning as in Part II of the *Local Government Act 2000*.

*Signed by authority of the secretary of state for health  
Gisela Stuart, parliamentary under secretary of state  
10 March 2000, Department of Health*

**Explanatory note (not part of the regulations)**

These regulations make provision for certain NHS bodies and local authorities to enter into arrangements (“partnership arrangements”) for specified functions.

**Regulation 3** prescribes the NHS bodies and local authorities (“the partners”) which may enter into the arrangements.

**Regulation 4** sets out the conditions which must be satisfied before the partners may enter the partnership arrangements.

**Regulations 5 and 6** prescribe the NHS functions and local authority functions which may be the subject of partnership arrangements.

The regulations also define the nature of the partnership

arrangements. They provide for the establishment of a fund made up of contributions from the partners, out of which payments may be made towards expenditure incurred in the exercise of their functions, for the exercise by NHS bodies of local authority functions, and require the partners to set out the terms of the arrangements in writing (regulations 7, 8 and 9).

**Regulation 10** makes supplementary provisions.

**Explanatory note for SI 2003/629**

These regulations further amend the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2001 (“the principal regulations”). These make provision for certain NHS bodies and local authorities to enter into specified arrangements (partnership arrangements) in relation to specified functions.

**Regulation 3** adds the Council of the Isles of Scilly to the list of local authorities who can enter into partnership arrangements.

**Regulation 4** disapplies the consultation requirement in regulation 2 of the principal regulations in respect of partnership arrangements entered into where those arrangements have been consulted upon in connection with an application for care trust designation pursuant to section 45 of the *Health and Social Care Act 2001*.

**Regulation 5** makes amendments to regulation 6 of the principal regulations. The amendments relate to charging for community care services. In particular it adds section 17 of the *Health and Social Services and Social Security Adjudications Act 1983* to the list of functions which, generally, cannot be the subject of partnership arrangements. It also adds sub-paragraphs (k) and (l) to regulation 6 of the principal regulations which enable the specified functions to be part of partnership arrangements provided the function to which the charging function relates also forms part of those partnership arrangements.

**Regulations 6 and 7** make amendments to regulations 8 and 9 of the principal regulations so that, where the partnership arrangements include charging functions, the partnership agreement must specify what arrangements are in place for determining the services in respect of which a user may be charged and for informing those users about such charges.

37 1985 (c. 42)

**Footnote to para 21 of SI 2010/1000**  
SI 2000/617 (“the 2000 regulations”). Following the consolidation of enactments relating to the health service by the *National Health Service Act 2006* (c. 41), the 2000 regulations have effect as if made under section 75 of that Act, by virtue of paragraph 1 of Part 1 of Schedule 2 to the *National Health Service (Consequential Provisions) Act 2006* (c. 43)

**Appendix 2: Example financial summary**

| <b>Service area</b>                           | Plan value (£) | Year to date actual expenditure (£) | Forecast Oct-Dec expenditure (£) | Forecast Jan-Mar expenditure (£) | Forecast outturn expenditure (£) |
|---|----------------|-------------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Community, equipment and adaptations          | £              |                                     | £                                |                                  |                                  |
| Telecare                                      |                |                                     |                                  |                                  |                                  |
| Integrated crisis and rapid response services |                |                                     |                                  |                                  |                                  |
| Maintaining eligibility criteria              |                |                                     |                                  |                                  |                                  |
| Reablement services                           |                |                                     |                                  |                                  |                                  |
| Bed-based intermediate care services          |                |                                     |                                  |                                  |                                  |
| Early supported hospital discharge schemes    |                |                                     |                                  |                                  |                                  |
| Mental health services                        |                |                                     |                                  |                                  |                                  |
| Housing projects                              |                |                                     |                                  |                                  |                                  |
| Employment support                            |                |                                     |                                  |                                  |                                  |
| Learning disabilities service                 |                |                                     |                                  |                                  |                                  |
| Dementia services                             |                |                                     |                                  |                                  |                                  |
| Support to primary care                       |                |                                     |                                  |                                  |                                  |
| Integrated assessments                        |                |                                     |                                  |                                  |                                  |
| Integrated records or IT                      |                |                                     |                                  |                                  |                                  |
| Joint health and care teams/working           |                |                                     |                                  |                                  |                                  |
| Other preventative services (please specify)  |                |                                     |                                  |                                  |                                  |
| Other social care (please specify)            |                |                                     |                                  |                                  |                                  |
| Other intermediate care (please specify)      |                |                                     |                                  |                                  |                                  |
| <b>Overall totals</b>                         |                |                                     |                                  |                                  |                                  |

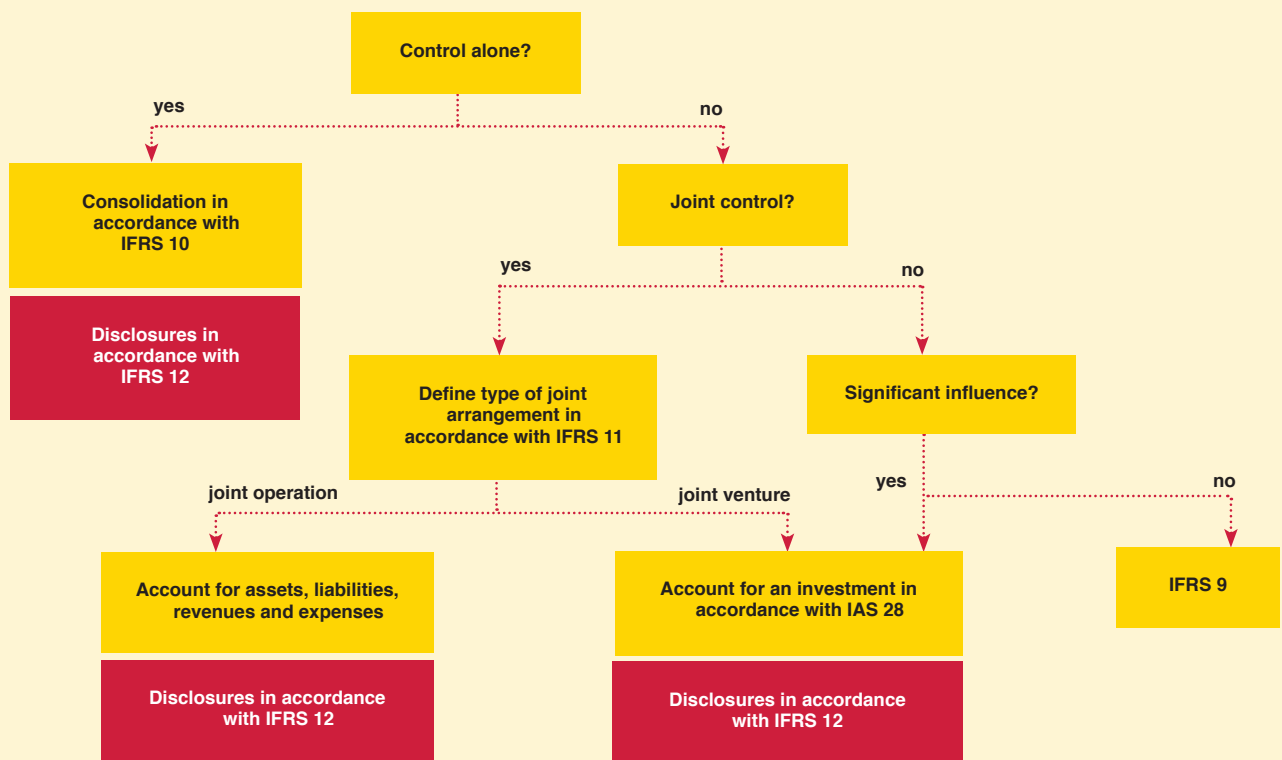
### Appendix 3: Accounting for a pooled budget

The accounting standards that apply to pooled budgets are new and revised and effective from 1 April 2014:

- IAS 28 *Investments in Associates and Joint Arrangements*
- IFRS 10 *Consolidated financial statements*
- IFRS 11 *Joint arrangements*
- IFRS 12 *Disclosure of Involvement with Other Entities*<sup>38</sup>.

The links between the standards have been illustrated by the IASB:

#### Interaction between IFRS 10, 11, 12 and IAS 28



Previously, in accounting terms, a pooled budget has been considered a joint arrangement that is not an entity in its own right. Under the new accounting standards, pooled budgets (including the better care fund) may meet the definition of a joint operation. However, this will need to be considered on a case by case basis based on the signed agreement and the working practices in operation.

#### Control alone

In accordance with IFRS 10, there will be control if one body (the investor) has all of the following:

1. Power over the other body (the investee) – power arises from rights, in particular, the rights to direct the investee’s activities. The rights may come from voting rights or from contracts and they do not have to have been exercised to exist
2. Exposure or rights, to variable returns from its involvement with the investee (returns may be positive, negative or both)
3. The ability to use its power over the investee to affect the amount of its returns.

<sup>38</sup>Local authorities are required to follow the requirements of chapter 9 of the Code of Practice on Local Authority Accounting in relation to pooled budgets. The Code’s requirements are based largely on the accounting standards identified. References to IFRS 11 requirements set out here are consistent with the Code’s requirements for local authorities

Where there is more than one investor and no one investor can direct the investee's activities without the co-operation of the other investors, then there is no individual control and the answer to the 'control alone' question would be no. Where 'joint control' exists, the following test needs to be applied.

### Joint control

IFRS 11 defines joint control as '...the contractually agreed sharing of control of an arrangement, which exists only when decisions about the relevant activities require the unanimous consent of the parties sharing control'.

Joint control requires that all the parties, or a group of the parties, must act together to direct the activities that significantly affect the returns of the arrangement – the relevant activities. This means that:

- No single party controls the arrangement on its own
- Any one of the parties in the arrangement can prevent any of the other parties from controlling the arrangement.

The examples provided in the standard (paragraph B8) are as follows:

#### **Example 1**

Assume that three parties establish an arrangement: A has 50% of the voting rights, B has 30%, C 20%. The contractual arrangement between A, B and C specifies that at least 75% of the voting rights are required to make decisions about the relevant activities of the arrangement. Even though A can block any decision, it does not control the arrangement because it needs the agreement of B. The terms of their contractual arrangement requiring at least 75% of the voting rights to make decisions about the relevant activities imply A and B have joint control of the arrangement because decisions about the arrangement's relevant activities cannot be made without A and B agreeing.

#### **Example 2**

Assume an arrangement has three parties: A has 50% of the voting rights, B and C each have 25%. The contractual arrangement between A, B and C specifies that at least 75% of the voting rights are required to make decisions about the relevant activities of the arrangement. Even though A can block any decision, it does not control the arrangement because it needs the agreement of either B or C.

In this example, A, B and C collectively control the arrangement. However, there is more than one combination of parties that can agree to reach 75% of the voting rights (either A and B or A and C). In such a situation, to be a joint arrangement the contractual arrangement between the parties would need to specify which combination of the parties is required to agree unanimously to decisions about the relevant activities of the arrangement.

#### **Example 3**

Assume an arrangement in which A and B each have 35% of the voting rights, with the remaining 30% widely dispersed. Decisions about the relevant activities require approval by a majority of the voting rights. A and B have joint control of the arrangement only if the contractual arrangement specifies that decisions about the relevant activities of the arrangement require both A and B agreeing.

### Structure of joint arrangements

A joint arrangement not structured through a separate vehicle is a joint operation. In such cases, the contractual arrangement establishes the parties' rights to the assets and obligations for the liabilities (relating to the arrangement) and their rights to the corresponding revenues and obligations for the corresponding expenses (*IFRS 11, para B16*).

A joint arrangement in which the assets and liabilities relating to the arrangement are held in a separate vehicle can be either a joint venture or a joint operation. Whether a party is a joint operator or a joint venturer depends on the party's rights to the assets and obligations for the liabilities relating to the arrangement that are held in the separate vehicle (*IFRS 11, paras B19 and B20*).

### Better care fund pooled budgets and IFRS 11

It is anticipated that all parties to a better care fund pooled budget agreement will have joint control. However, this will be dependent on the exact terms of the signed agreement and the nature of the funding streams covered by the agreement and should therefore be assessed on a case by case basis. As no separate vehicle is created in such an arrangement, where joint control exists it is classified as a joint operation (in accordance with IFRS 11 requirements).

As the better care fund pooled budget is a joint arrangement solely for the purpose of working together, it is anticipated that no single body will have power of control over the other parties to the agreement.

The signed agreement for a better care fund pooled budget should set out the nature of the activities that are the subject of the agreement (as required by SI 2000/617) as well as how the parties intend to operate those activities together. This will enable each party to identify its share of the assets and liabilities for accounting purposes.

### **Accounting for a joint operation in the financial statements**

IFRS 11 paragraph 20 sets out how a joint operation should be accounted for:

- a) Each joint operator to the joint operation will recognise (in relation to its interest in that joint operation):
  - (i) Its assets, including its share of any assets held jointly
  - (ii) Its liabilities, including its share of any liabilities incurred jointly
  - (iii) Its revenue from the sale of its share of the output arising from the joint operation
  - (iv) Its share of the revenue from the sale of the output by the joint operation
  - (v) Its expenses, including its share of any expenses incurred jointly
  
- b) Each joint operator shall account for the assets, liabilities, revenues and expenses relating to its interest in a joint operation in accordance with IFRSs applicable to the assets, liabilities, revenues and expenses (*IFRS 11, para 22*)
  
- c) When accounting for transactions such as the sale, contribution or purchase of assets between an entity and a joint operation in which it is a joint operator, the entity will recognise the gains and losses resulting from such a transaction only to the extent of the other parties' interests in the joint operation (*IFRS 11, paras B34-B37*).

If a party to a better care fund pooled budget does not have joint control but has rights to the assets and obligations for the liabilities relating to the joint operation, it shall also account for its interest in the arrangement in accordance with paragraphs a) to c) above.

### **Disclosure**

All of the arrangements above are covered by the disclosure requirements set out in IFRS 12. The standard requires the disclosure of information about significant judgements and assumptions made by the entity in determining whether or not it has joint control over another entity.

Also required is the disclosure of information that enables users of its financial statements to evaluate the nature, extent and financial effects of interests in joint operations [better care fund pooled budget arrangements], including the nature and effects of its contractual relationship with the other investors with joint control. For material joint operations, the following will need to be disclosed:

- The name of the joint arrangement
- The nature of the entity's relationship with the joint arrangement (could include description of the nature of activities)
- The principal place of business of the joint arrangement
- The proportion of ownership interest or participating share held by the entity and, if different, the proportion of voting rights held (if applicable).

If any critical estimates or accounting judgements have been made in relation to the joint operation, these should be disclosed in accordance with IAS 1. One judgement which should be considered is whether transactions are made on an agency basis and therefore accounted for net rather than gross. It is expected most transactions will be accounted for on a gross basis but for the financial accounts it may be determined that net accounting is appropriate where payments are simply passed through an organisation. However, management accounts information should be maintained on a gross basis as it is simpler to produce net results from gross information than produce gross from net.

In the event that joint control does not exist, there is no specific requirement for the above disclosures to be made. However, it is recommended that where a party to a better care fund pooled budget does not have joint control but has rights to the assets and obligations for the liabilities relating to the joint operation, any risks associated with those interests should be disclosed.

**Appendix 4: Essential measures and controls**

Summary of the measures and controls in this guidance and the relevant paragraph reference

| <b>Governance arrangements</b>   | <b>Paragraph</b> |
|--|------------------|
| The governance arrangements for the pooled budget should meet the requirements of all partners   | 12               |
| Each partner must satisfy itself the pooled budget complies with requirements of its appropriate code of governance  | 12               |
| Each partner must satisfy itself that all other regulatory requirements are met  | 13               |
| In-year changes to plans must be subject to appropriate authorisation/approval inc final sign-off by relevant HWB  | 28               |
| In-year financial reporting must comply with the requirements of SI 2000/617 section 7 paragraph 4(b)  | 29               |
| Parties to the pooled budget will need to reflect the better care fund in their risk register  | 30               |
| Risks of pooled budget arrangements must be assessed and as necessary be subject to ongoing internal audit review  | 30               |
| Supporting assurance must be obtained that the information received in relation to the fund is correct and accurate  | 30               |
| There must be a process for alerting the CCG governing body and local authority cabinet/executive of concerns about delivery of better care fund projects  | 30               |
| CCGs will probably be required to identify if there have/have not been significant financial issues relating to the pooled budget for the period of the governance statement                                   | 31               |
| Other than the host, parties to the pooled budget must identify what assurance information they require on the projects from other organisations   | 34               |
| Those charged with governance need to assure themselves that the data underpinning the above assurances is robust, then consider the results and the implications for the achievement of the fund's objectives | 38 and 39        |
| <b>Operational structures</b>  |                  |
| Each local area must determine the operational structure for their pooled budget   | 15               |
| The HWB must sign off pooled budget plans  | 15               |
| The HWB must implement measures for the on-going oversight of better care fund projects  | 15               |
| The operational structure must include formal delegation arrangements  | 18               |
| The membership and terms of reference of the HWB must be appropriate   | 19               |
| <b>Hosting</b>   |                  |
| The decision on which partner hosts the pooled budget should be made locally   | 21               |
| While the host body will have delegated powers it will need to work within the reporting and management environments of the partnership  | 23               |
| <b>Signed agreement</b>  |                  |
| The signed agreement must set out precisely what the overall aims are; who is responsible for what and the associated plans for reporting and accountability   | 24               |
| The agreement should be reviewed regularly   | 26               |
| <b>Information requirements</b>  |                  |
| The information required to support performance monitoring and reporting must be identified in advance and collected on a regular basis from the outset  | 27               |
| <b>Financial arrangements</b>  |                  |
| Parties to the pool will need to discuss with their external auditors the assurances that will be required in order to sign off the year-end accounts  | 30               |
| The pooled budget host must ensure that VAT arrangements are compliant with NHS and local authority VAT regimes  | 30               |
| The pooled budget host will be responsible for ensuring that appropriate capital accounting arrangements are applied as required   | 30               |
| Regular and timely performance reports must be provided for the HWB, the CCG governing body and the local authority cabinet/executive  | 30               |
| All parties to a pooled budget must understand and consider the various issues relating to the year-end financial processes in advance of the year end itself  | 31               |
| The accountable officer/section 151 officer must consider the assurances that may be required to sign off accounts that include pooled budget transactions   | 31               |
| For joint operations, parties should account for their share of as the assets, liabilities, income and expenditure in accordance with IFRS 11  | 31               |
| Under SI 2000/617 paragraph 7(4), hosts must submit an annual return to the partners about the income and expenditure of the pooled fund   | 31               |
| The annual return must include a full statement of spending, signed by the accountable officer/section 151 officer   | 31               |

## Appendix 5: Pros and cons of sources of assurance

**Table 1: internal sources**

**Pros**

- Less costly
- Testing and reporting determined by the entity so tailored to the system

**Cons**

- Testing and reporting determined by the entity so:
  - o No consistency between organisations
  - o Additional work for each body to develop the work programme
  - o Additional work for each body to review and agree the work programme

**Table 2: external sources**

**Pros**

- Prescribed testing and reporting structure
- Known output
- Consistency of work and output
- Independent

**Cons**

- Can be costly
- Can only be used for certain systems

## Appendix 6: Further reading

- *Introductory guide for clinical commissioning groups: pooled budgets and integrated care*, CIPFA, June 2011  
[www.cipfa.org/-/media/files/policy%20and%20guidance/panels/health%20panel/lib\\_07\\_cipfa\\_intro\\_guide\\_pooling\\_budgets.pdf](http://www.cipfa.org/-/media/files/policy%20and%20guidance/panels/health%20panel/lib_07_cipfa_intro_guide_pooling_budgets.pdf)
- *Pooled budgets: a practical guide for local authorities and the National Health Service*, fully revised second edition, CIPFA, 2009
- *Code of practice on local authority accounting in the United Kingdom*, CIPFA (annual publication)
- *Code of practice on local authority accounting in the United Kingdom: guidance notes for practitioners*, CIPFA (annual publication)
- S75 NHS Act 2006 partnership agreements, Commissioning Support Programme, July 2010
- Local Government Association  
[www.local.gov.uk/web/guest/health-wellbeing-and-adult-social-care/-/journal\\_content/56/10180/4096799/ARTICLE](http://www.local.gov.uk/web/guest/health-wellbeing-and-adult-social-care/-/journal_content/56/10180/4096799/ARTICLE)
- NHS England better care fund web pages  
[www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/](http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/)
- Template section 75 agreement  
[www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/risk-sharing/](http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/risk-sharing/)
- The National Health Service (Conditions Relating to Payments by NHS Bodies to Local Authorities) Directions, 2013  
[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/200460/s256\\_257\\_conditions\\_-\\_Payments\\_by\\_NHS\\_bodies\\_to\\_LAs.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200460/s256_257_conditions_-_Payments_by_NHS_bodies_to_LAs.pdf)



### **About CIPFA**

CIPFA, the Chartered Institute of Public Finance and Accountancy, is the professional body for people in public finance. Our 14,000 members work throughout the public services, in national audit agencies and major accountancy firms, anywhere where public money needs to be effectively and efficiently managed. As the world's only professional accountancy body to specialise in public services, CIPFA's qualifications are the foundation for a career in public finance. We also champion high performance in public services, translating our experience and insight into clear advice and practical services. Globally, CIPFA shows the way in public finance by standing up for sound public financial management and good governance.

### **About the HFMA**

The Healthcare Financial Management Association (HFMA) is the UK representative body for finance professionals working in the NHS and the wider healthcare sector. Our aim is to support the NHS finance function, to promote good practice in financial management and to improve the general understanding of NHS finance issues.

Our work is informed by a number of committees and special interest groups made up of healthcare finance practitioners. We publish numerous guides and briefings aimed at finance professionals, non-executive directors and non-finance staff. We also provide training and development opportunities – including a suite of web based learning modules – across all of these groups.

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