

Adult social care consultation 2010

Final Report

October 2010

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Executive Summary

Introduction

On 21st July 2010 the Executive Member for Adult Services approved a set of proposals relating to future adult social care provision for public consultation with a view to taking final decisions on the way forward at the Executive Member's meeting on 24th November 2010. The proposals included:

- No longer providing council funding towards care and support to meet moderate needs;
- Reviewing charges made for community based care services;
- To begin a review of all contracts for respite services for older people in late 2010 with new contracts in place by December 2011;
- To begin work to consider the options to outsource the in-house respite service with a view to transfer of the undertaking in 2012;
- To commence a review of Day services, working with service users and families to identify alternative provision, with a view to closing or replacing existing provision by March 2013;
- To reduce the costs of the council run Supported Housing service, to stop taking any new placements, and to look for alternative provider(s);
- To research alternative models of provision to meet the needs of Supported Housing users;
- To reduce the funding for Preventative services by £250,000 and replace the existing contracts with a grant scheme;
- To extend the re-ablement service;
- To re-tender the existing contracts for commissioned home care support provision, with a view to commencing new contracts from June 2011;
- To cease making any new placements to the in-house "Home Support" (Mental Health) service;
- To invest grant funding in running at least three programmes in the next 12 months to support local people in becoming trained as "Personal Assistants" (PAs);
- To reduce the costs of the council run Extra Care service and look for alternative provider(s).

A wide range of consultation approaches were included to encourage as many people as possible to give us their views including consultation packs and questionnaires, drop-in events, meetings and discussions, interviews and focus groups. There was a good level of response to the consultation with over 600 calls to the consultation helpline, 1650 paper consultation packs sent out and 816 questionnaires returned (including paper and online). This summary identifies the key issues arising from the consultation across all service areas.

Overall response

In general many respondents were very concerned about the proposals for social care and indicated they would prefer the services not to change. Although there was some support for some specific home care proposals, overall there were only a very small number of respondents that were generally supportive of the proposals. It was clear that many respondents felt the Council should prioritise services for vulnerable people to ensure their quality of life and safety.

"To sincerely consider all alternatives and put the vulnerable and their needs at the centre of all that you do." (Carer)

It was acknowledged that the Council will need to make cost savings but there was concern that decisions to cut valued services may be taken too quickly and without adequate consideration of the impact. Many respondents commented on the political rationale for cuts to services but there were differences of opinion as to whether the proposals for social care in Bolton are in line with or contrary to central government priorities.

"The council seem to have decided to cut services to the elderly and disabled who are the most vulnerable people in our society. Surely there could be a fairer way to have reduced the costs to the council." (Carer)

There was some concern that the consultation process for day care has been confused because the statements in the original consultation pack were contradicted by subsequent communication via the media and consultation events.

Impact of proposals

Many respondents emphasised that if the proposals for social care are approved there are likely to be considerable negative impacts on service users including:

- Service users will find it difficult to cope with changes in services, particularly changes in staff;
- Service users are likely to become more socially isolated;
- There may be a loss of independence and choice for service users as they will be more reliant on families and more limited services;
- Service users may be at greater risk of abuse;
- There are likely to be negative impacts on service users physical and mental health which may result in increased use of hospital and residential care services;
- Those with moderate care needs may be less able to cope and may develop acute needs at an earlier stage.

"These proposals will radically and unfairly affect the care of the most vulnerable members of society. They are too deep and too far reaching in their intent" (carer)

There were also concerns about the impact on carers. It was felt that the proposals for social care are likely to put more pressure on carers and some may no longer be able to cope with their caring role as a result. Others were concerned about the impact on the quality of life of carers and the impact on their health and mental wellbeing. Some carers were also concerned about their ability to continue working if social care services change.

"Overall carers need more support not less – how do these proposals fit with the National Carers Strategy and local Carers Strategy e.g. the local Strategy states it

will 'extend the choice and availability of breaks for carers' and 'develop advocacy support services that can be accessed by all carers'....Given the budget cuts how will the Council honour its pledges?" (Carers group)

Staff were concerned about the potential impact of losing their jobs and the impact this will have on their families. They were also concerned that it may be difficult to cope with their workload in the interim transition period as staff leave and are not replaced. Some staff were also concerned about the implications for their role if they are directly involved in implementing the proposals e.g. loss of moderate needs.

A range of impacts on other stakeholders including partners and service providers were also highlighted. There was concern about the potential additional demand on voluntary sector providers at a time when funding is being cut. Some service providers were concerned about a loss of stability and their ability to attract additional funding as a result. Overall, as a result of the impacts highlighted there was a great deal of concern that the proposals for social care may actually increase costs to the health and care system in the long term.

Priorities for future services

Although there was no overall agreement on which of the two alternative charging options for future social care services are most fair, it was clear from the consultation that there is a willingness to pay more for some services (e.g. day care, respite care, services to meet moderate needs) in order to keep them. It was evident that service users are likely to be price sensitive - the price needs to be reasonable and affordable and price is likely to impact on the level of demand. Only a minority of respondents were totally opposed to paying for care. There were however different opinions on whether means testing is fair. There was considerable concern about the proposals to outsource in-house care services. Many respondents believe that the quality of provision is likely to be compromised if services are outsourced. This belief is based on previous experience and an understanding that the private sector needs to make a profit. There was a lack of understanding of why the Council can't deliver a service at a competitive cost.

"The council is there to provide social care, that's their function, and they do it well, other organisations would not do it so well" (member of public)

"Don't privatise social care; I have seen what has happened to vulnerable people "looked after" by agencies." (Member of public)

Respondents emphasised that all future services should be better or at least equivalent in quality to those provided now. If these proposals are implemented it was emphasised there will need to be close monitoring of service quality in the private sector to ensure standards are maintained.

Some respondents suggested that the Council should put more emphasis on developing an excellent relationship with the local voluntary sector and preventative services to develop solutions to the issues being faced. This was supported by some service users and carers who felt voluntary sector services would be preferable to the private sector.

"We have a lot of dependent people and a lot of people who have the time and ability to help. We need to direct resources, make community help available." (Community / voluntary group)

"I think you should open bids to charities/volunteer groups - they are real experts, as are carers." (Carer)

Support required

Inevitably the consultation process has resulted in some anxiety and insecurity about future services. This has been exacerbated by rumours and false information that has circulated, although staff have tried to provide reassurance where possible. It was clear from responses however, that there is an ongoing need to provide reassurance to service users and carers that their needs will continue to be met appropriately in future. There is some concern that the market for alternative service providers is not yet well developed enough and that this could put service users at risk.

"I am also concerned that the run down of current services, as people move to self directed services, will leave a number of people with no "traditional" service as an alternative. This is particularly relevant to those people with complex needs and profound and multiple learning disabilities. Although there is a policy move towards self directed services, the law still requires needs to be assessed and services to be provided that meet those needs." (Service provider)

All stakeholders emphasised the need for ongoing information and consultation as the proposals for social care are developed in more detail. The Council was also urged to listen and respond to service users and carers' views. Given that much communication with service users and carers is directed via staff it was emphasised that it will be important to ensure staff are given a clear brief so that consistent messages are given.

It was also clear from the consultation that there is a need for improved information and advice in the following areas:

- There is currently a lack of awareness and understanding of eligibility criteria;
- There is a general need for improved information and advice on alternative sources of support, particularly if the eligibility proposal is accepted. Staff emphasised they will need information on alternative options so they can re-direct service users that are no longer eligible for services;
- There was considerable uncertainty about the introduction of personal budgets. Service users and carers do not understand what this will mean for them and what the process will be. This is causing some anxiety currently.

Other Solutions

A wide range of suggestions were made for reducing costs within existing social care services including limiting usage, improving day to day efficiency, changing management arrangements, reducing buildings, introducing alternative models of care and changing the care management process. It was also felt that if information can be improved service users would be better able to navigate the system themselves.

"... provide better information on how adult social care works, so those needing support are able to request the services they feel they need. The current service delivery system is geared so rather than requesting what they need - like they do when applying for a blue badge - a disproportionate amount of time and effort by professionals is spent 'assessing the need'. Those wanting support are not fully aware of their choices to allow a better two way process where needs are discussed and joint solutions can be swiftly agreed. Wherever possible people need to be able to explain their own needs and simply make a request - the current system is too heavily burdened on the other party asking set questions and then deciding for them - rather than a two way process. Arrangements need to be more flexible and adaptable so people can increase a service or decrease a support service to suit their needs and circumstance." (Carer)

"The services are not streamlined...for example cases are closed to social workers too quickly which means that they need to be re opened at every new crisis event... this means that each new professional re assesses the case in a start again type of situation." (Carer)

"We have expensive netbooks - but not allowed to remove them from office. I'd gladly work from my car if it meant saving jobs." (Member of staff)

There were also a range of suggestions for making cuts in costs across the Council more generally including addressing sickness levels, re-structuring management, reductions in pay, reductions in leave, reductions in other benefits e.g. essential car user allowance. Other respondents also suggested making cuts in other service areas and to current high profile initiatives e.g. bus interchange. Many respondents suggested that these cuts should be made before Social Care services are reduced.

Some respondents commented on the approach being taken to making savings and efficiencies across Council services and suggested alternatives.

"Cuts should not simply be applied across the board (so called 'salami slicing'). There should be evidence of cuts being applied (or not) according to a set of clear and objective criteria about need and priorities." (Voluntary/community sector)

"Would a more collaborative approach to service-provision between you and other agencies be of benefit to all involved?" (Carer)

1. Introduction

Background

Bolton Council's Transforming Social Care Programme aims to realise efficiency savings at the same time as improving information and advice and implementing Self Directed Support to improve individual choice and control.

On 21st July 2010 the Executive Member for Adult Services approved a set of proposals relating to future adult social care provision for public consultation with a view to taking final decisions on the way forward at the Executive Member's meeting on 24th November 2010. The proposals aim to reduce the costs of social care provision in line with overall Council savings and efficiencies targets. The proposals relate to the eligibility criteria for receipt of council funding for social care, the fairer charging policy for social care and reducing the costs of direct care service provision.

The aim of the consultation was to give those with an interest (including service users & carers, staff, partners, providers & the interested public) the opportunity to comment on the draft proposals to inform the final decision making process. It also aimed to give those with an interest the opportunity to influence the longer term commissioning approach by identifying priorities for future service provision.

Consultation Approach

A wide range of consultation approaches were included to encourage as many people as possible to give us their views. At the beginning of the consultation period, all service users (or carers if a mental capacity issue has been identified) were sent a letter outlining the proposals and inviting them to participate in the consultation. The consultation was also highlighted to staff, partners and providers via a series of briefings.

- A written 12 week consultation exercise that included detailed information packs and a response questionnaire for the proposals in each service area. This was available via the Council's website or in paper format from a telephone helpline manned by Access Bolton and staff from Adult & Community Services. Audio, large print and translations were provided on request. (see Appendix)
- A series of 8 drop-in sessions attended by over 200 people at venues across the borough which provided an opportunity for individuals to discuss issues and concerns in more detail with senior members of staff;
- A series of meetings and discussions with service users and some family carers at Day Care, Extra Care, and Respite Care venues across the borough. Those participating were supported to complete an 'easy read' consultation questionnaire (see Appendix).

- Individual and small group interviews with people with learning disabilities in supported housing and day care venues across the borough. Interviews were carried out by specialist staff using pictures, symbols, simple explanations and questions (see Appendix).
- Four focus group discussions with carers and Bolton residents that do not currently use social care focussed on the proposals for changes to eligibility for social care and charging;
- Group discussions with service users at adult and older people’s day care venues to discuss the eligibility and charging proposals. Specialist staff facilitated these discussions using pictures, symbols, simple explanations and questions.
- A series of meetings with service user, carer and non-user groups, partners, care providers and staff (via team meetings).
- A number of petitions were received during the consultation period;
 - 45 signatures from “Opposing the changes for Respite House - Mental Health”
 - 605 signatures from “Save Winifred Kettle Day Centre”
 - 1043 signatures from “The Community of Horwich and Bolton Opposing the Changes to Day Care”

Overall there was a good level of response to the consultation with over 600 calls to the consultation helpline and 1650 paper consultation packs sent out. A total of 813 questionnaires were returned as follows:

Type of questionnaire	Number
Eligibility	57
Fairer Charging	35
Day Care	395
Home Care	36
Supported Housing	33
Extra Care	86
Respite	70
Preventative	20
General Transforming Social Care	59
Drop in (service users)	22
Total	813
Total online	162
Total post	651

The level of response to the consultation across different types of respondent was as follows:

Respondent	Number
Currently a service user	412
A carer	213
A care service provider	5
A member of staff	95
An interested partner organisation	11

A community or voluntary group	41
An interested member of the public	36
Total	813

There has also been coverage in the press, on television and on the internet. There have been demonstrations organised by trade unions and petitions presented to the Council to keep specific services open.

Report

This report provides a summary of the key themes from the consultation in relation to the proposals in each service area. Responses from all consultation methods have been included. The responses to the general questionnaire have been included but are not included in the tables of responses within each report sub-section.

2. Eligibility

A total of 57 completed eligibility questionnaires were received. The respondents were as follows:

Respondent	Number
A carer	24
Currently a service user	17
A member of staff	5
An interested member of the public	5
A community or voluntary group	5
A care service provider	0
An interested partner organisation	1
Total	57

The main themes from the questionnaires are summarised in the table below.

Respondent	Themes
Carer (24)	<ul style="list-style-type: none"> - general worries / don't change service (17) - give clear info / proper consultation required (13) - effect on carers / family (9) - tackle inefficiencies / streamline (cost saving) (8) - ensure equivalent / better alternative is provided (7) - concern over standards of private care (6) - social isolation / effect on health (6) - pay for services themselves / raise prices (cost saving) (3) - divert money / fund other ways (cost saving) (3) - loss of staff job / morale (1)
Service user (17)	<ul style="list-style-type: none"> - general worries / don't change service (14) - social isolation / effect on health (9) - give clear info / proper consultation required (7) - tackle inefficiencies / streamline (cost saving) (5) - effect on carers / family (2) - allow people choices re services (3) - council / others being short sighted (2) - need alternate venues (1) - praise for staff (1) - concern over standards of private care (1) - pay for services themselves / raise prices (cost saving) (1) - loss of staff job / morale (1)
Staff (5)	<ul style="list-style-type: none"> - give clear info / proper consultation required (4) - tackle inefficiencies / streamline (cost saving) (2) - ensure equivalent / better alternative is provided (2) - general worries / don't change service (1) - loss of staff job / morale (1) - offer staff retraining / help to find new jobs (1) - some won't receive treatment (1) - increase workload (1)
Public (5)	<ul style="list-style-type: none"> - give clear info / proper consultation required (1) - general worries / don't change service (3)

	<ul style="list-style-type: none"> - tackle inefficiencies / streamline (cost saving) (2) - concern over standards of private care (1) - effect on carers / family (1) - social isolation / effect on health (1)
Community and voluntary group (5)	<ul style="list-style-type: none"> - give clear info / proper consultation required (2) - general worries / don't change service (3) - ensure equivalent / better service provided (1) - council / others being short sighted (1)
Partner Organisation (1)	<ul style="list-style-type: none"> - No comments

Four focus groups were also held with carers and non-users of social care on the week beginning 6th September 2010, with the sole purpose of discussing the proposals for eligibility and charging. In addition group discussions were facilitated by specialist staff at a selection of day care venues to focus specifically on these proposals.

The key themes emerging from the focus groups and discussions and questionnaires are detailed below. Within the questionnaires on eligibility there were comments about other changes e.g. to day care, respite etc. These issues will be discussed in the other chapters of the report.

Key Themes

Overall rationale

The 38 comments coded as **general worries, don't change service** related to general concerns about the situation changing.

"The impact on care users will be very detrimental and in the longer term we will become a non caring society" (carer)

"I think it's wrong and they should care for anyone who needs a service" (current service user)

"I prefer the same hours as I feel content" (current service user)

Many respondents (especially carers and service users) felt that the suggested changes were frightening and upsetting.

"I am angry, sick and fed up because you are talking about taking away help that I really need" (current service user)

There was also some scepticism about the purpose of the consultation

"I feel that this whole consultation is just a sham and that it is just a way of the council bringing private care for the very vulnerable people it should be serving" (carer)

Focus group participants (non users) suggested researching what had happened in other authorities who had stopped providing for moderate needs to check the impacts of the

change. One non-user expressed the importance of being given such information before being able to provide an informed opinion.

Understanding of eligibility criteria

There were quite a few comments related to the **criteria for assessment**. This included a feeling amongst staff and non-service users that the criteria for assessment should be clear and consistent and that social workers should be trained and supervised to ensure that the criteria are applied in a consistent way. There was also a concern that the levels of criteria for assessment would be raised or that service users would be mis-classified.

“The young person I look after is unable to function independently without prompts and reminders. I’m worried that he may be re-classified as less vulnerable than he actually is” (carer)

“People say they can do more than what they can” (current service user with physical disability)

From comments on the questionnaires and also from the discussion within the focus groups, it seems that some service users and their carers are unsure what their level of need has been classified as according to the eligibility criteria. This was reinforced by a significant number of calls to the consultation helpline requesting information on the current level of need for individual service users.

“I am not sure what criteria my son is in at this time but I am trying to find out so I can see what possible affect these proposals will have on me” (carer)

“Unsure (how it will impact) as we understand our son is assessed as critical and substantial” (carer)

“I cannot comment as I don’t know how my mother will be assessed” (carer)

More specifically there were a few concerns about how the eligibility criteria are applied in mental health. It was evident from discussions with service users that some people find it very difficult to comprehend that they can have moderate needs in some areas and substantial needs in another. There were a number of enquiries to the consultation helpline from service users with mental health problems in relation to their level of assessed need. It was clear that the assessment approach in mental health is currently different to other service users and there are also different recording systems. This meant that it was not straightforward to give service users information about their level of need. One partner organisation asked that special consideration be given to people with learning disabilities who fall into this category of criteria.

“There are already a large number of people with mild learning disabilities who fall into a competence gap, where people below service thresholds are unable to access vital support” (partner organisation)

When the criteria for assessment was explained within the focus group, participants felt that the ‘substantial’ and ‘moderate’ criteria was very similar and some expressed concern that

the service users would be categorised as 'moderate' so that care would not need to be provided.

Impact on service users

Service users and carers were concerned about **social isolation** as a result of changes to eligibility and the impact that this would have on the physical **health** and mental wellbeing of service users.

"They will make me totally house bound. Unable to keep appointments, not keep house clean etc." (Current service user)

"I will have a lonely life, I won't be able to deal with bills, phone calls ... reading letters" (current service user)

"Some families wouldn't take them out" (current service user with Learning Disability)

"If my daughter's direct payments are withdrawn it will result in more isolation for her and any respite we get as carers being removed" (carer)

"People with learning disabilities will feel social isolation if they are not given the opportunity to socialise with their peers" (carer)

"If moderate care couldn't come to day care they would soon become critical care" (current Older Adults day care user)

Respondents from community / voluntary groups also commented on this, explaining that many of their members received benefits under the moderate eligibility criteria and the changes would mean members would cease to be volunteers as they use their personalisation budget to pay for carers to accompany them to meetings.

The non-service users within the focus group also mentioned similar issues - that people won't receive the emotional support they require, or the companionship from carers.

"Physical safety is one thing...emotional safety is going by the board" (non-service user)

Non service users in the focus groups were also concerned that those with moderate needs would just become substantial / critical if they didn't get the care at this lower level and felt it was important to make sure people didn't fall through the net. Some carers and service users agreed with this feeling that cutting moderate might back-fire, explaining that these people would become substantial as a result of not having the support they need and would end up costing the council more in the long run.

"At present in Bolton a lot of people get support in the moderate category. The system has encouraged disabled people to seek independence in their lives and go out and be involved in Bolton. I fear many will be disillusioned without this support and will be less active, more reclusive as they go back to family support as family already live busy lives. This will lead to people's health declining to the point they

qualify for substantial support. What a shame when they were doing so well and I wonder at what cost for adult services in future!” (Service user)

“My father is currently rated as moderate need and we receive support re respite services. If his category no longer received any support it is unlikely that he could continue living with me and would therefore need full time residential care which would cost a great deal more for the local council” (carer)

“The service needs to be mindful that there is a significant risk when withdrawing care and services from those with moderate needs that long term costs will increase. The priority should be to maintain the clients who have lower needs at their optimal level of independence and function within their own home to avoid costly admissions to hospital, residential or nursing care” (partner organisation)

Non service users were also concerned that those with moderate needs will have to pay to meet their needs, using up their savings. However, one carer mentioned that they may be prepared to pay to meet some moderate needs;

“some continuation of help with shopping even for a fee” (carer)

Several callers to the consultation helpline were also concerned about the practical implications of reducing the eligibility criteria. Specifically there were several enquiries about the impact on equipment maintenance agreements if a service user is deemed to have moderate needs. Some service users were concerned that they would have to maintain the equipment themselves if they are no longer eligible for social care funding.

Impact on carers/families

Service users were worried about the **effect** of the change in eligibility **on carers / families** with more informal support being required. There was also concern about those without families that can provide the level of support they need:

“My carer might be doing less hours for me hence more pressure and illness” (current service user)

“I feel, as only 3 or 4 hours of my care plan are critical and substantial, that I will be going back to family for more support” (current service user)

“Family, friends for support, has anyone got them?” (current Older Adults day care user)

Carers were also concerned about the impact on themselves in terms of their ability to cope without respite and the resulting impact on their health and quality of life:

“People forget that we as carers are getting old ourselves and caring gets harder” (carer)

“Removing moderate needs will put pressure on carers to provide more care, for some carers receiving that little bit of help may be a lifeline” (carers meeting)

“All carers need support, respite, health checks – time to recharge their batteries, ‘to have a life’ or the end result is illness and this means two sufferers not one. Who pays then?” (carer)

“We receive very little financial help from the council, it does improve our quality of life in providing some respite from our duties as carers” (carer)

“I can no longer sustain the level of care as my health is suffering. I am concerned at criteria changes – is she bad enough to warrant help now?” (carer)

One carer within the focus group was worried that she and her husband who currently work full-time wouldn't be able to in the future if their son's care was reduced. The inability to continue working was also mentioned in the questionnaires:

“If the person I am a carer for does not get enough money to be supported while I work, then I won't be able to work and so would not be able to afford to pay my mortgage – we would end up homeless” (carer)

Another carer was concerned that carers of those with moderate needs may not get the support they require.

“What happens to a carer who cares for a person with moderate needs. Carers services should remain the same for all people with needs.” (carer)

Impact on partners

There was some concern in the non-users focus group about the ability of the **voluntary sector** to fill the gaps left by not meeting the moderate needs.

“There is too much emphasis on money and unpaid volunteers” (non-user)

“The Council says it will review everyone who's needs are assessed as moderate and suggest alternative sources of care and support ... however, at the same time the Council is planning to cut the preventative services budget by one-third so there will be increased pressure on services such as befriending schemes, information and advice services, lunch and leisure clubs” (carers meeting)

Non users also discussed the financial implications of “filling the gap,” there was concern that, while the voluntary sector could offer subsidised services at present, this would not be sustainable if demand rose.

“It is vitally important that the council works with, and provides adequate funding to, those organisations which will be expected to support the existing and (likely) increasing number of service users with needs at this level” (Partner organisation)

There was some concern among some partners that those with moderate needs may be less able to cope and this may result in higher numbers of people with acute needs entering the health and care system at an earlier stage than they otherwise would have done. There

was also some concern that other service providers e.g. housing, may come under pressure to meet the moderate needs that social care will no longer pick up.

Impact on staff

Members of staff commented about the **impact on** them as **staff**, they talked about the effect of losing their jobs or being 'slotted in' and were concerned that it would take a substantial amount of time to review all moderate needs service users, feeling that this may need a dedicated team. One member of staff commented on the fact that it would be their responsibility to turn service users away because they were no longer eligible.

Support required

When asked the question "what can we do to support you through the changes?" 27 questionnaire respondents asked for **clear information** and **proper consultation**.

"To be kept informed as the procedure is carried through so that if we are going to be affected we can be aware and ready to find alternative care either private or council run services" (carer)

"Please keep in touch with us" (carer)

"Reassurance and keep me informed in English that I can understand i.e. simple English and not jargon" (current service user)

"Keep me informed, provide detailed explanations of the potential impact on service users / families make the details of an appeals procedure common knowledge" (staff member)

"To continue (as you already do) to explain things to us in a helpful, clear manner, that we can easily understand. Thank you" (current service user)

"Ensure provision of information and advice, together with the opportunity to discuss situations with an experienced advisor on a one-to-one basis if necessary" (carer)

Staff requested a 'back-up' plan for those who have services taken away. They wanted to be able to offer **alternatives**. Carers also felt it was important to ensure that equivalent or better provision was offered if support was removed. Staff also want information about the appeals process to be clear to service users and for service users to be warned in advance that they may lose services before reviews are undertaken.

The non-users within the focus group also commented on the need for information about alternative support such as those run by voluntary groups. In addition to information, they suggested that service users would need support to join new groups e.g. someone to take them the first time and introduce them to people.

Some **reassurance** may also be required to ensure service users do not get over-anxious about the assessment and review process.

“Re-assure that this type of care will not be reduced nor will the assessments of people currently receiving this care be fudged or weighted to reflect less need or grade i.e. from high care to moderate care.” (member of public)

“What would happen to users whose care varies from moderate to critical from one day to the next?” (carer)

Other solutions

There were quite a few comments concerning **financial issues** within the questionnaires and also within the focus groups. The non-user focus group found it hard to see how cutting back on moderate needs would save the council the sufficient level of funds. It was suggested by some respondents (especially carers and staff but also non-users) that money be taken from other areas and not the most vulnerable;

“Free buses and swimming are luxuries that we could do without, that money could be used on service users” (carer)

“Don’t take the cuts from adult services; there are other ways the council can do it” (carer)

“Not spend money on washing town hall; spend money on people who need help” (current service user)

“None of these cuts should be being made to the most vulnerable people in society” (non service user)

“Demand more help from the government, they can find money for the Olympic Games” (carer)

3. Fairer charging

A total of 35 completed fairer charging questionnaires were received. The respondents were as follows:

Respondent	Number
Currently a service user	16
A member of staff	4
A carer	13
A care service provider	0
An interested partner organisation	0
A community or voluntary group	1
An interested member of the public	1
Total	35

Service users were asked to state which services they currently used (they were able to choose more than one).

Service used	Number
Day care	16
Preventative services	2
Extra care	2
Respite care	10
Home care	16
Supported Housing	2

The main themes from the questionnaires are summarised in the table below.

Respondent	Themes
Service user (16)	<ul style="list-style-type: none"> - general worries / don't change service (10) - give clear info / proper consultation required (3) - social isolation / effect on health (3) - cut pay / terms and conditions (cost saving) (2) - divert money / fund other ways (cost saving) (2) - unfair payment system / money concerns (2) - pay for services themselves / raise prices (cost saving) (2) - tackle inefficiencies / streamline (cost saving) (1) - effect on carers / family (1) - ensure equivalent / better alternative is provided (1) - praise for staff (1)
Staff (4)	<ul style="list-style-type: none"> - general worries / don't change service (2) - give clear info / proper consultation required (2) - loss of staff job / morale (2) - increase workload (1) - tackle inefficiencies / streamline (cost saving) (10)
Carer (13)	<ul style="list-style-type: none"> - unfair payment system / money concerns (7) - general worries / don't change service (4) - pay for services themselves / raise prices (cost saving) (2) - social isolation / effect on health (1)

	<ul style="list-style-type: none"> - cut pay / terms and conditions (cost saving) (1) - effect on carers / family (1)
Member of public (1)	<ul style="list-style-type: none"> - unfair payment system / money concerns (1) - tackle inefficiencies / streamline (cost saving) (1) - ensure equivalent / better services provided (1)
Community and voluntary group (1)	<ul style="list-style-type: none"> - divert money / fund other ways (cost saving) (1)

Numbers in brackets are numbers of questionnaires received per respondent type and numbers of those whose comments are categorised per theme.

Four focus groups were also held with carers and non-users of social care on the week beginning 6th September 2010, with the sole purpose of discussing the proposals for eligibility and charging. In addition group discussions were facilitated by specialist staff at a selection of day care venues to focus specifically on these proposals.

The key themes emerging from the focus groups and questionnaires are detailed below.

Key themes

Views on current charging policy

Respondents were then asked to state whether they thought the **current charging policy** was **fair**. Nineteen respondents thought that it was fair (8 carers and 11 service users). The reasons given were related to the ability to pay and the impact of losing the service if they couldn't pay.

"I could not manage to stay at home without the level of home care provided and it would be difficult, if not impossible, to pay the cost of the service" (service user)

"It's a bit expensive now as it is but I prefer this policy now than the proposals" (service user)

"If the cost goes up too much it is going to affect this ... helping people in every day life and keep their independence" (carer)

Twelve respondents thought that the current charging policy wasn't fair (4 members of staff, 4 carers, 3 service users and 1 member of the public). The reasons given were in part related to the view that people who had savings were penalised;

"When people have worked hard and saved their money they are now penalised and get no help with costs of care" (carer)

"I'm not sure it is fair that people with savings should have to pay more than those without yet they receive the same service."

One service user felt that everyone should be made to contribute something.

“I do believe for personalisation to work and to be fair to all that it must include everyone being assessed for contribution according to their income. This is fair to all. Those who have least will pay least but everyone is assessed to pay something.”

One member of staff felt the current system was unfair because some things were charged for whilst other services were not;

“Day care is a set fee yet domiciliary is higher charge to service user” (member of staff)

Views on Future Options

The respondents were given a brief summary of the two charging options being proposed and asked to state which of the two options they thought was the fairest.

Option A: Remove all subsidies from community based services so that all service users make contributions to the cost of their care in the same way regardless of the types of services they choose to use.

Option B: Continue to provide free / subsidised services but increase charges, including raising the maximum weekly contribution, so that people who can afford to contribute more to the cost of services do so.

Eleven questionnaire respondents thought that Option A was the fairer option, because everyone would pay something.

“This is fairer as everyone who uses a service will pay something rather than fewer people paying more. Why should someone who can afford to pay for their day service not pay?” (member of staff)

“All users should pay the same amount - this should not depend on income level. When people have worked hard and saved their money they are now penalised and get no help with costs of care” (member of public)

“Especially when government funding is lower, I think it is better we all realise we are all assessed to pay something for our care and get away from expecting to pay nothing” (service user)

“I am not sure it is fair that people with savings should have to pay more than those without yet they receive the same service (member of staff)

“This seems a better option for ‘sds’ because people are charged for what the council says their overall need is assessed at rather than different costs for differently named services which may actually be providing the same outcome for the service user” (member of staff)

Participants within the non-user focus group discussed the idea that people give a higher value to things they have to contribute to.

“A is fairer for everyone, everyone should pay – even if just a couple of quid, people value things more if they have to contribute to them” (non-service user)

“I’m a bit worried about free services, giving them out seems to devalue them” (non-service user)

“The principle of having the charge makes it valuable” (non-service user)

Nineteen questionnaire respondents thought Option B was the fairer option, the reasons given were mainly related to the view that we have a duty to help those in most need and that it was important to provide some free services.

“So that those on the lowest income still get some help” (carer)

“Poor people need help. Wealthier people are more able to put something into their care, it just seems fairer to me” (service user)

“Because a free service will still be provided” (service user)

“Seems a fairer way to pay, flat rate. Contributions are low, a small increase would be acceptable and affordable” (service user)

Within the non-user focus group, some participants favoured this option, explaining that if services were not free then some people would stop using the service even though it was valuable to them.

“Elderly people can have a real fear of spending even small amounts of money” (non-service user)

“Option A might put people off applying if they think they have to pay – they’d worry about if they can afford it” (non-service user)

One partner organisation felt that (on balance) option B was the fairer option, but explained;

“It is vitally important that the Council continues to work with (and where applicable funds) partner organisations, to promote benefit take up across the borough, and with a targeted focus on older adults, who, traditionally, are reluctant to apply for benefits entitlement.

It is clear from the questionnaire responses that there was no overall agreement on which charging option is most fair. The options caused some confusion within the focus groups, participants were unsure which they would choose and felt that the options were more applicable to the elderly rather than carers of young adults.

Principles of charging

Within the focus groups there was a discussion about whether it was right to expect people to **pay for services**. This was also raised within the questionnaires. Many felt that people would rather pay something than lose the service completely.

“My father is a long time user of day care and used to pay towards services. He would rather pay than have the service removed” (carer)

“My dad is prepared to pay towards the cost of day care – it is very important to him” (carer)

“Is there an option for service users to pay more to keep services running.” (carer)

Others felt that it was okay to raise prices, but only to a point, indicating price sensitivity.

“As long as they don’t put the price up too high – and put people off going completely – it’s right to charge” (non-service user)

“I would be willing to pay for day service as long as cost was reasonable and affordable.” (learning disability day service user)

“I would be willing to pay more for transport but it depends how much.” (older people’s day care user)

“I would pay as long as I was able to.” (older people’s day care user)

Some expressed concern that if people were made to pay then the demand for the service (this was mentioned in the context of day care and community meals) would fall and it may no longer be sustainable.

“Many don’t use the free day care because they don’t want to pay for the transport, more people might stop going altogether if charged – then it may have to close due to lack of use” (non-service user)

“If services are relying on people paying for them, there may come a point when services aren’t getting enough business – this can’t be sustained and will be lost. This may also have a geographical effect” (non-service users)

This in turn could have an impact on carers;

“Increasing charges ... may mean that service users decide against taking up these services – again resulting in pressure on carers to provide more support”

This was supported by some day care service users that indicated they/others may use the service less if they had to pay.

“Would pay but only come for 2 days instead of 5.” (learning disability day service user)

“It would sort out the people who need the service if there was a cost.” (older people’s day care user)

“I would want better activities for money.” (older people’s day care user)

Some service users were interested in whether there would be a flat rate cost for day care or if there would be charges/increased costs for specific activities.

"I would pay £1 for swimming" (learning disability day service user)

"Would the charge include transport and meals or would they be extra?" (physical disability day care user)

"I wouldn't mind if they put up the prices on the food." (physical disability day care user)

"I would pay for dominoes and art work, but if it was a lot I would not be able to do any." (older people's day care user)

"If I had to pay extra for a bath then I would do." (older people's day care user)

"I would pay more for meals, they're worth more than we pay now." (older people's day care user)

"We would be willing to pay for personal care as they have all the right equipment and are not rushed and continue to keep our dignity as we don't want family doing it, they have enough to do." (older people's day care user)

Interestingly, some people using older people's day care indicated they would be more willing to pay for this service than home care.

"Most of us pay for home care that is not good value for money, it's very expensive and they don't care for your needs the same – they always seem to be in a rush." (older people's day care user)

"Some of us already pay for home care which isn't value for money for what they do." (older people's day care user)

In response to a concern that older people do not want to spend any money on 'things they could do without' but which were really valuable, one non-service user asked if it was possible to disguise the payment for things like day care provision as something else e.g. give them less personal budget so they would be paying but wouldn't really know it.

A minority of people were totally opposed to the concept of paying for care:

"I will have to pay for services despite having paid national insurance... I believe this is wrong and attacks those who are unfortunately infirm and vulnerable" (carer)

"I would be prepared to pay but it goes against the grain and I feel that it is all wrong." (older people's day care user)

There was also some disagreement about the issue of means testing individuals to check their ability to contribute towards their care:

"Everyone should be assessed for some kind of contribution regardless of care received. This has to be done on their income. It's fair on those on higher incomes pay more towards their care" (service user)

"...Even those on low incomes should still contribute." (older people's day care user)

“We need a fairer way of treating people with long term illness equally, not using means testing which penalise long term sufferers through no fault of their own who have worked and paid National Insurance” (carer)

“We should expect certain levels of care at certain times in our lives as and when we need it and that shouldn’t be dependent on what we’ve got in the bank” (non-service user)

“Depends on the way in which means testing is applied – personal or jointly – held savings / income” (carer)

There was a view amongst focus group attendees that there needs to be **stricter assessment** for some of the services currently provided;

“Need stricter assessment for either option – cut down on those who abuse the system and help those who are financially poor” (non-service user)

Participants within the non-user focus groups discussed the issue of the community meals service being offered to people who didn’t really need it. The group thought that people who were vulnerable and genuinely needed the meals service should have the subsidy but those who just opted for it and who were really capable of cooking for themselves or going out for meals should not have it subsidised. One group member’s grandmother received meals on wheels but she explained

“She is quite capable of making her own tea, she just takes it as an easier option and likes bossing people around” (non-service user)

There was also some discussion about whether carers should contribute to the costs of care. One member of the non-user focus group asked whether it was an option to invite families of social care users to make a contribution to the care. She explained that if given the option she would have gladly paid for her mother to attend a day care centre.

“I would be willing to pay for the day care so I get chance for respite and don’t have to worry about my husband.” (carer)

Participants within the carers focus group were however, concerned that the carer’s income would be taken into account when means testing the service user. Another carer was concerned they would have to pay for the services when the service user wasn’t eligible any longer or if their money didn’t cover the costs.

Personal Budgets and Direct Payments

Many of the discussions about charging inevitably led to a wider discussion about personal budgets and direct payments. There was a general concern that service users and carers do not really fully understand the concepts of personal budgets and direct payments and this is causing stress and worry for some service users.

“I do not understand the difference between personal budgets and direct payments. It has taken me a long time to feel okay. Chances are to lose direct payments assistance would put me again under severe stress, which will in turn increase the number of fits.” (service user)

Many people wanted to know if personal budgets were optional or if they would be forced to have one:

“People with mental health problems will find managing personal budgets, employing personal assistants too stressful – do we have to do this?” (mental health service user)

“Are we going to be forced to take a personal budget and arrange our son’s care on our own – he has complicated needs and we wouldn’t know where to start” (carer)

“I am concerned that people who are offered a personal budget (after reassessment) are clear about the options available to them and that it is made clear that they have a choice and that it is not mandatory” (Mental Health charity)

“Personal budgets will not work for all service users and those people who have mental health problems will be at risk of not getting the help they need if they have no one to assist in the managing of them!” (carer)

There were concerns about the potential for abuse of direct payments:

“I have concerns that people who use direct payments and employ personal assistants will not have a CRB check. Also that some members of the community may employ family etc and bring them into the country and as they have wage slips may remain in this country.” (service user)

Support required

It was clear that some people wanted to know what impact any change in the charging policy would have on individual service users – they wanted more specific information on the amount that charges would increase by and reassurance that any change will not mean they can no longer afford the care they need.

“Keep it as it is and offer me the care I ask for at reasonable cost” (service user)

“It may mean that the cost of the service I receive will increase – hopefully not” (service user)

Both service users and staff mentioned the need for **clear information and advice**. Staff were aware they would be the ones on the front line answering questions and listening to complaints and asked for information to help them with this task;

“Making sure that everything is fair and transparent. When we visit people it would be useful if we have information about their charges and how they are worked out, so we can help sort any queries out” (member of staff)

“Services should be informed and explained so they do not contact staff within the department for explanations, as different staff will give different answers” (member of staff)

“People need more information about the alternatives - other services who can help and also help filling in benefit forms” (non-service user)

“The proposals are very hard to understand, it is hard to answer questions that you don't understand” (service user)

Other solutions

The questionnaire asked respondents to suggest alternative solutions to the issues the Council is facing. The following ideas were suggested:

“We should be teaching young people how to save for the future so that there would be an expectation that they will pay for their care when they get old.” (non-service user)

“Cut back on staff mileage by placing staff on a walkable programme where it can” (staff member)

“Have less senior officers and managers but keep carers and others “(member of public)

“Make things more family orientated but where family carers can be reviewed” (service user)

“Purchasers should have a budget and have to stick to it, if they want to buy more than has been put in at the beginning of the financial year, then they should have to decrease the amount in another of their allocated budget elsewhere, not keep increasing the overspend” (member of staff)

4. Respite

A total of 70 completed respite questionnaires were received. The respondents were as follows:

Respondent	Number
Currently a service user	27
A carer	33
A member of staff	6
An interested member of the public	3
A care service provider	0
An interested partner organisation	1
A community or voluntary group	0
Total	70

The main themes from the questionnaires are summarised in the table below.

Respondent	Themes
Service user (27) (23 General survey) (4 Questionnaire – tailored specifically for service users)	<ul style="list-style-type: none"> - general worries / don't change service (20) - social isolation / effect on health (15) - give clear info / proper consultation required (15) - ensure equivalent / better alternative is provided (5) - praise for staff (5) - effect on carers / family (5) - pay for services themselves / raise prices (cost saving) (4) - divert money / fund other ways (cost saving) (4) - concern over standards of private care (3) - allow people choices re services (2) - tackle inefficiencies / streamline (cost saving) (1) - more staff required (1) - increased workload (1)
Carer (33)	<ul style="list-style-type: none"> - general worries / don't change service (26) - effect on carers / family (22) - give clear info / proper consultation required (11) - social isolation / effect on health (8) - divert money / fund other ways (cost saving) (5) - concern over standards of private care (6) - ensure equivalent / better alternative is provided (7) - allow people choices re services (3) - tackle inefficiencies / streamline (cost saving) (4) - praise for staff (4) - pay for services themselves / raise prices (cost saving) (3) - loss of staff job / morale (1) - more staff required (1) - cut pay / terms and conditions (cost saving) (1) - allow people choices re services (1) - more staff required (1) - unfair payment system / money concerns (1)
Staff (6)	<ul style="list-style-type: none"> - give clear info / proper consultation required (6) - loss of staff job / morale (4) - general worries / don't change service (4)

	<ul style="list-style-type: none"> - ensure equivalent / better alternative is provided (3) - divert money / fund other ways (cost saving) (3) - concern over standards of private care (2) - social isolation / effect on health (2) - effect on carers / family (2) - tackle inefficiencies / streamline (cost saving) (2) - pay for services themselves / raise prices (cost saving) (1) - cut pay / terms and conditions (cost saving) (1) - allow people choices re services (1)
Public (3)	<ul style="list-style-type: none"> - give clear info / proper consultation required (2) - general worries / don't change service (2) - effect on carers / family (1) - more staff required (1)
Partner organisation (1)	<ul style="list-style-type: none"> - general worries / don't change service (1) - provide more information (1) - ensure equivalent / better service provided (1)

Numbers in brackets are numbers of questionnaires received per respondent type and numbers of those whose comments are categorised per theme.

There were also 2 specific discussion events for service users and families/carers at Mere Hall and New Lane respite services facilitated by social care staff.

The key themes emerging from the discussions and questionnaires are detailed below.

Key Themes

Overall rationale

Some people highlighted their concern about the council's reaction to the **government cuts**.

"We are alarmed at the rapidity with which the council has gone along with the Con-Dems' proposals to cut services to the most vulnerable." (service user)

"re-think these draconian proposals." (carer)

"I think the whole review has been rushed, the council has been subservient to government dictat and as usual the 'poor' in society will suffer along with the carers and daily working support staff." (carer)

Some believe that the council has a **duty** to provide social care services and that the proposals undermine this.

"I feel that social services have a responsibility to provide care to people who are in need like myself, it is the one organisation that people thought they could trust." (service user)

A small minority were generally supportive of the proposals:

"I think you are getting it just right. But please think of people like me who don't fit the box." (carer)

Impact on service users

Many respondents assumed the consultation implied that at least some respite services would close. They expressed **general worries** regarding not wanting the respite services to change or to close and have concerns about the impact it would have on them if they do close.

“It will be a disaster if respite is to be no more.” (service user)

“Please consider the harm that would be done to people who really need their respite breaks, carers and service users alike if respite house was to close.” (member of staff)

“I will worry about my mum.” (11 years old - daughter) (carer)

“Mark enjoys going to Mere Hall and for him to be sent to another centre may mean that he no longer likes going. This could mean an end to him going and therefore more and more stress on him and the family.” (carer)

Some respondents were concerned that service users may become **isolated** if the respite service were to change or be closed.

“I would feel isolated if I lost my time at respite.” (service user)

“I am worried about where I will go and who will support me when I don't feel well, I am scared that I will become isolated in my own home.” (service user)

Others were keen to highlight that closures to respite care will affect the **mental health** of service users.

“If respite closes it will definitely affect my mental health in the future.” (service user)

“If they close respite down I feel this could affect my mental health because I depend on this service to give me a break and allow my family a break.” (service user)

“I am concerned that the service users we currently support will experience deterioration in their mental health if the in house service closes.” (member of staff)

“Part of my illness is I have huge difficulty in new social circumstances. I feel it extremely difficult to get to know new people and open up to them about how I'm feeling. I feel this would have a detrimental effect on my mental health if I do not have the existing in house service to utilise.” (service user)

A few people also indicated that there may be an **increase in the use of hospital services** (particularly mental health) as a direct result of a reduction on the availability of respite care.

“If respite closes it would mean I would be going in hospital more which I don't want to do. Respite helps to keep me from going in hospital.” (service user)

“Take up a hospital bed because of the added stress.” (service user)

“Do your sums, it's dearer to have someone as an in patient than staying at respite where we get empathy and sincerity rather than being a number on a ward.” (service user)

Impact on carers

Most carers stressed how essential the service is that respite care provides; it is a lifeline to many.

Some carers were concerned about the **impact on their ability to care** if respite services are changed or closed.

“Family and carers are already under extreme pressures and stress and this becomes just one more burden.” (carer)

“If there is no longer an in house service, I would find life very difficult as my husband has mental health problems and when he is unwell I find it difficult to cope and frequently need a break.” (carer)

“Without regular breaks I myself would break down and my wife would have to go in a home which makes me feel so guilty and miserable to say the least.” (carer)

“What about our respite, we need a rest too, what if we took ill, because we are both over 65 now. So you would have to look after us too.” (carer)

“Our son is 43 years old and severely handicapped cannot do anything for himself, and has very limited understanding. Therefore if the amount of respite care is reduced we will be unable to look after him ourselves for much longer, and we are getting older. What will happen then?” (carer)

Others were concerned about the impact of a reduction in respite on their day to day **quality of life**.

“Respite care enables Mark to get away from us and have a change of environment. It also allows me and my wife to have a break and behave like normal members of society doing things that other people take for granted i.e. going on holiday, going out for meals and relaxing together. Is this too much to ask?” (carer)

“The withdrawal of the day care provision for my wife Joyce would effect me in the following ways:- two days respite from the caring of Joyce this enables me to do household chores, shopping plus having some free time to myself. Also whilst at day care they bathe Joyce which I am unable to get her to do.” (carer)

“To find other ways to not to cut back on respite care services because carers need time for themselves to charge their batteries and deal with life.” (service user)

There was some concern that older carers in particular may be disadvantaged by any reduction in the availability of respite care.

*“Respite care is increasingly necessary as carers who are pensioners get older.”
(carer)*

Impact on staff

There were some concerns that existing staff will lose their jobs and may be replaced by less skilled staff employed by independent providers.

“These organisations try to make money and employ people from Eastern Europe because they are cheaper – make a profit.” (carer)

There were also some concerns in the discussions at respite services about the interim period before new providers are in place with the current freeze on recruitment when staff leave the Council.

Priorities for future services

Many respondents indicated that they do not want respite services to change as the service is important to them.

“I want this centre / respite to stay open in order to help my mum and other vulnerable people.” (member of the public)

“Do all you can to keep things as normal as possible.” (service user)

“The support we get now must not be changed as it is vital.” (carer)

*“The service has been available for the past 14 years and has received nothing but praise from the people who use it. Please leave it alone and leave it the way it is.”
(service user)*

A few respondents wanted to ensure that an **equivalent / better alternative** would be provided and that the service quality would not fall.

“For service users ensure that if it is replaced the quality remains the same and there is continuity.” (member of staff)

“Offer alternatives that will provide the same quality of care that is currently given which service users will benefit from.” (member of staff)

“Can you give a written promise that the care will be the same?” (carer)

Others were concerned with the **affordability** of future respite services particularly in the context of personal budgets.

“To supply respite care days at the price allowed in the personal money pots.” (carer)

“Making respite care affordable for the most vulnerable.” (carer)

Respondents had concerns over services being **privatised** and the **standard of private care**.

“Quality should come before cost. NO TO PRIVATISATION.” (service user)

“All I know if respite goes private it will mean the end of my caring role as I will seek permanent care for my wife.” (carer)

“I am concerned that private agencies may provide a less adequate service and that it may affect the reputation for good quality services that Bolton currently has.” (carer)

“Do the staff in the private sector get the same training and development of staff who work for the Council?” (carer)

“Monitoring by the council will not work and the users will inevitably suffer. I personally know of one private home for people with learning disabilities not having even a first aid box!” (carer)

“As physiotherapists for clients with complex physical and learning disabilities we will be put in a professionally compromised position when supporting people to access short term break provision in potentially inappropriate establishments which may not have the correct environment, support and equipment.” (partner)

“Can private companies provide the same quality service when perhaps they don't pay staff appropriate wages for this essential care?” (carer).

There was also some interest in how the council will decide which organisations will provide respite care in the future in the discussions with service users and carers. There was concern about using companies that are aiming to make a profit and a preference for using charitable organisations. There was also an interest in how the costs of private provision will be controlled.

Support required

When asked what the council can do to support people through the changes, a large number of respondents expressed a desire to be **kept informed** at all stages of the process.

“As soon as any information becomes available let people know with a date of the next update. I had just felt I was getting the support I need and am now worried sick it's all going to be taken away.” (service user)

“To be advised throughout the procedure so we are aware of the changes and how the possible changes are going to affect me and my son.” (carer)

“Be honest and say it as it is.” (member of staff)

“To be kept informed of the changes. A lot of people with mental health problems don't cope well with change so being kept up to date with the changes that are being made will make people feel less anxious.” (service user)

“Communication is very important using various sources i.e. verbal, computer and meetings set up so people get to hear the explanations given the chance to have things thoroughly understood via questions which may also pick up problems that need pointing out to the council.” (service user)

Some people suggested that considerable **reassurance and personal support** will need to be given if services are changed as users may find it difficult to transfer to an alternative service.

“Sadly although this may be the only option, this will have a dramatic effect on everyone concerned, plus many will be actually afraid to use any sort of new proposal.” (service user)

“I would worry about having to start all over again getting to know people and being in an unfamiliar place.” (service user)

“My worry is that if the service is outsourced I would not be able to afford it and would have to get to know the new staff.” (service user)

“Change has a mass impact on service users, causing stress and more serious disorders. How and who is continually going to be supporting us through all this?” (service user)

In addition, respondents asked that the council really **listen** to the people who will be affected by the proposals.

“Listen to people who use the service not the executives who don't know how we benefit or look forward to the support.” (service user)

“I suppose its all 'cut and dry' but hope not!” (service user)

“Listening to people and what their needs are. Making sure that ill people are the ones that matter.” (carer)

“Listen to the people who use the service and take into account the impact that the proposals could have on their lives.” (member of staff)

Some people were keen that they be given the freedom of **choice** to make decisions about future care for themselves.

“Allow me to decide if and when I need help instead of forcing it on me, depriving me in the process of my independence.” (service user)

“At present, I am forced to have a land line phone so that Careline can be connected. I approve of Careline - it's a 24/7 helpline so why do I have to pay also for a warden who I do not want and never see (my choice).” (service user)

“I would like the opportunity to decide what facility (nursing home) is used for respite.” (carer)

Within the discussions with service users and carers at respite services there were quite a lot of questions about **personal budgets** and what impact this will have. It was evident that clear explanations of how the new process will work will be important including individual rights to appeal etc. Some carers were concerned that the value of the care provided by informal carers may not be adequately recognised within a personal budget and that personal budgets will put more pressure on informal carers.

“Personal budgets can cause more stress we can't handle.” (carer)

“Can I start by saying that the "pots" of money idea is obviously just to cut out the middle man but family and carers are already under extreme pressures and stress and this becomes just one more burden.” (carer)

“If I am given a "personal budget" to aid in the care of Joyce then I would be unsure where to engage appropriate services.” (carer)

“I would prefer to keep in contact with a social worker with the appropriate experience in arranging respite care.” (carer)

There was some concern that the range of services needed are not in place to support the move towards personalisation.

“Bolton does not have a market place of services to choose from if the alternative is personalisation.” (carer)

“It's ok saying you will have a personal budget but what use is that if there is no place to go?” (service user)

There was also concern about the difficulty of navigating the care system with a need for more **information and advice**.

“Be more helpful and explain how all these services integrate - currently like a minefield for the carers.” (carer)

“The most difficulty would be in managing a personal budget if this should be forced upon us.” (carer)

Other solutions

Some respondents suggested that service users would be willing to **pay** for the services or pay a **higher price** if it meant not losing them.

"I would be prepared to pay to use the service if it meant I could still come in."
(service user)

"Start charging all clients a reasonable fee to stay at respite because they would spend that at home anyway." (service user)

"Slight increase in the charge for staying at respite." (member of staff)

A few people suggested **limiting the amount of respite available**.

"put limits on respite" (member of staff)

"Possibly reduce the annual number of care days." (carer)

Several suggestions were made to make **cuts in other areas** to save social care, both at a national and a local level.

"Cut money from services which do not directly affect people's health and well being." (service user)

"I understand cuts have to be made, but they must be in the right places and not punishing the vulnerable." (carer)

"Make cut backs across all levels - higher up the chain not at front line services."
(carer)

"The cut backs are in the wrong area for the disabled or elderly and vulnerable. The unemployed and layabouts should be targeted and penalised instead." (carer)

"Councillors still go on trips abroad and have lunch out – costs a great deal of money – this needs stopping before we stop care for adults and children." (carer)

"Small pay decreases across the board. Cuts from other services that do not directly affect people's health and well being." (member of staff)

"Requesting management to accept significant pay reductions so that any cuts to services can be minimal." (carer)

Some suggestions were also made to put more emphasis on **alternative models of care** that may be more cost effective.

"Respite within services users homes which would be less disruptive. More carers at Bolton Adult Placement who provide a more person centred and cheaper approach to service users." (member of staff)

“Use of supported holidays and organisations that provide holiday support, e.g. vitalise. Use of direct payments to pay a carer to take someone on holiday” (member of staff)

“A “welfare team” to pay daily visits to those who are able to remain at home on their own, providing company and monitoring that all was well, assisting with cooking and cleaning as necessary. Also maybe taking clients on short trips out e.g. to library, medical appointments or just shopping.” (carer)

“I think having groups of care workers that will go into people’s home may be ideas for some.” (carer)

“some older people may benefit from being placed in a private family home so they become the surrogate grandparent for their period of respite and they could keep returning to promote confidence etc.” (service user)

One carer agreed there should be a focus on efficiency but acknowledged that as demand is increasing there may be a need for more rather than fewer respite services in future.

“To improve the existing services or streamline them to be more efficient. Due to the increasing numbers of elderly it would be necessary to have more day care facilities not less.” (carer)

5. Day Care

A total of 395 completed day care questionnaires were received. The respondents were as follows:

Respondent	Number
Currently a service user	225
A carer	88
A member of staff	47
A community or voluntary group	16
An interested member of the public	14
An interested partner organisation	4
A care service provider	1
Total	395

The main themes from the responses are summarised in the table below.

Respondent	Themes
Service user (225) (84 General survey) (141 Questionnaire – tailored specifically for service users)	<ul style="list-style-type: none"> - happy with service and don't want it to close (138) - social isolation / effect on health (91) - praise for staff (81) - just general worries / don't close (59) - give clear info / proper consultation required (56) - companionship / social activities are important (55) - effect on carers / family (42) - pay for services themselves / raise prices (cost saving) (21) - safety is important (14) - tackle inefficiencies / streamline (cost saving) (13) - ensure equivalent / better alternative is provided (13) - divert money / fund other ways (cost saving) (7) - concern over standards of private care (7) - council / others being short sighted (6) - loss of staff job / morale (5) - cut pay / T&C (cost saving) (5) - more staff required (1)
Carer (88)	<ul style="list-style-type: none"> - just general worries / don't close (61) - give clear info / proper consultation required (49) - effect on carers / family (44) - social isolation / effect on health (31) - pay for services themselves / raise prices (cost saving) (28) - divert money / fund other ways (cost saving) (23) - tackle inefficiencies / streamline (cost saving) (14) - praise for staff (12) - concern over standards of private care (12) - cut pay / T&C (cost saving) (8) - council / others being short sighted (6) - ensure equivalent / better alternative is provided (6) - loss of staff job / morale (2) - need alternative venue for group (1) - allow people choices regarding services (1)

Staff (47)	<ul style="list-style-type: none"> - just general worries / don't close (20) - loss of staff job / morale (20) - effect on carers / family (8) - give clear info / proper consultation required (7) - social isolation / effect on health (6) - pay for services themselves / raise prices (cost saving) (6) - divert money / fund other ways (cost saving) (6) - tackle inefficiencies / streamline (cost saving) (4) - concern over standards of private care (4) - cut pay / T&C (cost saving) (3) - council / others being short sighted (2) - praise for staff (2) - ensure equivalent / better alternative is provided (1)
Community / Voluntary groups(16)	<ul style="list-style-type: none"> - need alternate venue for group e.g. WASPS (10) - just general worries / don't close (10) - effect on carers / family (3) - give clear info / proper consultation required (2) - tackle inefficiencies / streamline (cost saving) (2) - concern over standards of private care (1) - social isolation / effect on health (1) - ensure equivalent / better alternative is provided (1) - pay for services themselves / raise prices (cost saving) (1)
Public (14)	<ul style="list-style-type: none"> - just general worries / don't close (6) - social isolation / effect on health (1) - effect on carers / family (1) - loss of staff job / morale (1) - pay for services themselves / raise prices (cost saving) (1) - tackle inefficiencies / streamline (cost saving) (1) - council / others being short sighted (1) - praise for staff (1) - concern over standards of private care (1) - council / others being short sighted (1) - ensure equivalent / better alternative is provided (1)
Partner Organisation (4)	<ul style="list-style-type: none"> - just general worries / don't close (2) - give clear info / proper consultation (1) - tackle inefficiencies / streamline (cost saving) (2) - effect on carers / family (1) - ensure equivalent / better alternative is provided (1) - praise for staff (1)
Service Provider (1)	- no comments

Numbers in brackets are numbers of questionnaires received per respondent type and numbers of those whose comments are categorised per theme.

There were also a number of discussion events for service users and families/carers at day centres facilitated by social care staff. In addition, specialist staff consulted with adults with learning disabilities at day centres using pictures, symbols, simple explanations and questions.

The key themes emerging from the discussions, interviews and questionnaires are detailed below.

Key themes

Overall rationale

The majority of respondents assumed that the proposals meant day care centres will be closed. Two hundred and thirty six people raised **general worries** about the day care centres closing or asked that it **didn't close**.

Many people that attended the drop-in events expressed concerns about the day care proposals and there was extensive coverage in the media on this issue also. The proposals evoked strong feelings from a wide range of stakeholders.

“Closure will cause untold distress to the section of our society who deserve to be cared for and looked after. How can this closure be seen as a fair policy for the council to support?” (member of public)

“Surely Bolton should be going forward - not reverting to Victorian standards of care for our vulnerable citizens.”(carer)

“Removing services from the elderly and most vulnerable is tantamount to abuse of their basic rights to be cared for. As council run residential homes are closed, people are forced to remain in their own homes, the very least the council and government can do is provide the services that allow people to continue to live at home.” (member of staff)

“We all understand that money has to be saved but you are making a grave mistake if you cut services for the elderly. They are the ones who have been putting money in the system all their lives.” (carer)

“I would implore the committee or whoever makes a final decision on this to please be aware of the devastation these cuts will cause to so many of the most vulnerable in our town. The council slogan proudly declares it is taking care of the Bolton Family. It seems an empty phrase indeed, when you think of these proposals. Where is the care?” (carer)

“These proposals have not been thought through properly from a disability point of view, but instead from just a financial point of view.” (member of staff)

A staff member said that it wouldn't be so scary for staff and service users if it wasn't being done so quickly.

One hundred and fifteen people asked to be **given clear information** or stated that **proper consultation is required**. A number of carers and service users did not feel able to respond to the consultation properly without more detailed information or knowing exactly how the proposals would impact on them.

“Without knowing what really is on offer how can anyone make a decision to agree/provide alternative suggestions? Also without financial statements it is

impossible to recommend any other system. Changing or reducing existing care will have a big impact on caring for my mother". (Carer)

"Proposals are unclear and don't explain the situation properly which makes it difficult to answer your questions".

"What other services are going to be available privately and possible council ran are going to be available and also what the costings are going to be for replacement services."

The comments about proper consultation came from the questions asking respondents for suggested solutions and what our future priorities should be. For both, respondents stated that the views of users and carers should be considered and responded to.

"Listen to the service users why ask for their opinion then ignore what they say." (A current service user)

"Allow the people of Bolton to decide what cuts are needed by keeping them informed of planned cuts and giving them the choice before making any decision". (An interested partner organisation)

There was some concern that the consultation process had been confused because the statements in the original consultation pack were contradicted by subsequent communication via the media and consultation events.

"The wording of the consultation "to close or replace existing provision" was bound to make us panic: what were we supposed to think? Why say that?" (Carer)

"Until there is something concrete to report – don't throw lifelines." (Carer)

Perceptions of current day care service

It was clear from the responses that current day care services are highly valued. All service users and carers, a community group and another interested partner organisation made reference to the impact on social and health benefits from attending day care centres – chance to socialise with others, chat, eat a decent meal, stimulation, exercise, have a bath. They also highlighted the value of seeing the same staff and meeting the same friends. Service users and carers also perceive the 'safety' of the service to be important.

"There is nothing better for my own safety than what I get now." (Service user)

"I help in the kitchen and like it." (Learning disability day care user)

"It's better at the day centre than at home." (Learning disability day care user)

"It's like a big family." (Learning disability day care user)

"Day care fulfils all my social needs, keeps me sane, has saved my life and is my life." (Older Adults day care user)

“Since coming here I no longer need oxygen by day, I am much calmer, socially and physically better.” (Older Adults day care user)

“Before she started day care she cried constantly because she was on her own, now after attending twice a week she feels wanted, uplifted and happier.” (Staff member)

Ninety seven respondents (predominantly service users and carers) **praised staff** at day care centres for making it enjoyable and the familiarity. Comments included phrases such as dedicated, vital, caring, lovely and professional when referring to the staff.

“The staff make it an enjoyable place to come, ...” (current Service user)

“I want to see the familiar faces I know and staff who care.” (current Service user)

“The staff will often ring me if they are concerned about anything and have become vital to me in advising with the care of my mother. I do not want to lose this support.” (Carer)

Impact on service users

One hundred and thirty respondents made specific comments related to the impact of day centre closures on **social isolation** or the **effect on health**.

Isolation related to not seeing anyone, socialising or going out of their home.

“To cut day care service would be dreadful, I would not be able to get out and meet new friends and become isolated at home and it would upset me very much if the service goes. Have you thought of people who have no family?” (Service user)

“It will affect my son a great deal, if he can't attend the Jubilee centre. Where he meets all his friends, he will be heartbroken.” (Carer)

“It would be the finish of me if I didn't come any more, I'd just be like a cabbage.” (Older adults' day care user)

“Loneliness is an awful thing, it makes me feel depressed which deteriorates me, it would put me in a grave early.” (Older adults' day care user)

Maintaining and improving physical and mental health were both cited as positive benefits of the current service. Service users, carers and staff talked about keeping service users brain and body active through the activities on offer at the day care centre and interaction with others.

“Our elderly service users would have their social contacts/activities taken away and their health would be at risk”. (Staff member)

“My health depends on the girls in the centre and what they do for us.” (Older adults' day care user)

“If day care closes it would lead to social isolation and deterioration in health and well being. Have the council looked at this impact on people’s lives, who will take responsibility for the deaths that will take place to vulnerable people.” (Service user)

Some highlighted that older people, those with dementia and mental health problems are less able to cope with the proposed changes in comparison to other groups.

“All senior people with or without any mental or dementia, are resistant and afraid of change.” (Carer)

“My father is 87 years old and suffers total short term memory loss. He cannot adapt to change and is familiar and secure in his placement at Horwich day centre. Change is terrifying for him (Carer)”

“Service users who suffer from autism who need routine, who rely on the same members of staff. This is going to result in a lot of challenging behaviours that families will find difficult to cope with, who is going to be there for them? Has the severity of the affects on these people’s lives actually been taken into consideration?” (Member of staff)

A service provider and a member of staff commented that the proposals may restrict service users’ ability to recover. Others suggested that some service users may need to go into **residential care** if day care is not provided because carers will not be able to cope.

“If we could not attend day care we feel that more people would just give up, maybe that’s what they want us to do then they will save money. It would cost more as family would not be able to cope so people would have to go into homes.” (Older adults’ day care user)

“I know it will put a lot of pressure on social services to find residential care for a lot of sufferers who will not be looked after at home if these changes go ahead.” (Carer)

It was also suggested there may be more safeguarding issues if day care is closed.

“You will have lots more vulnerable adults being abused possibly by family as they will get less respite from the person.” (Member of staff)

“More people will be vulnerable and at risk of abuse if kept at home 24/7.” (Member of staff).

“Abuse of vulnerable users could become more prevalent due to untrained staff and volunteers.” (Member of staff)

Impact on carers/families

Ninety nine respondents highlighted the **impact** that day care closures would have on **carers and family**.

For carers this is often the only opportunity for respite or enables them to cope at home. When the person they care for is attending the day care services they are able to carry out other functions – shopping, household chores, and jobs. Sole carers raised this as a particular issue.

“My son attends the Jubilee centre which he thoroughly enjoys. He is very well cared for there. He has learning, physical and behavioural disabilities that has impacted severely on my husband and my health. However because our son attends 5 days a week we do cope (just about) with caring for our son at home.”

“Him going to day care gives me the chance to do my chores and shopping because I am the sole carer of him”.

“Her going to this centre 2 days a week means I can go to work with an easy mind knowing she is being looked after by a very caring staff. I can still be a member of a work force, which is also a good thing for me”.

“Please be aware that not only are the service users affected but their families as well. Loss of jobs because of limited care! etc.” (Carer)

Carers also said that there would be an impact on their own health, both physical and mental if the person they care for wasn't able to access day care services.

“Away from caring gives me social and mental stimulation, current day care service must not be changed as it will affect my routine and caring duties.” (Carer)

“I look after my wife who has early dementia and if I am honest she drives me to distraction at times, I love her so very much but need a break, I get this when she goes to Thicketford Centre twice a week, it really is my salvation. I know the centre because I sometimes go to the yoga class at the times my wife is in day care which helps me to relax.” (Carer)

Others had more general concerns about the impact on their quality of life.

“I need reassurance there will be a service in place for my elderly father aged 83 years old, which will cover the days he has care service now. Anything less will destroy our life plan and lessen the quality of our lives.” (Carer)

Impact on staff

Staff were clearly concerned about the potential impact of losing their job on their personal situation and also had concerns about the impact of the interim transition period on staffing levels.

“My job may be lost, until any closures are implemented we will be working with fewer staff, but the same number of service users, this poses a serious health and safety risk, staff morale is low...”. (Staff member)

“We will be out of a job with no jobs around to apply for. Losing mine will have a big affect on my life at my age.” (Staff member)

“The loss of jobs of the day care staff is also a major concern.... if they become unemployed are we not then putting more pressure on the system by these people then needing job seekers allowance?” (Carer)

There were also some concerns about the prospect of working for a private sector provider instead.

“The outlined proposals will affect my job, I may be faced with the prospect of redundancy or having to work for a private firm who do not match the standards I personally aim to achieve in my present workplace.” (Staff member)

Impact on community and voluntary groups

There was concern that as some day centres are also used by other community and voluntary groups there will be a knock on effect on those groups if the day centres close.

“If Winfred Kettle closes the WASPS will have nowhere to meet and this will affect 40 members on a Thursday and Monday night.” (Community/voluntary group)

“It's the only place in Westhoughton where pensioners can have a meeting.” (Community/voluntary group)

Priorities for future services

Current service users commented that day care services should be a priority for the future given the increasing number of older people and increasing life expectancy, which will increase demand. Similarly, a member of staff stated that people and care should be the council's priority over, for example, the bus interchange.

“1 in 4 people at some time in their lives experience mental illness impacting all aspects of the community: (work, family) therefore services that prevent and facilitate recovery should be a priority as should the mental well-being of all those that live in Bolton” (Interested partner organisation)

“I feel that if these services are lost, in time it will be realised how valuable they were and to re-instate them will cost even more than the proposed savings”. (Interested member of the public)

Providing the support to **prevent social isolation** and ensuring that service users continue to **benefit from the companionship and social activities** on offer was considered to be a future priority by all types of respondents. Many service users want day centres to stay as they are now.

“Not being on my own, safety and security.” (Service user)

“Getting out and about, not sitting in the house all day, having a social life in old age.” (Service user)

“I want to have contact with other people, I don't want to die alone in my flat.” (Service user)

“My health and companionship are the most important things to me and without the day centre my health would deteriorate rapidly.” (Service user)

Day centres provide community spirit to otherwise very lonely people. They get stimulation, physical exercise, a decent meal and companionship. You can go out and get your own - they can't!! (Service user)

Alternative suggestions made by service users with learning disabilities when asked what they would like to do in the future included:

“I would like to go to college.” (Service user)

“I would like to go dancing.” (Service user)

“I can make my own drink and want to carry on doing living skills.” (Service user)

“I would like to go to McDonalds every day.” (Service user)

“I want a job in an office.” (Service user)

“I want a job stacking shelves.” (service user)

“I want to do woodwork” (service user)

“I would like to go out for lunch.” (Service user)

Twenty three respondents referred to the need to **provide an equivalent or better alternative**. Service users emphasised the need to feel safe and secure and to have trust in the staff in any alternative future service.

“If the Jubilee centre is to be closed, then it is essential that a similar type of support continues, perhaps in a different venue” (Carer)

“Create other opportunities and other places to go during the meantime. I hope we get all the support we need”. (Carer)

“It is difficult to comment on unknown alternatives. Sometimes change can be good and improve services. At the moment services are hard to access and not enough are available. Good quality services need skilled people to run them not volunteers.” (A community or voluntary group)

“Find services at other levels and let the pensioners of Bolton have some comfort and companionship (most of this people really look forward to a chat and a change from their own 4 walls for one or two days a week).” (Carer)

Some staff emphasised the importance of taking a **needs based approach** to service provision and development to ensure that the specific needs of groups of service users are adequately catered for, particularly those with complex needs. This is felt to be key to ensure that expensive ‘out of area’ placements are avoided in the future and that service users’ needs are met.

Some respondents emphasised that day care provides a **distinct and valuable service** that cannot be replaced by other existing services.

“My mother would not get the same care and dedication from agency staff as they do not have the time to spend before they have to go to the next person.” (Carer)

“Without the day care service my daughter will, yet again, be forced to walk the streets with the agency support. Having experience with agency support it proves to be a baseless service with limited committed staff that either leave within a few weeks or do as they please in the service user's time.” (Carer)

“..people with autism need a constant base, they don't function well in a community environment.” (Member of staff)

“People who have to deal with private care firms to look after their dependents know the frustrations of dealing with continually changing staff or sometimes no staff turning up to support somebody. The day centres are at least guaranteed to be open every day needed except for when there are extreme weather events. (Member of staff)

“I am confined to a wheelchair, I can't see at all, I have carers at home but have to wait until they come to go to the toilet or have a drink or food. I like going to Thicketford Day Centre because I get help and support when I need it. I have a hot drink when I want it.” (Service user)

Some staff suggested the Council needs to invest in the current service so that it can be sustained in some form.

“To reconsider closing down or outsourcing day services. To provide training that will enable Bolton Council day services to be transformed into a more competitive, customer-oriented enterprise.” (Member of staff)

Although a few people were happy to consider private sector provision there were some concerns that if **private sector** providers are brought in to manage day care the quality and skills of staff will be compromised. There was also concern about how the quality of services will be ensured if services are tendered out.

“Are you planning to sack all the staff in a day centre and bring in private sector workers on minimum wage?” (Carer)

*“Who still has the duty of care after all these proposals have been accepted?”
(Carer)*

“People like my son are some of the most vulnerable in society. His well being and happiness will be badly affected by these changes. If private companies take over from Bolton Council their first priority is to make money! How will he benefit from this!” (Carer)

“The private sector is fairly poor at keeping staff up to date with training and supervising care.” (Member of staff)

It was acknowledged by a few people however that there are alternative providers that could offer a quality service.

“Find an alternative provider for those with autism/challenging behaviour who need a permanent base i.e. Voyage (they provide day services throughout the UK) and the Together Trust (Autism specialists).” (Member of staff)

Support required

The vast majority of service users and carers said that the only way to support them through the change was to keep the service as it is. It was clear that many people are very anxious about the possibility of changes in the service.

“We like coming here and don’t want to go anywhere else; it’s something to get up in the morning for.” (Older adults’ day care user)

When asked how they could be supported through these changes forty five respondents (service users and carers) asked to be **kept informed** about the changes and given information about alternatives. A significant number of these people stated that they were very worried about the proposed changes.

*“More communication before the proposals are completed. Informed of alternatives”.
(A current service user)*

“You can assure me that there will be alternatives so that my brother will not be left to stagnate at home. He needs stimulation and interests; he needs a purpose to get up in the morning. You could put me in touch with people and places that can help get him out every day. It doesn't necessarily have to be a centre, he would be happy doing voluntary work, so long as he feels needed/wanted.” (Carer)

“I request that Bolton Council provide frequent clear information regarding any proposed decisions being made to carers and users e.g. where will the physical facilities be based for day care users who meet the necessary criteria for this service? Who will be the staff who care for them? Will the providers be the private sector care companies? What will the costs be to their users?” (Carer)

*“Keep us informed and allow us to plan ahead and help our care user to adapt.”
(Carer)*

“Keep us fully informed - no smoke and mirrors please.” (Carer)

Service users with learning disabilities were asked how they want to be kept informed about any changes. Many liked having meetings so they can discuss changes. Other suggestions included:

“I like my carer at home to read me my letters.” (Service user)

“I want information on a DVD.” (Service user)

“Talk to me.” (Service user)

“I like staff to write things down and give my symbols.” (Service user)

“I want a newsletter with pictures and also some meetings.” (Service user)

Staff also emphasised the importance of being kept informed in a timely manner and also being given support to deal with redundancy and find alternative employment if necessary.

“It would be very helpful to know as soon as possible when our contracts would be terminated and what our realistic chances of redeployment would be and whether the council could help skilled and experienced staff such as myself to find similar vacancies in other areas of social services or other organisations.” (Member of staff)

“I need someone to come and explain to me what losing my job entails and how it will affect me personally e.g. taking redundancy, how my pension works.” (Member of staff)

*“Ensure that staff are kept informed about changes and that they hear first hand and not via the Bolton News or other sources who have less right to this information.”
(Member of staff)*

Others indicated that the views of users and carers should be considered and responded to.

“Listen to the service users why ask for their opinion then ignore what they say.” (A current service user)

*“Allow the people of Bolton to decide what cuts are needed by keeping them informed of planned cuts and giving them the choice before making any decision”.
(An interested partner organisation)*

It was clear that some people have concerns about the impact of **personal budgets** on their ability to access services like day care. Further information and reassurance about this are needed.

“What will happen if the amount of money the council decides is appropriate for my son isn't enough to provide five days of respite / day care a week?” (Carer)

“What will the service user be able to 'buy' into with this money if all the Council operated Day care centres are closed down? Will this mean their only option will be the private sector ... who are already cashing in on this by extending premises and including Day Care Centres on site in order to take in extra service users for the day at an extra cost!” (Carer)

Other solutions

Fifty seven respondents suggested **paying for services themselves or raising prices**.

“Increase the prices, am willing to pay, as we would all benefit”. (Current service user)

“At the moment payment is only for food and transport at Thicketford why not make a small charge for attending”. (Current service user)

“I am willing to pay extra for the days my father attends even pay full amount without subsidy. These days are my quality time, as I know he is being cared for.” (A carer)

“Let those who can afford pay more.” (carer)

A few people were willing to consider other possible solutions involving **alternative activities** for existing service users.

“Could find some sort of workplace based training scheme for the most able with added support. This would do away with the need for some of the present venues. Viewed as partnership between social service and local businesses. Services users would learn basic skills depending on their level of abilities. The aim should be about inclusion, social interaction and about giving service users a better quality of existence. For the most vulnerable, the day service is still the preferred option maybe reducing the majority of attendance to 3 days. There is no easy option but abandoning service users should not be an option.” (Carer)

“Getting voluntary groups to provide day time activities as an alternative.” (Member of staff)

“Encourage more service users to consider a home-based service, especially those with physical disabilities. They could be supported straight from home and only make occasional social use of the existing bases.” (Member of staff)

There were also a few suggestions for different ways of **managing the service**.

“Let day care manage their own budget, opt out of being council run as schools have done.” (Carer)

“Maybe look for ways that carers can network to pool their resources and find an alternative answer to day care.” (Carer)

“Provide organised day care activities in partnership with for example sheltered housing schemes.” (Carer)

“Let parent / carers and councillors form a board of governors to control the budget of any of the building with the assistance of the existing care staff with a manager / financial person with little support staff to run the day centre independently from adult services.” (Carer)

“What should have been done ages ago, make day services a business.” (Member of staff)

Staff had a range of suggestions for **reducing the costs** of the service.

“Reviewing day service users and seeing who could better be supported with a direct payment.” (Member of staff)

“Close the smaller bases that have people with moderate needs and keep 1 building open for the Autistic Spectrum Disorder team and one building open for severe/complex needs.” (Member of staff)

“Only one service to be offered at any one time e.g. when in respite no day centre place to be given.” (Member of staff)

“Reduce the number of building bases; this can easily be accommodated within Learning Disabilities. Reduce staffing numbers and review staff roles.” (Member of staff)

“Pay cuts across the board rather than a mass cull of essential jobs.” (Member of staff)

“Move satellite day services (learning disabilities) into one of the larger bases so space can be more fully utilised and overheads decreased. (Member of staff)

“Consider ways in which being part of the Association of Greater Manchester Authorities can benefit the borough. We could promote our specialist disability areas, namely Profound Multiple Learning Disabilities and autistic spectrum disorders and offer our services to other councils either by directly providing care or offering training services in these areas.” (Member of staff)

“Use day service staff as escorts on council transport when necessary in order to fully utilise staff. This would decrease the staff 'down-time' in centres when service users are not present or low in numbers.” (Member of staff)

“Making the way day services are run more economical by more efficient use of staff.” (Member of staff)

“To save money rent buildings with less rent, old council buildings maybe?” (Member of staff)

Thirty six respondents said that we should **tackle inefficiencies or streamline** services elsewhere and a further 30 said we should **divert the money** from other services to social care i.e. **fund in other ways**

“Don't waste tax payers' money on the things the town doesn't really need - spend it on very useful services like Thicketford centre that hundreds of people use”. (A current service user)

“Stop keep refurbishing council establishments then closing them, that's wasting thousands of pounds”. (A current service user)

“Cut managerial and admin posts instead of front line services.” (An interested partner)

“You should look elsewhere for cuts, as I am sure there is a lot of waste in town hall offices”. (A carer)

“It is difficult to judge specifically where cuts should fall unless I can see departmental budgets to make an informed decision.” (A carer)

“Start the cuts at the top instead of the normal workforce. They are the ones who actually take care of the people and do a good job.” (A carer)

“Could the Council Tax be increased instead of closing services?” (Carer)

“Money could be saved by claiming back all the charges that are in arrears – including rents.” (Service user)

“Staff may have to lose perks of jobs and come into line of the private sector (after all we do pay your wages).”(Carer)

“Get help to fund these places from the lottery, it makes millions.” (Carer)

“Use empty facilities i.e. Westhoughton Town Hall to relocate offices away from Falcon View and Jubilee Centre.” (Carer)

“Making sure the elderly and vulnerable are looked after, if that means bins aren't collected weekly that will have to be a sacrifice we all have to make till the country gets back on its feet.” (Service user)

“Look more closely at staff sickness records and the way in which sick is paid.” (Member of staff)

“A review of spending, e.g. daily 12/18 seater bus comes and delivers meals on wheels which is a much needed service, delivers to one of my neighbours, surely it would cut costs on diesel or petrol to use a small van.” (Service user)

6. Supported Housing

A total of 33 completed questionnaires were received. The respondents were as follows:

Respondent	Number
A member of staff	10
A carer	10
Currently a service user	10
An interested partner organisation	2
An interested member of the public	1
A care service provider	0
A community or voluntary group	0
Total	33

The main themes from the questionnaires are summarised in the table below.

Respondent	Themes
Staff (10)	<ul style="list-style-type: none"> - give clear info / proper consultation required (6) - loss of staff job / morale (6) - cut pay / t&c (cost saving) (4) - tackle inefficiencies / streamline (cost saving) (3) - general worries / don't change service (2) - concern over standards of private care (2) - some won't receive treatment (2) - divert money / fund other ways (cost saving) (1) - ensure equivalent / better alternative is provided (1) - praise for staff (1) - more staff required (1)
Carer (10)	<ul style="list-style-type: none"> - general worries / don't change service (8) - give clear info / proper consultation required (5) - social isolation / effect on health (5) - tackle inefficiencies / streamline (cost saving) (2) - ensure equivalent / better services are provided (2) - praise for staff (1)
Service user (10)	<ul style="list-style-type: none"> - general worries / don't change service (8) - give clear info / proper consultation required (7) - social isolation / effect on health (1) - more access to services (2) - praise for staff (1) - ethnicity eia (1)
Member of public (1)	<ul style="list-style-type: none"> - general worries / don't change service (1) - effect on service users (1) - praise for staff (1)
Partner organisation (2)	<ul style="list-style-type: none"> - general worries / don't change service (2) - more staff required (2) - concern over standards of private care (1)

Numbers in brackets are numbers of questionnaires received per respondent type and numbers of those whose comments are categorised per theme.

Individual interviews were also carried out with 19 people living in 11 different supported housing networks by specialist staff using pictures, symbols, simple explanations and questions.

The key themes emerging from the interviews and questionnaires are detailed below.

Key Themes

Overall rationale

There were several comments related to **general worries** about changing the service and requests not to make any changes.

“Please keep the care as it is” (Service user)

“As long as someone looks after me I'm fine.” (Service user)

One service user and one member of the public explained that the uncertainty surrounding the proposals was causing stress and making people ill.

“Any change makes me very anxious ... a lot of people are going to become ill because of the stress. It is hard enough to cope with our illness without all this stress” (Service user)

Perceptions of current service

Adults with learning disabilities living in 11 network supported houses were asked what they like about the current service. There were lots of positive comments about the support provided by staff, the accommodation itself and to a lesser extent the other residents.

“Staff go with me to the lunch club so that I don't get run over by a car. They help me cross the road.” (Service user)

“I can't cope without staff.” (Service user)

“The house 'agrees' with me.” (Service user)

“It's a lovely house.” (Service user)

“I've got friends at home.” (Service user)

Impact on service users

Carers, staff and service users were particularly concerned about the impact of any changes to staff and the potential for people to need to move from their home.

“His present staff understand him and his needs, also how to handle him which is quite difficult at times”. (Carer)

“Losing the staff that I know and love will be heartbreaking for me.” (Service user)

“Many of the clients have been in our service for years and class their staff as family. If these cuts go ahead this could be detrimental to them.” (Staff member)

“My son has a learning disability and lives in supported housing. So he may be adversely affected. This obviously creates stress and worry for both of us. It will affect his daily activities and standard and number/ratio of staff. This will affect my son’s quality of life. With fewer activities and staffing level (level and standard) possibly being cut to save money his life will become full of boredom. With only emergency admissions I’m frightened my son may end up with violent and disruptive users. My son is neither violent nor disruptive.” (Carer)

Staff and carers explained that continuity was of key importance, especially for those with learning disabilities and dementia.

“These people get very confused by change, lots of unfamiliar faces and changes in routine are detrimental to their well being.” (Staff member)

“As my son is in supported housing and has tried a number of alternatives it’s a fear of ours that it will all go backwards. He needs and has been most settled in this housing and as you will be aware to most of the service users change is frightening”. (Carer)

This was reiterated by service users as follows:

“I don’t like it when ‘bank’ staff are here, they don’t know me.” (Service user)

“I don’t want strangers helping.” (Service user)

“I’d like to stay here” (Service user)

A partner organisation expressed concern that changing staffing levels would have a negative impact on the clients’ ability to attend health promoting appointments e.g. hydrotherapy, rebound therapy, health-walks, outpatient appointments etc.

The general worries also related to a concern amongst carers and staff that the changes will result in less independence, less choice and less safety for service users. There was a worry that there would be a move back to institutionalised care.

“My mother lives in a stable environment and has in the later part of her life moved away from institutionalised care” (Carer)

“This does not affect me yet or the young person I look after. However, in the future, he might have wanted to move on to a more independent but well supported ‘network house’. I am concerned that the new proposals would give him less choice and less safety in supervision.” (Carer)

“Worry about my son's quality of life being affected.” (Carer)

“Worried about vulnerable service users being 'persuaded' to move, to reduce costs when they don't want to, wrong mix may happen because only taking new users into supported housing who are emergencies, this is likely to be those with violent and disruptive problems, so danger to other users”. (Carer)

This was re-iterated by one member of staff had who had worked under both types of regimes and said that with more independence the individual's life improved immensely.

“Taking control of their own lives and making many choices they never before had to influence.” (Staff member)

A partner summed up these concerns about the potential impact on service users as follows:

“Clients are at risk of having to wait for the rotating member of staff to attend to their care needs i.e. personal care. Reducing care staff will lead to clients having limited choices i.e. when to get up, go to bed, mealtimes, positioning, bathing, going out into the community. Basic needs will be met and other needs such as leisure and social activities will be severely compromised impacting upon physical and mental health and wellbeing. If staff job role is limited to providing basic care only it will lead to a decrease in job satisfaction and result in increased staff turnover.” (Partner organisation)

Impact on staff

Staff and carers raised concerns about the **personal impacts** of the proposals in terms of loss of jobs, mortgages, pensions, loss of long-service.

Impact on partners

One partner had concerns about the potential fragmentation of the service and the impact this could have on partners.

“The change over of service provider may have impacts upon the accountability, relationship and joint working of service providers with the landlord over resolving issues of repairs, complaints, rent arrears and ASB involving service users. Increased numbers of support providers may reduce the quality and effectiveness of these essential relationships.” (Partner organisation)

Priorities for future services

Some staff, carers, members of the public and partner organisations were concerned about the impact of transferring council provided care to external providers especially in terms of large fees, a **reduction in the quality of care** under a **privatised** arrangement and worries that staff pay and conditions would be affected.

“Companies tendering for the service would not have the best interests of the service users and staff in mind when delivering the service.” (Staff member)

“Local authority staff are highly trained and competent to meet clients’ needs. In the event of outsourcing to an alternative provider we are concerned that standards will not be maintained.” (Partner organisation)

“This client group needs a high level of support from competent and skilled teams of workers in an appropriate environment. The priority should be to maintain this. Maintaining access to appropriate stimulation in the house and in the community through social and leisure activities is vital to clients’ physical and mental health and wellbeing. It is not just about providing basic care.” (Partner organisation)

One partner organisation offered their support for the proposals to explore other options based on best practice elsewhere ...

“provided that these meet the needs and expectations of those service users affected, and their representatives”. (Partner organisation)

Some staff were concerned to ensure that an adequate **needs based approach** is included within the service review to ensure the complex needs of different groups of service users can be met by future service user provision.

In terms of **solutions** to address issues being faced, the following ideas were suggested by staff and partners:

- Private agencies could support social activities
- Merge network services and outreach
- Don't allow staff to claim sleeps if on sick or annual leave
- Offer staff overtime on bank-staff rate
- Reduce management and give them more houses to manage
- Reduce unnecessary paper work being sent out
- Tackle sickness and don't pay full wages for 6 months
- Make cuts in non front-line services
- Adult placements for some in supported housing
- Promote extra care housing to reduce residential admissions
- Look at personal budgets so service users can employ their own staff
- Ensure shifts are not covered twice
- Revise staffing mix and grade levels
- Wage slips to be collected rather than posted out
- Encourage set up of organisations to use/qualify for lottery funding to run activities
- Combine and reduce backroom staff - share backroom staff with other departments/supplies.
- Fewer chiefs / middle management / office staff

Adults with learning disabilities and questionnaire respondents were asked about their priorities for future services. While most indicated that they want things to **stay the same**, a few suggested **changes** they would like to make.

“I would like some pets in the future. Pets are not allowed at my house which I don't like.” (Service user)

“I feel I could cope on my own but have not been given the chance.” (Service user)

“I want to help cook but I am not allowed.” (Service user)

“I’d like to meet new people.” (Service user)

“Well I have lived in x (home name) for over 10 years and I need a change at least a change of environment and a better quality of life.” (Service user)

“Am not too sure but probably help me hold more responsibility for myself.” (Service user)

One service user emphasised that 24 hour support is important.

“I don’t want to be alone at night.” (Service user)

Other solutions

Some people feel the Council should put more effort into managing the service to be financially viable.

“If other service providers can run the service as a profit making concern how come the council can’t run it on an even keel.” (Member of staff)

“Focus on ensuring the majority of specific roles/tasks within a post being mainly a specific scale for the job or graded as such. Where there are significant lower scale tasks to look at revising generic posts with mixed scale tasks to potentially replace higher scale workers with a balanced mix of staff on both lower and higher scales with a focus on the level of duties involved.” (Partner organisation)

Many seemed to understand that cuts needed to be made but felt strongly that the quality of life of vulnerable people should be a priority and therefore **money should be taken from elsewhere**.

“We realise the cuts have to be made. I just wish they did not have to be so drastic, so quick and aimed at the most vulnerable. How about cutting bonuses for bankers and politicians instead!!!!” (Carer)

“Only that whatever cuts have to be made, need it to be on the most vulnerable.” (carer)

Support required

Staff and carers want to be kept **informed** of the proposals and **involved** as much as possible – especially when making a decision about individuals or houses.

“Any decisions should be made in full consultation with everyone who knows the person well.” (Staff member)

*“Talk to me and tell me the truth about what is happening in a way I can understand.”
(Service user)*

“Help me stay in charge.” (Service user)

It was clear from enquiries to the helpline and drop in events that families and carers in particular would appreciate more detailed information on how any changes will be made e.g. the contract/tendering system. Some families and carers are very interested in being involved in developing the new model.

Others wanted **reassurance** that the quality of care will not be affected by any changes.

“You can just reassure me that the quality of my mother’s care will not be compromised in any way, shape or form.” (Carer)

“Protections for service users to remain in their homes with staff continuity and enough staff to take users to activities and help to enable users to take part in activity. Users should be able to have a say in who their care workers are and have a veto on new users coming into their home. Should not have violent/disruptive users imposed.” (Carer)

“There will need to be a commitment from both BMBC and support service providers to manage these changes to ensure landlords and local communities are not negatively impacted especially where the proposal results in a cut of support to a specific property. There will need to be a flexible response in increasing the support in times of significant issues rather than assumptions made that current individuals whilst stable will remain so for the future.” (Partner organisation)

One carer made an appeal that the council take their time to implement changes.

“Slow and sensitively do any changes.” (Carer)

Adults with learning disabilities were asked how they would like to be kept informed about any changes. There were preferences for different approaches as follows:

“You can send someone to visit us to talk properly.” (Service user)

“I like letters, staff help me to read them.” (Service user)

“I want people to talk about changes.” (Service user)

“I like CD’s of people talking about changes.” (Service user)

7. Preventative services

A total of 20 completed questionnaires were received. The respondents were as follows:

Respondent	Number
A community or voluntary group	7
Currently a service user	3
An interested member of the public	2
A member of staff	2
A carer	3
A care service provider	2
An interested partner organisation	1
Total	20

The main themes from the questionnaires are summarised in the table below.

Respondent	Themes
Community and voluntary group (7)	<ul style="list-style-type: none"> - general worries (7) - tackle inefficiencies (2) - give clear info / proper consultation required (4) - ensure equivalent / better services are provided (1) - more staff required (1)
Service user (3)	<ul style="list-style-type: none"> - general worries / don't change service (2) - tackle inefficiencies / streamline (cost saving) (1) - give clear info / proper consultation required (1)
Carer (3)	<ul style="list-style-type: none"> - effect on carers / family (2) - give clear info / proper consultation required (2) - ensure equivalent / better services are provided (1) - divert money / fund other ways (cost saving) (1)
Staff (2)	<ul style="list-style-type: none"> - give clear info / proper consultation required (2) - some won't receive treatment (1)
Member of public (2)	<ul style="list-style-type: none"> - fund other ways (1) - general worries (1) - more information needed (1)
Partner organisation (1)	<ul style="list-style-type: none"> - general worries - more information needed - increase workload
Service Provider (2)	<ul style="list-style-type: none"> - general worries / don't change service (2) - give clear info / proper consultation required (1)

Numbers in brackets are numbers of questionnaires received per respondent type and numbers of those whose comments are categorised per theme.

There have also been a series of meetings with current preventative service providers during the consultation period to discuss future options. Some of these providers have also provided a formal written response to the consultation. An individual service provider has carried out their own consultation with service users (48 completed questionnaires) and included this within their formal response.

The key themes emerging from the meetings, questionnaires and formal responses are detailed below.

Key Themes

Impact on service users

There was a concern amongst service users and voluntary groups that the changes would reduce home visits and other activities hence reducing important stimulation for these individuals and **increasing isolation**.

In terms of mental health preventative services it was clear that many users feel this service keeps them well and out of hospital. More people are relying on these services already due to cuts in other areas. If preventative services are cut this is likely to have a significant **impact on the ability of service users to cope**.

“If all the voluntary groups providing preventative services are weakened by massive funding cuts at the same time as statutory cuts come into place, the needs of vulnerable service users and their carers will go unmet. This could precipitate statutory intervention later on which would be unfortunate for the individuals concerned, potentially avoidable, and a needlessly expensive outcome.”
(Voluntary/community group)

One partner organisation asked that robust advocacy information and signposting services are maintained for people with learning disabilities and their families, explaining that;

“It is often the families who are left to pick up the pieces when things fall apart and they can feel very isolated and helpless” (Partner organisation)

The Safeguarding Board accepted that the thinning out of a wide range of services that play an important role in triangulating the safeguarding approach is likely to put pressure on the system.

Preventative service providers have emphasised that although they will do their best to protect services given the scale of the budget reductions this is likely to be difficult in some areas.

Impact on service providers and community / voluntary sector

Another member explained that the changes being proposed will result in a reduction in the amount of money available and **less security**, having a knock-on effect in terms of the ability to secure additional external funding for project work.

It was accepted that the voluntary and community sector will **need to become more entrepreneurial** in the future and may need to consider changing their business model. Some of the specific potential impacts include:

- Seeking cheaper office accommodation away from the Bolton Hub;
- Further rationalisation of office posts which may impact on the ability to seek further external funding;

- Rationalisation of service delivery and less targeting at deprived areas/where there are known gaps in services;

Impact on volunteers

There was concern from volunteers that they may be left unsupported.

“I will have no manager to give support and guidance making me and the person I visit feel vulnerable” (Voluntary / community group)

Quite a few volunteers have responded to the general questionnaire to say that they would be upset if they couldn't volunteer any more and that it , it would have a significant impact on their own lives.

“I am a volunteer for the XXX and I visit a client and her husband on a weekly basis. Over the time I have been visiting them we have formed a warm friendship that is beneficial to both of us. I also help at the 2 Luncheon clubs and have formed friendships with other volunteers and clients. If funding was to be significantly reduced or stopped I would feel the same emptiness and lack of purpose in my life that I felt before I began this volunteer work.” (Volunteer)

Impact on partners

They also felt that reducing preventative services would have a **knock-on effect on other parts of the health and care system** or would remove people from the system altogether, costing more in the long-run.

“A reduction in this type of funding will have dire consequences for local health care and within local communities and will cost the council more” (Current service user)

“In the long term cuts to prevention will have an impact on statutory services; financial savings would be short term.” (Voluntary / community group)

“Preventative services such as ours save huge costs by helping people to avoid expensive psychiatric hospital stays” (Voluntary / community group)

“We appreciate the need for change and find it difficult to understand why reducing preventative services will have a positive impact. We know that without our service many of the people we work with will almost certainly end up either in hospital on acute psychiatric wards or worse” (Voluntary / community group)

“An increase in preventative care would be more beneficial ...keeping people out of hospital ... saving money in the long-term” (Voluntary / community group)

“We would draw to your attention the fact that the annual cost of a hospital bed is in the region of £250,000 (the amount by which the preventative budget is being cut). Preventative services have a critical part to play in keeping people out of hospital and in relation to mental health are crucial in supporting individuals to remain mentally stable and emotionally well.” (Voluntary / community group)

There was some concern that if the proposal for existing providers to find the budget reduction required for 2011/12 (while a grants scheme is developed) is agreed there could be significant impacts on the organisations and services currently provided.

*"I am also extremely concerned about what this will mean in reality in terms of the impact on their service users and the sustainability of their organisations."
(Community / voluntary group)*

One partner organisation detailed the services they currently provided and explained that they were keen to grow their commitment but that until they knew the level and range of funding support available from the council they were unable to plan for the future *"in the responsible and effective way that we wish"*

Another partner organisation explained in detail how the changes would impact their organisation;

"The proposal to reduce funding by a third will mean significant changes in the level of service which we can provide to mental health service users and carers in the borough. It will mean reduced hours of opening ... reducing the hours of the manager and part time admin worker and thereby reducing our ability to attract funding from outside of the borough. We will not be able to help people find new jobs or gain qualifications and training for long term unemployed people with mental health problems" (Partner organisation)

Priorities for future services

It was felt by members of the voluntary / community groups that the role of preventative care in the community would become **even more important** given the proposed changes to eligibility criteria, the proposed increased charges for other services and the aging population.

"Reducing the preventative budget by 33% will place huge strain on local preventative services at a time when there is likely to be increased demand for such services due to the proposed restriction of the eligibility criteria to the top two bands only. The proposed increase in charges for services will also mean people look to preventative services for support rather than pay charges" (Voluntary / community group)

"Tackle the challenge of an aging population by putting prevention in the forefront to improve lives and get the best possible value for money." (Partner organisation)

Preventative service providers feel it is important for statutory agencies to acknowledge the important contribution they make as **key partners** in the delivery of excellent local services. It is also felt to be important that the Council should distinguish between commercial providers and those that have developed from local communities.

A partner organisation commented that in the longer term it would be useful to consider whether there could be a **combined preventative grants** pot beyond just the Council as a bigger pot would be more likely to encourage new ideas. It was suggested that although

finance is difficult it could be that this encourages everyone to think differently and generate more creative solutions.

“We need to think the unthinkable. Let’s look at everything. We need to remove the silos and grapple the thorny questions e.g. how do we power down to neighbourhood level and bring prevention down to people’s doorsteps?” (Partner organisation)

“I see this as an opportunity for Adult Services to link with other funders of preventative services (e.g. NHS Bolton, Bolton at Home, etc) so that a more strategic partnership grants pot can be created in future years.” (Community/voluntary organisation).

There was some concern among service providers that the amount of money available for the grant pot could be further reduced in the future. It was felt to be important to maintain **stability**.

Within the non user focus group, participants felt that it was important to continue providing activities which encouraged older people to remain active (both physically and mentally) feeling that this would reduce the level of care needed in the future.

Operating the new grant scheme

In response to a specific question about the proposed **Grant Scheme** it was felt this wouldn’t work for some care in the community schemes because they need to be operated on a contract basis.

“Grants are more appropriate for some groups, but for some contracts are more feasible. The key issue being stability for the voluntary and community sector. Contracts can also support application for other funding.” (Community/voluntary organisation)

“These services leverage a huge amount of voluntary effort, but this effort needs organising and coordination by a small contingent of paid professionals who really understand local need.” (Interested member of the public)

“We are quite used to and happy with the idea of working with a contract... we tend to view grant funding as more transitory and project orientated, while we view contract funding with less in the way of permanence” (Community / voluntary organisation)

Others felt that the grant scheme would also be under threat (not enough money in the pot) and that it could be difficult for people to manage their own grant, and many were concerned about increased administration requirements;

“A hasty change to an untried new grant scheme could result in a considerable increase in the time that our staff have to spend on form filling and administration.” (Voluntary / community organisation)

“We are concerned that a grants system will lead to an increase in the amount of time our paid staff spend doing paperwork, rather than the hands on management of

the services, to the detriment of the service provided to our clients” (Service provider)

“If a grant scheme is imposed I think it should operate with the minimum of paperwork, perhaps with one body prepared to administrate. The success of voluntary services depends fully on the Managers being able to be hands on and not being bogged down with paperwork” (Voluntary / community organisation)

There was considerable concern among existing preventative providers and partners that there is **insufficient time** within the existing proposal to develop and implement the new grant scheme.

“Current & past experience with grant seeking bodies has proved to be restrictive, bureaucratic & time wasting hence the need to seek the widest possible range of good practice before deciding.” (Partner organisation)

“We are concerned that the council will attempt to implement a grants system in an unrealistic timescale. The further consultation that would be necessary would inevitably be rushed and there would be insufficient time to come up with a workable and effective system that would have the confidence of everyone involved” (Service provider)

Some partners were more positive about the grant scheme but emphasised the need to develop it on the basis of **good practice and suitability to local needs**. The need to work closely with local organisations to develop the scheme was emphasised.

“Good practice points to 3 year agreements which allow groups to plan well for the future but this may not fit everyone’s needs.” (Community/voluntary organisation)

“Given that we are talking about ‘preventative’ services, and not ‘statutory’ services I would hope that grant levels can exceed the European tendering limit if applicable. The Big Lottery happily gives out 3 year grants worth £500,000 in total so there must be a way to do it!!!” (Community/voluntary organisation)

“The council should learn from best practice and the experience of those other Local Authorities who are further down the road in implementing change. It is vital that sufficient time and emphasis be given to such research to ensure the workability of whatever scheme is devised” (Service provider)

Support required

There were requests for **more information** amongst staff, public and voluntary/community groups. They wanted assurance that any changes would be explained fully and would ensure the needs of service users continued to be met with **alternative** options being available should the council no longer be able to meet these needs. They also requested guidance and support for voluntary organisations to help run the service on a reduced budget and to source top-up grants and provide practical support for volunteers.

“Keep us well informed about what is happening and how people in need of support in the community can access (changed) service provision” Member of public)

Preventative service providers and community / voluntary groups have requested they play an active role in the development of the new preventative commissioning strategy and the new grants scheme and require more regular and open dialogue with the council. They have also requested that the council as a whole provide support to enable them to respond to the need to change in terms of staff organisation and development, seeking alternative funding options, and developing new business/service delivery models.

“Please can you let me know if I can contribute in anyway, I would like to be involved” (Community / voluntary group)

“For the future it would be helpful to work jointly with us, use our nimbleness and broad ranging skills and abilities, involve us in what you are doing all the time – rather than when problems occur” (Community / voluntary groups)

Other solutions

In terms of **solutions** to address issues being faced, the following ideas were suggested:

- look at investing in service which leverage local voluntary and charitable groups who really understand local needs (public)
- Make savings in other areas – put the health and welfare of service users first
- Focus on continuing to develop an excellent relationship with the local voluntary sector and preventative services
- Do an audit of council staff to cut unnecessary / duplicate posts
- Adopt a two-tier approach – small grants fund and larger contracts. Ring-fencing preventative budgets to existing voluntary organisations (‘preferred providers’) who receive contracts / grants from council and have a small grants scheme which could be merged with other grants already in existence.
- Allow the preventative providers to deliver the savings required for 2011/12 by negotiating reduced contract values to allow more time for development and implementation of the grants scheme.
- Improved co-ordination of befriending services via a consortium arrangement.
- Identify a separate and additional funding pot for potential new providers under the ‘Big Society’ initiative.
- Use established local community activities and access them with the help of befriending services at local level.
- Diversify and change the whole system - providing tailored services rather than just one service.
- Make a single grant to a consortium of preferred suppliers, leaving it to the consortium to administer the grant and decide how funding be allocated to individual providers.
- Continue (at a reduced level) the contracts for another year – so that good practice (re: grant schemes) can be fully considered and consulted upon.
- The council could help voluntary / community organisations find ways to continue providing the services that are needed - through joint working or helping to lever money in from outside sources.

Finally, many felt that the welfare of quality of life of vulnerable people should be a priority and therefore money should be taken from elsewhere.

8. Home Care

A total of 36 completed questionnaires were received. The respondents were as follows:

Respondent	Number
Currently a service user	16
A carer	13
A member of staff	4
An interested member of the public	1
A care service provider	1
A community or voluntary group	1
An interested partner organisation	0
Total	36

The main themes from the questionnaires are summarised in the table below.

Respondent	Themes
Service user (16)	<ul style="list-style-type: none"> - general worries / don't change service (10) - give clear info / proper consultation required (7) - social isolation / effect on health (5) - tackle inefficiencies / streamline (cost saving) (4) - divert money / fund other ways (cost saving) (3) - ensure equivalent / better alternative is provided (3) - effect on carers / family (2) - more staff required (1) - some won't receive treatment (1) - loss of staff job / morale (1)
Carer (13)	<ul style="list-style-type: none"> - give clear info / proper consultation required (9) - general worries / don't change service (6) - concern over standards of private care (4) - loss of staff job / morale (2) - effect on carers / family (2) - divert money / fund other ways (cost saving) (1) - offer staff retraining / help to find new jobs (1) - council / others being short sighted (1) - pay for services themselves / raise prices (cost saving) (1)
Staff (4)	<ul style="list-style-type: none"> - offer staff retraining / help to find new jobs (3) - loss of staff job / morale (2) - give clear info / proper consultation required (2) - ensure equivalent / better alternative is provided (2) - tackle inefficiencies / streamline (cost saving) (1) - cut pay / terms and conditions (cost saving) (1) - general worries / don't change service (1) - some won't receive treatment (1) - concern over standards of private care (1)
Public (1)	<ul style="list-style-type: none"> - concern over standards of private care (1) - tackle inefficiencies / streamline (cost saving) (1) - give clear info / proper consultation required (1)
Service provider (1)	<ul style="list-style-type: none"> - general worries / don't change service (1) - tackle inefficiencies / streamline (cost saving) (1)

Community and voluntary group (1)	- general worries / don't change service (1)
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Numbers in brackets are numbers of questionnaires received per respondent type and numbers of those whose comments are categorised per theme.

The key themes emerging from the consultation are detailed below.

Key Themes

Impact on service users

There were some comments in support of keeping the **Elderly Mentally Ill (EMI)** service available to existing users for as long as required.

"Mrs X will not be going 'out to contractors' she doesn't like strangers. The in house Home Care girls have become part of the family and they are dedicated, loyal and trustworthy." (Carer)

"If I read it correctly the proposals will not affect the service provided to my brother who is currently receiving 4 daily visits by the previously known EH support team. If this ceases then I/we would have a serious problem." (Carer)

There was also some support for the proposal to extend the **re-ablement** service. There was however some concern that checks should be built in to ensure people continue to cope once they leave the re-ablement service.

"The proposals of re-ablement could dramatically reduce the amount of referrals that come in and possibly reduce the amount of long term service users if they are assisted back to baseline to reduce the amount of services they require." (Member of staff)

"Re-ablement services are an excellent idea in principle. I am just concerned for the more vulnerable members of the community if a care worker does not periodically visit them to make sure there is no deterioration in their circumstances." (Community or voluntary organisation)

"We are especially pleased to support the proposed extension of the re-ablement service, and would positively welcome the opportunity to explore/discuss the role of volunteers in supporting such a development." (Partner organisation)

In addition there was some support for the proposal to train '**Personal Assistants**'.

"Training PAs I feel will be beneficial as I often find people do not want direct payments as they have no-one in mind to provide the service and they feel it easier to have Dom Care than find a suitable PA." (Member of staff)

"Maintaining quality of provision by ensuring adequate training and experience for the "Personal Assistants'." (Carer)

Some respondents were concerned that the proposals may mean service users will get a **reduced home care service** in future.

“If my hours are cut it will affect me in many ways as my home care seems fine and I get what I want.” (Service user)

“I will be left vulnerable... I do not want to be left without help as in previous years, this was stressful and worrying.” (Service user)

“I suffer from 2 broken shoulders I still need a carer for personal hygiene as I can't use the bath and have no shower.” (Service user)

Others were concerned that they may have to change to another care provider which will cause **disruption and uncertainty**. Many felt they do not want to change.

“Retendering of existing contracts may mean that Surecare might not retender or meet requirements that way this will have a massive effect.” (Service user)

“I fear both care wise and financially. The one thing that worries and upsets old people is change.” (Service user)

“I may have a different care agency or different unfamiliar carers. This will cause anxiety as I like the people who provide my care.” (Service user)

“Re-tendering contracts could have a negative effect. In place at the moment are people trained in dealing with specific local issues. New companies coming in would take time to fully engage with the local client base and in the short term quality would dip.” (Carer)

Some service users and carers indicated that there may be **an increase in the use of hospital services** as a direct result of a reduction in home care.

“I worry that if my support worker is taken off me that I will end up in hospital again, because that is what happened last time my support was taken away”. (Service user)

“Change and uncertainty to the regular daily routine can have an adverse effect on the client - which in the past has caused major problems and even hospitalisation to stabilise client.” (Carer)

Others were more optimistic and hoped the proposals will have **no impact** on the service they receive.

“The service we receive now is very good and hopefully this will continue under any new contract.” (Service user)

Impact on service providers

A care service provider had some concerns about the potential impact of the proposals on their business.

“It will affect my business - probably adversely, if the introduction of additional Service-Providers takes place this will affect the provision already contracted to existing providers.” (Care service provider)

Impact on staff

There were some concerns about the proposal to eventually close the in house Elderly Mentally Ill (EMI) service and the potential **loss of skilled staff**.

“I cannot understand why a dedicated team like this is being broken up. It is a kick in the teeth when this service got the council a 4 Star inspection - no job security.” (Carer)

“If Council’s in-house Home Care staff have to be reduced then employees should be assisted to stay within social care economy if they wish - so that the skills and experience is not lost forever” (Member of staff)

“The council should not make the same mistake of finishing too many workers and then realising they have got rid of too many” (Carer)

“The proposal to recruit and train unemployed people from deprived areas to become PAs- at the same time as making experienced, proven, qualified Support committed workers is CRAZY! There will be high levels of drop out and wastage from a group who have no commitment to this work and client group. You should find ways to assist our own H/Care staff to consider and become PAs if they want” (Member of staff)

There was also concern that if private sector home care providers lose their contracts this will have a knock on impact on local jobs.

“By ensuring existing Providers are given new contracts therefore protecting the staff - who are all Bolton tax-payers.” (Care service provider)

Priorities for future services

Several respondents felt that the decision to use **private sector** home care providers instead of the in-house Elderly Mentally Ill service will lead to a reduction in the quality of care provided.

“From experience the private sector care agencies give poor quality care.” (Carer)

"If the service goes out to tender, I believe the level of care will deteriorate. We have seen this in care homes." (Carer)

"There is too much reliance on poor private sector providers. I have not yet come across a good provider." (Carer)

"I am very worried and concerned that all the emphasis on long term home care is with the private sector. From experience they offer a very poor unprofessional service. No matter how complex a person's needs are they spend 10 - 15 minutes on a visit which means rushing a vulnerable person". (Carer)

A member of the public also suggested that Bolton Council should provide a long term in-house home care service.

"Bolton Council should offer a home care service as long term enablement service to all communities not through private services." (Member of public)

A range of other **priorities** were suggested for future services as follows:

"To continue to help the vulnerable and most needy" (Service user)

"Please do not reduce the funding." (Service user)

"I feel that mental health services have been under funded in the past and feel it is unfair to face further cut backs" (Service user)

"Closely monitoring the outsourced EMI to ensure they have support and provide the detailed service that in-house EMI provided." (Member of staff)

"The SERVICE-USERS! Ensuring they are properly assessed against their actual needs - this varies greatly depending on who the Social Worker/ FACS assessor is!" (Service provider)

"Maintaining the quality of home care services - no matter who delivers them - this requires a stronger relationship than there currently is used with Contracted providers and their inspections." (Member of staff)

"Dementia needs due to the projected increase in numbers and dependency levels." (Member of staff)

Some respondents want the Council to ensure that an **equivalent / better alternative** will be provided as a result of these proposals.

"Improve services and maintain these improvements. Most of the older generation deserve it! - and should not be deprived." (Service user)

"Care and safety of vulnerable people and monitoring quality at all times". (Carer)

“We all realise the cuts are inevitable and need to do the easiest possible passage for our dementia (mental health) clients making some agencies know every small and large but very important details about the client they're taking on, likes and dislikes etc.” (Member of staff)

“Train new staff to a good manner enabling the change to be as easy as possible for service users.” (Member of staff)

Support required

When asked what the council can do to support people through the changes, respondents requested to be **kept informed** at all stages of the process.

“Tell us in advance if and when changes are made.” (Service user)

“I can't attend meetings so updates by post / email / internet are my source of information.” (Service user)

“I think you need to visit the drop-in centres to explain to people exactly what these changes will mean to those people who use the services, as a lot of them have learning difficulties and cannot grasp the changes proposed”. (Service user)

“Keep me informed - which you are doing. Keep me updated - which you are doing. Assist me unconditionally over the changes.” (Carer)

“Plenty of updates through coordinators/managers as to where we are up to.” (Member of staff)

Some respondents suggested there may be a need for **clearer information** on what the implications of the proposals may be for service users. Some people are very concerned about the potential changes and the consultation has caused them to worry.

“New budgeting guidelines make it unclear whether or not we will be able to retain the current home care support we have at present.” (Carer)

“Will we continue with the same support service? Will this be arranged centrally or by myself? (Carer)

“Mrs X is being affected and upset - fearful she will lose all contact and services. She is also worrying about dismantling other Council services - are they going? Mrs X has no living relatives.” (Care worker)

“Assure me that you are not going to stop available support.” (Service user)

“The changes are very stressful because of the uncertainty” (Carer)

“If all the services are to be commissioned: who do customers complain to?”

Who is accountable for unacceptable service? What measures will the council take to prevent bad, inefficient services?" (Carer)

There were some concerns about the implications of **personal budgets** for service users and indications that more information is needed about this to reassure people.

"Maybe it will be more work for me to manage my personal budget." (Service user)

"I wouldn't be able to live at home because I can't arrange care and "personal budget" it would be too complicated. I would not be able to do these things." (Service user)

"If care needs change will my personal budget if I need more or less care?" (Service user)

Respondents also asked that the council **listen** seriously to the consultation results.

"Listen and act on feedback. Do not rush through changes that destroy years of good in house service provision." (Carer)

"To listen to carers and service users and act on their concerns and not just 'pay lip service' to these matters." (Carer)

"I think you have your priorities right in the proposal documents ... but listen to carers." (Carer)

Other solutions

A range of suggestions were put forward to improve the **efficiency** of the home care service as follows:

"Additional to current proposals, make more efficient location match to client/carer reducing travel costs in time and expenses." (Service user)

"Stop paying staff half an hour's pay for delivering their timesheets, every person employed can afford a stamp to post in their timesheet." (Service provider)

"Introduce telephone monitoring across all services to reduce your wage bill." (Service provider)

"Our service has always been a good one, but there has been a lot of money wasted and in these times of recession every last detail should be taken into account. Particularly the amount of mileage used for a greener environment. H/Support Travelling to. i.e. Westhoughton whilst support workers from Westhoughton have been sent to Bolton passing one another en route! It makes no sense. Future services should look to cutting mileage and wastage." (member of staff)

“Find a cheaper but still reliable care service and ensure that times of visits are cut to a minimum requirement and that times booked are signed for by the person receiving care.” (Service user)

Other suggestions were made to find alternative sources of **funding** or to make **savings in other areas**.

“Perhaps some of the more non essential schemes for the town could be shelved until such times as things are more stable.” (Service user)

“The Council should increase Council Tax to ensure people do not lose the service they receive” (Service user)

“Free services for disabled and elderly should continue but general public should asked to pay e.g. leisure and bus passes, health centres etc. Unnecessary luxuries!” (Service user)

“Discussions with the health service for it to make a contribution to social care. The health service to have a greater role in social care. GP's to have a better knowledge of social care provision” (Carer)

“Look at waste and duplication in all areas. Close down unnecessary departments”. (Carer)

“To eliminate middle management” (Member of public)

“Reduce the amount of Higher Managers - who seem to circulate around meetings for most of their working time.” (Service provider)

“Apply a blanket ban on all temp staff from agencies and encourage existing staff to become more efficient.” (Service provider)

9. Extra Care

A total of 86 completed questionnaires were received. The respondents were as follows:

Respondent	Number
Currently a service user	68
A member of staff	7
A carer	5
An interested member of the public	4
A care service provider	0
A community or voluntary group	0
An interested partner organisation	2
Total	86

The main themes from the questionnaires are summarised in the table below.

Respondent	Themes
Service users (68) (22 General survey) (46 Questionnaire – tailored specifically for service users)	<ul style="list-style-type: none"> - want everything to stay the same - especially staff (44) - praise for staff (30) - give clear info / proper consultation required (26) - just general worries / don't close (24) - quality of care is important (21) - concern over standards of private care (15) - companionship / social activities are important (10) - allow people choices regarding services (8) - safety is important (6) - council / others being short sighted (6) - loss of staff job / morale (5) - ensure equivalent / better alternative is provided (4) - cut pay / T&C (cost saving) (3) - tackle inefficiencies / streamline (cost saving) (3) - effect on carers / family (2) - ethnicity (eia) (1) - divert money / fund other ways (cost saving) (1)
Staff (7)	<ul style="list-style-type: none"> - praise for staff (4) - cut pay / T&C (cost saving) (4) - concern over standards of private care (4) - give clear info / proper consultation required (4) - loss of staff job / morale (4) - just general worries / don't close (4) - ensure equivalent / better alternative is provided (3) - divert money / fund other ways (cost saving) (2) - tackle inefficiencies / streamline (cost saving) (2) - more staff required (1) - more access to services (1)
Public (4)	<ul style="list-style-type: none"> - just general worries / don't close (2) - more access to services (2) - social isolation / effect on health (1) - tackle inefficiencies / streamline (cost saving) (1) - cut pay / T&C (cost saving) (1) - divert money / fund other ways (cost saving) (1)

	<ul style="list-style-type: none"> - socio-economic (eia) (1) - give clear info / proper consultation required (1) - ensure equivalent / better alternative is provided (1) - council / others being short sighted (1)
Carer (5)	<ul style="list-style-type: none"> - just general worries / don't close (4) - praise for staff (2) - cut pay / T&C (cost saving) (2) - effect on carers / family (1) - divert money / fund other ways (cost saving) (1) - loss of staff job / morale (1) - paperwork to complete (1) - pay for services themselves / raise prices (cost saving) (1)
Partner Organisation (2)	<ul style="list-style-type: none"> - just general worries / don't close (2) - divert money / fund other ways (cost saving) (1) - social isolation / effect on health (1)

Numbers in brackets are numbers of questionnaires received per respondent type and numbers of those whose comments are categorised per theme.

Meetings with Extra Care housing tenants were also facilitated by social care staff to discuss the proposals in more detail and answer questions. Staff supported service users to complete 'easy read' questionnaires.

The key themes emerging from the discussions and questionnaires are detailed below.

Key Themes

Impact on service users

The majority of service users were **generally worried** about the service changing and they wanted **everything to stay the same**.

"Quite happy at the moment don't want things to change. Would like things to stay the same." (Service user)

"Don't change what is working." (Service user)

"Frightened of change." (Service user)

"Don't change. This has been a big move to extra care as it is - don't want another change!" (Service user)

"Two members of my family rely on this support. They are worried about the future, they feel helpless and are worried that they will be abandoned and will not be able to manage without the professional support you currently provide." (Carer)

Service users particularly want the **staff** to remain unchanged. They feel they have security with familiar carers who know their needs or with them being around all the time.

"I came in here for the help and security that they told me I would have. I now feel that is a broken promise if you go ahead with the changes. I look on staff not just as

staff but my friends and to take them away means at my time of life I will be lonely and friendless, I will have nobody.” (Service user)

“I want it to stay the same here. I know the carers and trust them. They know me well and what I need”. (Service user)

Impact on carers

Changes would cause worry and concern to carers.

“My mother lives at Eldon Street. I live 120 miles away and visit every 2 weeks (at least). The staff at Eldon Street provide me with peace of mind. I am not in a position to move to Bolton to be nearer to my mother.” (Carer)

“My son is currently getting support though a charity which receives funding from the council. All the proposals that you are putting forward cause a great deal of worry to me and his mother.” (Carer)

Impact on staff

Respondents commented on **loss of staff jobs and morale**. Some were concerned that if they transfer to a private sector provider they will lose pay, terms and conditions of employment and will possibly have to work different hours.

“We will not be able to give as much time and support to the service user due to profit being more important than the wellbeing of people.” (Member of staff)

“The council should be more transparent with the information given about changes and what the new provider will be given i.e. contracts, wages. Will we be moved? Will the service remain extra care housing? Running along side with BMBC regulations and standards and the quality of the service provided and the high standards of training provided. Will this still be the same? With a private sector company??” (Member of staff)

“It will affect my career in the care sector. I will be transferred to new employer and contract. Will I be on a lower grade of pay (private sector pays less). My working hours may be decreased and working rate changed. How will I be able to deliver the same care and support standards on the new terms and conditions has time with the service user will be on a very tight timeline - if it's all about cost and saving money.” (Member of staff)

There was some public concern about the rationale of transferring trained staff into the private sector.

“As a tax payer my money has gone to pay for the training of these care officers for the benefit of private care companies to reap the benefits.” (Member of public)

Priorities for future services

There was a general feeling that it is important to maintain the **quality of care**.

“The quality of care for tenants’ service users and staff maintain the same standard of care”. (Member of staff)

“To give tenants the care and support they have always had.” (Member of staff)

“We have some staff helping from the community and they can be quite abrupt, I have asked our care staff if possible not to send them into me on visits because I'm blind and I find they rush me and don't take time and care of me like the Extra Care staff.” (Service user)

The ability to **make choices for themselves** was a priority for many service users.

“Surely we should be able to make a choice, my choice is no change.” (Service user)

“I have lived here 6 years and have been very happy with services and staff. That is my priority. I feel you are taking my choices away.” (Service user)

“Give us a choice in the service we want. Stop targeting us because we are elderly and vulnerable.” (Service user)

Companionship and social activities were also important for future services. It was clear from some of the tenant meetings however that this is a potential area for improvement in some schemes.

“My social life, companionship. I didn't have this before I came to live at Eldon. I was lonely; I wouldn't do anything differently in future re: my care.” (Service user)

“We used to go on trips and liked that – we don't do this anymore.” (Service user)

Other priorities suggested include:

“Ensure that services are accessible to people under 60.” (Member of staff)

“Increase staff during the day and at night. If 2 carers could be available at night it would dramatically increase referrals and decrease the amount of residential care. Also to provide more social activities.” (Member of staff)

“Maintain high training levels.” (Member of staff)

“To feel safe and cared for (nobody here at night is a big worry).” (Service user)

“I would like to have medical care in house.” (Service user)

“I would wish that at some point in the near future would be extended to 24

hours to enable us to stay here rather than have to go into care homes or hospital.” (Service user)

There was some concern over **standards of private care** stating that they tend to pay less and have a profit led mind frame rather than service led like local councils.

“My experiences of the private sector is low pay and lower standards due to profit becoming more important than staff and tenants. Higher staff turnover”. (Member of staff)

“The standards of care will drop if private companies take over. Extra care housing is one big family under one roof, why change this. We will never receive a service like what we receive now, this is quality.” (Carer)

“A private company may not understand the needs of people who need this service.” (Service user)

There were also concerns about the monitoring of services and social care assessments. A potential suggestion was made as follows:

“I believe you should form and train a group of impartial volunteers to assess and monitor the decisions made by social work assessments to ensure consistent levels of care around the borough. GMP uses a number of monitoring groups in this way.” (Member of public)

“Ensure quality provision and the accountability of service providers.” (Partner organisation)

On a more positive note some social care staff felt the proposals may **improve the service** and enable more service users to be referred to the service in the future.

“I would be able to refer more service users to extra care if they provided more social activities and they had better night support. The current 2 carers during the day and 1 at night is not sufficient enough and therefore not enough referrals are being made. To increase the amount of staff would greatly increase the amount of referrals as service users would be safer and would be able to receive better support enabling them to reside there for longer and reducing the amount of admissions to long term care.” (Member of staff)

Support required

It will be important to keep service users and staff **informed** as changes are made, to **consult** with them on specific future options and to be clear about what is being proposed.

“Keep staff informed and be honest about the future of extra care housing.” (Member of staff)

“The council should be more transparent with the information given about changes and what the new provider will be given i.e. contracts, wages.” (Member of staff)

“I wish to be consulted regarding all changes.” (Service user)

“Communication is very important. Any information given/sent to my mother personally would probably not be passed to myself.” (Carer)

“The proposals aren't clear.” (Service user)

“Talk to us in easy to understand language.” (Service user)

Some service users were very concerned about the prospect of staff changes and may require support to help them cope with any **transition**.

“If I have new staff I won't be able to trust them as I do the staff I know. It takes a long time to build up friendship and trust.” (Service user)

“I'm very happy the way things are. Will I be alright?” (Service user)

It was also clear from the consultation that it will be important to ensure service users have access to **additional support** if required while changes are being made to services. An example of this was an enquiry which was referred to the customer relations team from a service user who believed staff had been badly treated as a result of the proposals resulting in major anxiety for both staff and service users.

It was clear from the tenant meetings that there is a lack of understanding of **self directed support and personal budgets** and more information is needed to enable people to understand how this will impact on them.

“As a carer and service user I feel concerned about the amount of paper work that is involved in giving carers/service users their own personal budget.” (Carer)

Other solutions

Some suggestions were made for saving money and making the **existing service more efficient** as follows:

“Stop the sickness pay. Look at management costs. Look at the service provided at night. Staff need a hands on manager who can help out. Tender out laundry costs, look at barrier nursing equipment, tenants could help with the cost of this.” (Member of staff)

“I think the meals provided could be charged at a higher price (I am assuming, hopefully) that most users get extra help with money, pension credits etc.” (Carer)

A few service users suggested that council bosses **experience first hand** the service they receive and see how vital it is.

“Top bosses come and visit our unit to see what our service is about and what service is provided.” (Service user)

“Higher management don't know us who makes these decisions needs to speak with us not decide for us.” (Service user)

Other respondents suggested **cutting pay** in other parts of the council or other **cost savings**.

“The council should look into stopping sickness pay, even though I have been sick myself. Some people take advantage of the sick pay.” (Member of staff)

“All adult and social care services should be charged from the first day any service user starts a service. Not after 6 weeks which is how a lot of services run provided by BMBC.” (Member of staff)

“Increase income by raising council tax; reduce out goings by removing the weekly bin collections, remove car parking spaces for staff who have casual car user allowance. Be smarter with home visiting rotas and use pool cars instead. Use more charity based support.” (Member of public)

“Stop crying out the council has no money, but they can give management large rises in pay and bonuses. Stop paying for artwork costing thousands.” (Service user)

Appendix

1. Consultation events

Drop-ins

Thicketford Centre 1pm-3pm, 26th August 2010
The Lancaster Suite, Bolton Town Hall, 3pm-6pm, 26th August 2010
Horwich Resource Centre 11am-2pm, 31st August 2010
Horwich Resource Centre 6pm-9pm, 31st August 2010
Farnworth Town Hall 9am-12pm, 31st August 2010
Lancaster Suite, Bolton Town Hall, 11am-2pm, 4th September 2010
Horwich Resource Centre, 6pm-9pm, 7th September 2010
Westhoughton Masonic Hall, 3pm-6pm, 9th September 2010

Consultation with existing groups

Carers' Group (Mental Health) 9th August 2010
Patients' Experience Group (Mental Health), 25th August 2010
Local Involvement Group, 13th September 2010
Health and Care Together, 14th September 2010
Asian Carers Group (Mental Health), 16th September 2010
Care Home Provider Forum, 17th September 2010
St Peter's Pensioners' Group, 30th September 2010
Safeguarding Board, 1st October 2010
Bolton Care 4 Group, 4th October 2010
Home Care Provider Forum, 8th October 2010
Carers Group, Thicketford Centre, 11th October 2010

Service User and carer specific consultation events

Respite

New Lane, 17th August 2010
Mere Hall View, 24th August 2010

Extra Care

Merton, 7th September 2010
Eldon St, 7th September 2010
Maxton House, 8th September 2010
Campbell House, 9th September 2010

Older Peoples' Day Care Services

Thicketford House 31st August 2010
Horwich Day Centre 1st September 2010
Aldersbank, 2nd September 2010
Horwich Day Centre 29th September 2010
Winifred Kettle 8th September 2010
Winifred Kettle 29th September 2010

Jubilee Centre, 23rd September 2010

Disability Day Services – dates throughout September 2010

Newport Street

Falcon View

Jubilee View

Market St

Supported Housing (network houses) various dates between 20 – 28 September 2010

Green Lane

Bridgeman St

Buckingham Avenue

Buckingham Avenue

Merlin Grove

Cavenham Grove

Mornington Rd

Chip Hill Rd x 2 separate consultations

Dean Church Lane

Families and Carers events

Day Service users, Jubilee Centre 1st September 2010

Supported Housing users, Jubilee Centre 3rd September 2010

2. Main partner organisations consulted

Bolton at Home

Bolton Community and Voluntary Service

Boltonwise

Greater Manchester West Mental Health Trust

Primary Care Trust

Royal Bolton Hospital

3. Example of Consultation Pack & Questionnaire

Consultation Pack 1: Review of Eligibility Criteria Application for Fair Access to Care

For the attention of service users, carers, staff, care service providers, partners and the interested public in Bolton.

Large print, translations, text-only and audio formats of this information pack can be produced on request. Please call **01204 334059** or email socialcare.consultation@bolton.gov.uk

Introduction

Bolton Council has to change the way in which adult social care is provided because:

- The amount of funding available is being reduced;
- The demand for services is increasing, because our population is changing e.g. more older people; and
- People will begin to exercise the choice and control they get from taking a “personal budget” rather than having council arranged or provided care.

A range of proposals have been developed across all service areas. We now wish to consult with service users, carers, staff, care service providers, partners and the wider public on these proposals before making final recommendations to the elected Councillor with responsibility for Adult and Community Services (the Executive Member), who will then take the final decision on how we go ahead.

The principles behind these proposals have been:

- Wanting to retain as much service provision as possible within the funds available
- Taking a measured approach to managing with less – going for a three year programme of change so people know what’s coming
- Building quality and the safeguarding of vulnerable people in everything we do.

Although our funding is being reduced, we still hold a clear vision of what we want as the outcome for people who come into contact with adult social care; we want them to be able to say:

- “It’s quick and easy to find your way through the care and support system”
- “I’ve been the one deciding what works for me - it’s been my choice”
- “I’ve been able to find the right kind of care and support to meet my needs”

This consultation will commence on 22 July and conclude on 14 October 2010. All questionnaires should be submitted to the council by the 14 October. You can respond to this consultation by completing the questionnaire provided online at www.bolton.gov.uk/socialcare or by returning a paper copy to the freepost address below:

Consultation and Research Team
Bolton Council
2nd Floor, The Wellsprings
FREEPOST NAT17203
Bolton, BL1 ZX

If you want to complete the questionnaire by telephone you can call the Consultation Helpline on 01204 334059 (9am-3pm). Our staff within social care services will also be able to provide support to service users to ensure they are able to participate in the consultation.

We will also be running drop-in information sessions where people can come and get more information, ask questions about the proposals, and give us their views in person. These events take place at:

Thursday 26 Aug	1pm – 3pm	Thicketford Centre (for Carers only), Thicketford Road, Bolton, BL12 2LW
	3pm – 6pm	Lancaster Suite, Town Hall

		Bolton, BL1 1RU
Tuesday 31 Aug	11am – 2pm 6pm – 9pm 9am – 12noon	Horwich Resource Centre Hall, Beaumont Road, Horwich, BL6 7BG Farnworth Town Hall, Market Street, Bolton, BL4 7PD
Saturday 4 Sept	11am – 2pm	Lancaster Suite Town Hall Bolton, BL1 1RU
Tuesday 7 Sept	6pm – 9pm	Horwich Resource Centre Hall, Beaumont Road, Horwich, BL6 7BG
Thursday 9 Sept	3pm – 6pm	Brookfield Suite, Masonic Hall, Peel Street, Westhoughton, BL5 3SP

Once the consultation is complete we will summarise the feedback received and use this to inform our final recommendations to the Executive Member in October. Once the decisions have been taken we will share the details with all interested parties, as well as updating regularly on progress made.

In addition to the information within this consultation pack, a copy of the full Executive Member Report and the Equality Impact Assessment are also available on our website at: www.bolton.gov.uk/socialcare

How do Bolton do things now?

What are the Eligibility Criteria?

The 2002 Department of Health Fair Access to Care (FACS) national guidelines provided a clear and fair framework so that care and support needs would be assessed in the same way by every council in England. The guidelines required councils to assess care and support needs against four different criteria levels: low, moderate, substantial and critical. We have provided a brief description of how councils are expected to determine if a person has low, moderate, substantial or critical needs at the end of this pack (Appendix A), but for further information, please see the Department of Health's Guidance – [Prioritising Need in the Context of Putting People First: A Whole System Approach to Eligibility for Social Care](#)).

Although these guidelines have to be applied in the same way by everyone, councils do have some choice over where they set the threshold for an individual's needs to make them eligible for council funding (means tested) for

the care and support they require. Bolton Council currently provides (means tested) funding to meet all critical, substantial and moderate needs.

Individual needs

An individual can have a number of different needs (such as mobility, personal care and social isolation) that might each be assessed at a different level e.g. substantial mobility needs and moderate personal care needs. About a quarter of the people in Bolton who received funding towards their care and support during 2009/2010 were assessed as having their *highest* level of need as moderate¹.

What might change and when?

Currently Bolton Council provides funding towards care and support to meet critical, substantial, and moderate needs. However, **we are reviewing whether it is appropriate to continue to use council funding to meet moderate needs, or whether we should focus our resources on meeting substantial and critical needs only.**

The decision as to whether we change our eligibility criteria so that we no longer provide (means tested) council funding towards care and support to meet moderate needs is expected to be made in October. Any changes would then come into effect from November onwards.

What happens if I am a new service user?

Any new service users being assessed from November onwards, whose care need was classed as moderate, would no longer be eligible for council funding for care and support services. Alternative sources of care and support to meet these moderate needs will be identified and suggested, but these will not be funded by the council.

Any new service users with needs classed as substantial or critical would continue to be eligible for council funding for the care and support they need – this would remain unchanged.

What happens if I already use council care services?

¹ This excludes people with care and support needs associated with poor Mental Health, who are currently assessed differently.

If we decide to increase the level at which people's care and support needs become eligible for council funding, each person with one or more needs assessed as moderate will be considered individually, taking their personal circumstances into account.

The funding they receive towards their care and support will need to be reviewed; all reviews would take place between 1 November 2010 and the 31 March, 2011. No changes to the provision of care or support services that anyone receives would be made before a review had taken place. The service user would be involved in the review, and would be informed if the review identified that we could not continue to provide council funding for their care and support needs. The review would consider important aspects of the individual's circumstances, including the risks posed to their health and wellbeing if they were no longer considered to be eligible for council funding.

If a review identified that we could not continue to provide council funding, we would suggest alternative sources of care and support to meet these needs. These might include private or voluntary organisations that provide some services either free or for a charge.

Frequently Asked Questions

Why is the council doing this now?

The council reviews its eligibility criteria for adult social care every year. Up until now, it has been agreed that the support should be offered to those people with moderate, substantial and critical needs. The government has announced reductions to the amount of money councils receive each year to deliver services to local people. The reduction in funding from the government places a responsibility on the council to review whether it can still afford to support people with moderate social care needs. Changes to the way people access social care will also mean that alternative forms of support will be available and accessible to people to meet their needs. The information leaflet, Putting People First in Bolton, has more information on the wider changes being made to adult social care in Bolton.

What alternatives are being considered?

The Adult and Community Services department, and Bolton Council as a whole, have to look at how it can make savings across every service area. Some areas will need to make bigger savings than others, but we are trying to ensure minimal impact to front line services. However, given the scale of the

savings we need to make, it would be impossible to guarantee that there will be no impact. As a result we have to try to make sure that we focus our resources on those people in our communities who really need it the most. The alternative to increasing the level at which a person's care and support needs become eligible for funding from moderate to substantial is to implement no change at all. Should we decide not to change the way we apply eligibility criteria in Bolton, this will mean even further savings will have to be found from other service areas. This will be carefully considered by the Executive Member in October, when the extent of savings elsewhere becomes clearer.

What is means tested?

A means test is a determination of whether an individual or family is eligible for help from the government by looking at their income versus their outgoings.

How does Bolton compare to other councils?

In 2008/2009, about 2% of English councils provided funding towards care and support for people with all four levels of need. Only 26% of councils provide funding for three of these levels of care and support needs: moderate, substantial and critical. 70% - or more than two in every three councils - solely provide funding towards care and support at the substantial and critical levels, while the remaining 2% only fund care and support for those with critical needs.²

Bolton Council currently provides (means tested) funding to meet all critical, substantial and moderate needs.

How has the council considered the impact this might have on different groups – particularly vulnerable groups – so far?

The council carries out regular reviews of how big changes might impact on specific groups including older people and people with disabilities – these are known as Equality Impact Assessments. The Equality Impact Assessment can be viewed at www.bolton.gov.uk/socialcare

I don't know what level of need I have been assessed at, how can I find out?

² Source Original Care Quality Commission Data: All England Authorities Eligibility Status 2005-2010

Every person who receives any sort of council funded care and support will have had an eligibility assessment and this will indicate what levels of need they have. A copy of this assessment is included in the Statement of Need and should have been included in your Care Plan. If you can't find this, you can request a new copy from Bolton Council's Adult and Community Services department:

By e-mail at:

socialcare.consultation@bolton.gov.uk

By post at:

**Social Care Consultation Team
Adult and Community Services
Bolton Council
Room 49, 2nd Floor
Le Mans Crescent
Bolton
BL1 1SA**

By telephone at:

01204 334059

I have been assessed with moderate, substantial, and critical needs. How would these changes affect me?

When a person has undergone an eligibility assessment of their needs, this looks at many different areas, such as mobility (how well a person can get about their own home), personal care (how well a person can perform basic personal care tasks like washing and going to the toilet) and isolation (how much time a person spends on their own). These needs might be assessed at different levels – so a person might have low, moderate and substantial needs at the same time, but for different things.

Anyone assessed with substantial or critical needs will continue to qualify for council funding (means tested) for the care and support they require.

If a person has substantial (or critical) needs **and** moderate needs, they will get council funding for care and support for their substantial and critical needs, but they will not get council funding for their moderate needs.

I have been assessed with moderate needs and I received council funding to buy a seat for my shower and get some handles fixed around my home. Will I have to give these back?

If a person has been eligible for council funding for a one-off piece of equipment in the past, they will keep this equipment.

If I am no longer eligible for council funding towards care and support for my needs, does that mean I won't be able to use the same services in the future?

Any changes to the eligibility criteria might mean that people with moderate care and support needs will no longer receive council funding for their care and support. They may be able to continue to use these services, but might need to pay for these themselves, or find a voluntary group that can provide these for free. Any person who has their eligibility reviewed will be advised of other sources of support and care that might be provided voluntarily, or for a fee.

I care for my mum who has dementia. She is still quite active, and still lives at home, but we need help for her for certain things because she's not mentally well enough to look after herself. Will she no longer be eligible for council funding?

If a person can be described as lacking mental capacity (as per the Mental Capacity Act 2005) then it is unlikely that they would be assessed as only having moderate care and support needs. If a person does undergo a review of their care and support needs because these have been assessed as moderate in the past, their current mental capacity will be taken into consideration.

Your views on the review of Eligibility Criteria

Please be assured that your personal details will be kept strictly confidential and that no individual or organisation will be identified in the reporting of results.

**Q1 Please tick the box that most closely describes your interest in this issue.
(Please tick one box only)**

Currently a service user

A carer

A care service provider

A member of staff

An interested partner organisation

From a community or voluntary group

An interested member of the public

Q2 How will the proposals outlined in this information pack affect you?

Q3 What can we do to support you through these changes?

Q4 Can you think of other solutions to address the issues we are facing?

Q5 What should our priorities for future services be?

Q6 Do you have any other comments you would like to make about any of the proposals?

A copy of the consultation summary will be made available in the consultation area of Bolton Council's website www.bolton.gov.uk/socialcare but if you would like to receive a copy please tick the box below. We will email this where possible.

Yes, I would like to receive a copy of the consultation summary

Your contact details (optional)

Name	<input type="text"/>
Organisation (if relevant)	<input type="text"/>
Address	<input type="text"/>
Telephone	<input type="text"/>
Email	<input type="text"/>

Thank you for completing the survey

4. 'Easy Read' Questionnaire for Service Users

Adult social care consultation 2010

What things are important to you now and what do you want to stay the same?

What things in life are going to be important to you in the future? If you were able to choose the type of care you could receive, what would you do differently?

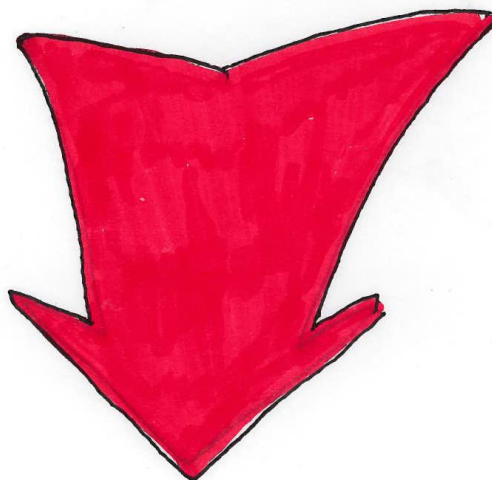
What do we need to know to keep you healthy and safe though any changes?

Day Care

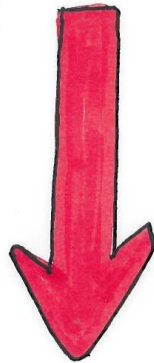
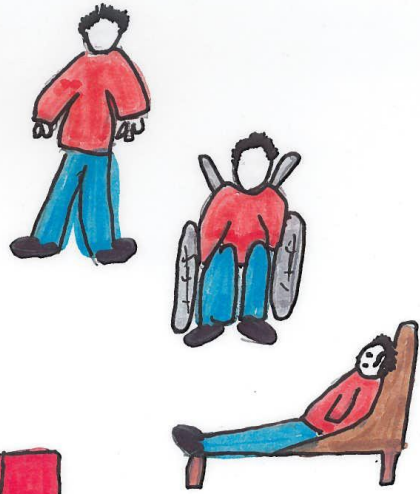
Respite

Extra Care

5. Examples of Stimulus Material as used with Service Users



MEDIUM	<input checked="" type="checkbox"/>
SUBSTANTIAL	<input checked="" type="checkbox"/>
CRITICAL	<input checked="" type="checkbox"/>



MEDIUM	<input checked="" type="checkbox"/>
SUBSTANTIAL	<input checked="" type="checkbox"/>
CRITICAL	<input checked="" type="checkbox"/>

