

OPTIONS FOR CHANGE – TOWARDS A STRATEGY FOR CARE SERVICES**CONSULTATION 10 AUGUST 2009 – 30 OCTOBER 2009****SECTION 1 - PROJECT BACKGROUND**

SECTION/QUESTIONS	ANSWERS/COMMENTS	NAME/ORGANISATION
Question 1 –Were these the right work packages to gather information about the service, individual needs, goals and support requirements?	The people who use this service - or may need to in the future have not been consulted.	Senior citizen with older peoples welfare at heart regarding respite care at Pensall House
	Yes but staff did need a lot of encouragement to read	Staff at Pensbywood Centre
	We assume so	Moreton ATC Parents Association
	I think so	Senior Care Assistant
	Yes, they were right	Support Worker
	Yes seem appropriate	Service Manager CYPD
	Engagement Process - All staff agreed that the engagement process was the right thing to gain information on service users and carers. However, staff felt that there was not enough time to meet the deadline. This impacted on their other duties. This added pressure to carers and parents who became suspicious and impacted on the accuracy of information they gave us.	Staff/Cambridge Road Day Services
	Possible work package: To investigate how quality of service was maintained. (Vulnerable clients do not always recognise when they are receiving poor care). In this field there is always a huge turnover of staff therefore quality checks need to be frequent, by people with authority.	Parent Carer
	Generally the information gathered through the various work packages appears to have generated a valuable set of data,	Star Design

	giving people a clear overview of what is currently on offer within our service and the opportunities in taking the service forward within the Options for Change process.	
	<p>The overwhelming response was no with the following points being made</p> <ul style="list-style-type: none"> • The questions should have been written and asked by an outside agency, not DASS staff. There is bound to be bias, however unintentional, when using in-house staff. • Carers and service users should have been involved in designing the questionnaire, which was too complicated. • The consultation document should have been discussed with service users and carers before being published in its final form. • Many service users, carers and professionals, including those who sit on committees, were not aware that this initial consultation was taking place and none of the carers in the room last Friday had been involved. • More attempts should have been made to get another focus group of service users together when not enough people turned up to the first one. It was felt this was because service users didn't understand the significance of what was happening or felt threatened by the process. • Service users who are chronically ill (and who may also have a learning disability) cannot absorb the issues so the carers of those people should have been consulted first. 	Susan Margaret Gladden, Family Tree Wirral
	Some people had fears that it was a cost cutting led exercise rather than to reshape the service.	Highcroft Day Service Staff Team
	Some people were pleased that it appeared that an attempted to include everybody in the consultation. Others were sceptical and worried that decisions had already been made.	Highcroft Advisory Body
	Some felt that there was not enough evidence gathered from voluntary and independent agencies, which may well be needed	Wirral Older Peoples' Parliament

	to supply some of these services in future. In any case they will be affected.	
	<p>If only the views of those who use the services were sought is this a true reflection of how the rest of Wirral's population would need services delivered. Information collated using their care plans doesn't address how the service was provided as no views or feedback were sought from service users or their carers at Pensall House, Poulton House and Meadowcroft.</p> <p>If there had been correct records taken from other parts of the care service would there have been any engagement with services users.</p> <p>How if no data had been recorded correctly are you able to compare unit costs against the private sector and find them higher? Also are unit costs higher due to non payment issues after service users have received their package of care?</p> <p>Engagement Officers - how complicated was the training or process of becoming an engagement officer if less than 50% became accredited? Therefore was it the accredited Engagement Officers who conducted the interviews or did all the engagement officers complete assessments because of tight timescales.</p>	<p>DASS UNISON Stewards Committee</p> <p>Wirral UNISON Branch</p>
	Yes, as far as we can tell	Support Worker, LD
	Consultation with CWP was via the Joint Management meeting, the LIT and Mental Health Forum. Papers regarding the consultation were supplied in a timely manner.	Dr Maureen Wilkinson, Cheshire & Wirral Partnership NHS Trust
	Not enough people involved in the process – only 1/3 of those service users were highlighted.	Support Worker
	None of the carers spoken to have had any contact regarding this consultation. The carers of people with dementia need to be involved in discussions as often people with dementia are unable to do so.	Sue Newnes, representing carers and relatives of people suffering from Alzheimer's

	The Alzheimer's Society (Wirral branch) can offer dementia expertise and information which would enable informed decisions and choices to be made.	
	Obviously the Council had already set the agenda, so little to choose from, in any case – it followed government ideology “Valuing People”. 745 people is a very small sample since it is divided into at least four service user groups (elderly, physical disability, learning disability, mental health disability) and should represent people of different ages in these groups as well as ethnicity, men/women etc. Hopefully, this consultation will give the views of a much greater number of people and the council will heed the comments/advice fully! In addition staff formed a group also.	Volunteer, Heswall Training Centre
Question 2 – Is there any information or data you or your organisation can provide which will help us to plan these services better?	An actual breakdown/analysis of the responses to the 'Engagement Process'.	Moreton ATC Parents Association
	I think so	Senior Care Assistant
	There is no other information	Support Worker
	Yes - data on social care needs of young with disabilities who are FACS eligible and young people who have been assessed with high level of needs requiring services who are going to be vulnerable adults and currently are seen as falling outside tight criteria which are more diagnosis than needs driven e.g young people with emerging personality disorders. There are also an increasing number of young people on the Autistic Spectrum, with ADHD and Conduct Difficulties who are receiving services from agencies involved with the delivery of Children's Service.	Service Manager CYPD
	I feel Star Design generally put itself over well throughout the design & Viability process, but there will always be room for improvement. What ever position the department finds itself in in the future the benefit to people of meaningful occupation cannot be under played. The routine, structure and self confidence we all require in our lives can be supplied by well designed meaningful occupations.	Staff Member Star Design

	<ul style="list-style-type: none"> • The responses to the areas that particularly affect mental health carers - supported living, Fernleigh and day services are given below. However it was felt that a wider range of people should have been consulted with, in particular people who qualify for services but do not use them, to find out why, and those who don't qualify, because they are on standard care not CPA, but perhaps would like to use them, as this would have an effect on the services viability. • There should also have been a wider public involvement and carers groups should have been involved at an earlier stage. There were two carers focus groups but it was not clear how many mental health carers were involved. 	Susan Margaret Gladden, Family Tree Wirral
	Worries about the engagement process from some people, that it was rushed, with no opportunity for staff to think things through. Some staff felt pressurised by deadlines and felt it came at a bad time of year clashing with pre-arranged commitments. Parts were confusing and unclear to people who used services. Some felt it was prescriptive in some respects and did not reflect all parts of the service. Some felt advocacy could have been used more.	Highcroft Day Service Staff Team
	There was evidence reported by some of increased anxiety amongst some existing service users after the consultations with them; knowing that there were possible changes coming.	Wirral Older Peoples' Parliament
	No	Support Worker, LD
	Data re usage of services by CWP Service Users is available. Some of this data has been shared via the LIT and CSED project, thereby giving evidence of the needs of service users with mental health needs.	Dr Maureen Wilkinson, Cheshire & Wirral Partnership NHS Trust
	Yes, re day centres for people with learning disabilities words like "Market", "Trading Company" etc. Should not feature in what should be a SERVICE (to people who need care/assistance).	Volunteer, Heswall Training Centre

	Reorganising Social Services into a well funded trading complaint (not for profit) will need a lot of money which should be spent directly on existing services/service users, not for new structures and systems. If it works more cheaply, it will be because of cuts, poorer conditions of service for staff, understaffing as currently at Day Centres.	
Question 3 – Are there any other suggestions you would like to make with regard to this section?	Pensall House has a good name for Respite, why change a good thing for a bad one this area is full of old people who want to stay in the area when they are not well; do not want to be shipped to Birkenhead.	Senior citizen with older peoples welfare at heart regarding respite care at Pensall House
	Only after the closing date for submission of responses will it be possible to gauge how successful the process has been, speaking from my own experience it has been extremely hard to get the people accessing our service to respond, even with awareness/information meetings taking place regularly to encourage responses. If nothing else this has proved to me that the engagement process should be reformatted and used far more extensively throughout services to ensure that what is available to people is flexible, current and real.	Staff Member Star Design
	Yes In relation to Mental Health there are 2 key issues nationally that require consideration and potentially should be included in the thinking about future service development plans- The 1st is the New Horizons Consultation document which raises the issue of whether the CAMH's to 18 and Adult Mental Health post 18 is the best service model for dealing with young adults with a suggested view that a Youth Mental Health service model offering services up to 25 yrs may be better able to respond to the needs of young adults in a multi-agency context. The 2nd is the recent report that has highlighted the concern that Adults with mental health difficulties who are parents/carers are not currently receiving a coordinated or integrated assessment of the impact of their mental health difficulties on their parenting capacity and their support needs as parents	Service Manager CYPD

	<ul style="list-style-type: none"> • The documentation is full of meaningless jargon and should be scrutinised by the clear English assessment process. • Despite the best efforts of the DASS staff who took us through the consultation paper, people found it hard to distinguish between the initial "research" part of the consultation and the process of further consultation they were taking part in. This was partly because the word consultation was used to describe both processes but in particular it was the use of the word "conclusions" at the end of each section, which was seen to imply that this was a "done deal". "Points for further discussion" would perhaps have been a better phrase to use. • This whole process has created rumours about possible closures, which are very stressful for mental health service users and carers. 	Susan Margaret Gladden, Family Tree Wirral
	Other views were that the engagement process did not consult people currently not using services	Highcroft Day Service Staff Team
	An Equality Impact Assessment in relation to Service Users their carers, the community and staff could this have been another work package	DASS UNISON Stewards Committee Wirral UNISON Branch
	None	Support Worker, LD
	To consult BME Community groups.	Wirral Multicultural Organisation
General/Misc Comments	As the manager of the Working Life service, I was not interviewed during the consultation period.	Working Life, DASS, Adult Day Services
	We believe in view of the close integration of health and social care for older people that the resources of both should be considered together. We think that more information should also be considered about the availability of informal care for older	Christopher James Turnbull, Clinical Director, Directorate of Medicine for the Elderly, Wirral Hospital

	<p>people e.g. the type and availability of informal carers. The issues that regrettably a significant percentage of older people needing care do not have the capacity to make decisions about their own future is important and needs recognition by the services available to support them with decisions affecting their future.</p>	
	<p>Staff felt that information was slightly confusing.</p>	<p>DASS Heswall Centre</p>
	<p>We feel that it is important to have integration of health and social care services.</p>	<p>Supt Physiotherapist / Clinical Lead for Occupational Therapy</p>
	<p>I have read the above consultation paper with interest. However, my comments and views do not fit neatly with your response template and I hope, therefore, that you will still take these comments into account as part of your consultation process. My first observation is that nowhere in your document do you refer to people with an Autistic Spectrum condition, and indeed in analysing the information contained in Section 2, no information is provided about the number of people with autism or Asperger's Syndrome. You will appreciate therefore that I am very concerned that despite the possibility of a new Autism Act in the autumn and a national autism strategy which is currently being consulted on, Wirral Social Services have completely left this vulnerable group out of their proposals for a new strategy. For our part we are a local autism provider with a national reach; we currently support over 300 people with autism in a variety of different settings including residential care, respite, day services, supported living and family support.</p> <p>We would therefore be delighted if we were able to form part of your development team to ensure that the specific needs of people with an ASC are not overlooked. Looking now at some of the specific relevant to people with an ASC I would offer the following observations:</p> <p>Key Concepts - We welcome the key concepts of personalisation, user engagement, integration diversity of</p>	<p>Dianne Asher, Wirral Autistic Society</p>

	<p>provision and market development and performance management. Indeed our own service provision is very much focussed on the first three concepts. In terms of market development, as a key provider of services to people with an ASC we would hope to be involved in this work directly. Far too often in our experience people with an ASC end up in inappropriate generic learning disability services or mental health services and we are then called upon at crisis point. There is little understanding about the needs of people with an ASC and a perception that all people with an ASC are the same and have the same needs. The key point is that ASC is a spectrum and as a consequence any delivery response needs to be designed specifically around the individual. There also needs to be recognition that ASC is a lifelong condition and that people need ongoing support, not short term intervention.</p> <p>One of the greatest difficulties people with an ASC face is a lack of social imagination which makes it very difficult for them to engage in the personalisation and choice agenda without the right support. Similarly, difficulties in social communication and social interaction require a different approach to ensuring integration otherwise the individual could become socially isolated. In terms of performance management, we think that closer social care and health care integrated at commissioning level is to be welcomed. We would also like to support work on outcome measurements for people with an ASC, closely linked to their person-centred planning aspirations.</p>	
	<p>Who were the older people involved in the workshops and who represented them?</p>	<p>DASS Pensall House</p>
	<p>I have concerns over the following: - Retention of Local Authority Pension. If some Day Centres are closed, will service users lose out, or will a service be provided for them? Are all service users able to make an informed choice once personalisation comes into force? If a business takes over Star Design then the profit element could override the social care element and destroy the</p>	<p>Staff Member Star Design</p>

	principle of what Star Design is all about. The council does have ethics of social care and a duty of such.	
	<p>Further Questions</p> <p>1.4.3 Interim Pathways Report? Workshops what level of staff attended?</p> <p>1.4.8 As Neighbourhood Centres were included in one of the additional work packages perhaps a brief description of the service they deliver now, if any?</p> <p>What were the findings from their Conference?</p> <p>What role or part of future delivery of service have or are 12 neighbourhood centres going to play?</p> <p>Page 3 Easy Read - "The changes suggested shouldn't mean a worse service for anybody getting services now", what systems will be put in place to ensure this is achievable?</p>	DASS UNISON Stewards Committee Wirral UNISON Branch
	<p>The way it went wasn't clear at the beginning, it came about as just being a way to close centre's, it was poorly delivered. Staff were only asked to contact the co-facilitators the week of Easter and the focus groups started the week after. The period of time it took to do it disrupted the centre's and the service delivery.</p> <p>the project was rushed and wasn't clear.</p> <p>The project was too big for one person to do on their own.</p> <p>The first report that went to cabinet was too complex to understand.</p> <p>The people who were involved in the project did not understand what they were dealing with in terms of mental health and the results were inaccurate as working life were missed from the staffing establishment.</p>	The Enabling Fulfilling Lives Task Group

SECTION 2 – NATIONAL AND LOCAL INFORMATION

SECTION/QUESTIONS	ANSWERS/COMMENTS	NAME/ORGANISATION
Question 1 – Has the current policy direction at a local and national level been fully understood and reflected in this section?	Yes	Staff at Pensbywood Centre
	We assume so.	Moreton ATC Parents Association
	I think so	Senior Care Assistant
	Yes I think so.	Support Worker
	Yes	Staff Member Star Design
	Some staff felt that national decisions have already been made.	Highcroft Day Service Staff Team
	A lot of people felt that all of the conclusions were a reaction to government policy.	Highcroft Advisory Body
	The national level policy sets directions for future care and support. Local level policy is to encompass the national policy and adapt it to the people on Wirral.	DASS UNISON Stewards Committee Wirral UNISON Branch
	Yes	Support Worker, LD
	Yes. However local and national policy does not take into account the needs of those who lack capacity and /or have cognitive impairment.	Dr Maureen Wilkinson, Cheshire & Wirral Partnership NHS Trust
Question 2 – Does this section make a fair assessment of the current position of in-house services against the national and local policy?	Not by me (a retired professional). Nevertheless, I'll attempt to make relevant and meaningful comments	Volunteer, Heswall Training Centre
	Yes	Staff at Pensbywood Centre
	I think so	Senior Care Assistant
	Yes I think so.	Support Worker
	Yes	Staff Member, Star Design
Some staff questioned how much the local direction was taken into account - special issues appertaining to Wirral.	Highcroft Day Service Staff Team	

	<p>The current policy reflected at local level underlines the lack of movement/willingness of in-house structures to be more flexible. There are signs of change where integration is improving in commissioning with other agencies (e.g. NHS) but generally not in-house services with other services.</p> <p>The assessment of the current position of in-house services is shown negatively; it identifies the lack of service delivery planning that should have progressed in line with various Department of Health policies and the Independent Sector.</p> <p>The Engagement work package should be used as a positive starting block. This would empower service users to have ownership in the formation of an in-house service that addresses their needs but also their expectations and how to achieve them, (if not currently delivered within in-house services).</p>	<p>DASS UNISON Stewards Committee Wirral UNISON Branch</p>
	Yes	Support Worker, LD
	Yes	Dr Maureen Wilkinson, Cheshire & Wirral Partnership NHS Trust
Question 3 – Does the data collected provide a sufficient profile of Wirral’s population in terms of ethnicity, disability, age, gender and sexual orientation?	Yes	Staff at Pensbywood Centre
	Not sure	Senior Care Assistant
	Not sure.	Support Worker
	Yes	Staff Member Star Design
	Some felt that generally policy direction is not understood - it is too complex.	Highcroft Day Service Staff Team
	<p>The data collected is based on the service users currently known to DASS, even so by the reports own admission, the information "was not wholly achievable, given the paucity of information collected to date in central data systems about this group of clients".</p> <p>The data collected concentrates on disability and age; it does not take into consideration the factors of gender (particularly in the age tables), ethnicity, religion and sexual orientation.</p>	<p>DASS UNISON Stewards Committee Wirral UNISON Branch</p>

	Yes, but inconsistencies in the data relating to people with a learning disability are confusing	Support Worker, LD
	The data accurately reflects that over 25% of the in-house service users have a mental health need.	Dr Maureen Wilkinson, Cheshire & Wirral Partnership NHS Trust
	Too few people asked but anything else would have been too costly and time consuming.	Volunteer, Heswall Training Centre
Question 4 – Are there any other sets of information that should be taken into account?	No, Everybody thought there was relevant information.	Staff at Pensbywood Centre
	None that I am aware of.	Senior Care Assistant
	It is none any other information that I am aware.	Support Worker
	I'm sure there are but none spring to mind.	Staff Member Star Design
	As uptake of services by some groups [e.g. ethnicity, sexual orientation] does not reflect Wirral's population, then views and data would not reflect Wirral's profile as a whole as data was taken from current users only.	Highcroft Day Service Staff Team
	Other factors that should be taken into account are more detailed breakdowns of information regarding the carers of this client group. According to the chart in section 2.10.5 the profile for carers peak in the age range 55-64, again there is no identification of gender. These days this age range is not considered to be "old". It is quite probable for people to be working, holding a professional post etc. Has an Equality Impact Assessment been carried out in relation to Service Users, their carers, the community and DASS staff to identify any shortfalls that the future may reveal?	DASS UNISON Stewards Committee Wirral UNISON Branch
	To consult BME Community groups	Wirral Multicultural Organisation

General/Misc. Comments	2.8 Page 23. Overall spend on care of the Older People - below average. The normal active older person (of which there are a great number in this area have few amenities, why take away the only facility that maybe required only once in their lifetime. To remove to Birkenhead away from visiting friends is not conducive to recovery.	Senior citizen with older peoples welfare at heart regarding respite care at Pensall House.
	All Questions - yes seem appropriate.	Service Manager CYPD
	There should be more emphasis on joint purchasing/commissioning between health and social care of services for older people in order to achieve effective integrated commissioning. The need to move away from using hospital to access social care requires more emphasis. More effective use of expensive resources such as hospitals also requires more emphasis. This means more effective care provision of alternatives in community settings.	Christopher James Turnbull Directorate of Medicine for the Elderly, Wirral Hospital
	Yes.	DASS Heswall Centre
	There should be more effective provision and integration of rehabilitation and enabling services in the community, in continuum with hospital care.	Supt Physiotherapist / Clinical Lead for Occupational Therapy
	Are the contract department for services under the control of Social Services i.e. who decides if the provider is good enough? The provider has a profit motive. Social Services are the "parents" of vulnerable adults.	Parent Carer
	"Personalisation" and "Personal Budgets" We applaud the emphasis the Department of Adult Services (DASS) places on giving more choice to individuals as to how their care is organised, however we do have some concerns for those vulnerable older people who may be less well-informed than others, and who may not have relatives available, and able, to assist them with their choices. We would, therefore, like to see in	Lin Cooke, Hoylake Cottage

	<p>the proposals some assurance that support in the form of professional nursing or social worker input would be available to guide the client through the process of planning and procuring their own care. Furthermore, in light of recent staffing reductions affecting social workers, and future manpower cuts in public services, will DASS be able to honour any assurances it may give regarding the quality, frequency and number of care hours approved.</p> <p>We would appreciate some clarification on the subject of "personal budgets". Is it right to assume that once DASS has completed an assessment of the service user's home care needs it will then delegate to the service user, or family, the responsibility of choosing and arranging the actual care required? This would appear to be an onerous duty to place upon any family, and one, if not carefully monitored by the DASS, open to widespread abuse resulting in the service user possibly not obtaining the quality care he/she is entitled to. What exactly would be the method by which care service receives its payment for care dispensed to the service user bearing in mind that delayed payments may jeopardise the regularity of the care provided?</p>	
	<p>We asked particular questions around</p> <ol style="list-style-type: none"> 1. Personalisation – the following points were made <ul style="list-style-type: none"> • There is a great deal of anxiety about this from both service users and carers in particular around brokerage. • At this stage we don't know what the impact or uptake of this will be. • Concerns about service users who are not responsible about money but who won't let other people help them – e.g. those who deny they are spending money on drugs. • One carer feels "de-personalised" • More burden on carers to help sort out finances, activities etc. • Concerns about people spending money inappropriately and then not having enough for their needs 	<p>Susan Margaret Gladden, Family Tree Wirral</p>

- 2. **Service User Involvement** – the following points were made
 - Good in some ways but not convinced the overall outcome will be better.
 - Don't seem to involve service users in crucial decisions.
 - Will service users be given any choice?
 - Quite inadequate as regards mental health service users. Has the mental capacity if the service user ever been assessed?
 - 3. **Keeping people safe and well**
 - In general people felt that the current services did this but were not convinced that the proposed changes would be able to do this to the same extent.
 - Concern about private services which may not have appropriately qualified and experienced staff. Their whole aim is profit based – not the well being of service users.
 - 4. **Recovery**
 - Providers of recovery services need to have a wide range of facilities
 - Patchy at present, not always taken seriously
 - Anything new causes anxiety and retards recovery
 - 5. **Making services available to people from diverse backgrounds**
 - Should be encouraged but are there cost implications?
 - Concern about the ability of women from some ethnic minorities to get their voices heard.
 - 6. **Offering a range of provision to give people choice**
 - Feeling that this is already happening within existing services and they need to be expanded not replaced.
- What are your views on the development of a **Local Authority Trading Company**?
- Some people felt they didn't know enough about this to make a judgement.
 - Concerns about quality of staff, sickness cover, training etc. DASS has regulations to meet – would the LATC? What about pay and conditions?
 - Too much uncertainty – need to try out a small pilot before committing to such a project.

	<ul style="list-style-type: none"> • Need to look closely at other areas that have tried it (and failed - Sefton?) • Poor idea with many risks attached. <p>Other sets of information that should be taken into account.</p> <ul style="list-style-type: none"> • The general election next year – no decisions should be taken now as if there is a change of government the whole thing could be reviewed. <p>When asked what people liked about these proposals there was very little positive feedback. Of more concern was the anxiety the whole process had caused, the lack of understanding of mental health in general and the effect on carers in particular.</p> <p>Several people felt the process was moving too quickly and if changes were proposed then small pilot projects should be set up to bring these ideas in slowly, these should be closely monitored to assess the effect. The proposals are too draconian – once decisions are made – impossible to go back.</p> <p>There was felt to be a total lack of financial information, which would have enabled people to make a more informed response – as a result of this the inevitable conclusion is that this is mainly a cost-cutting exercise dressed up as providing a better service. It is essential to listen <u>at length</u> and across a wide range of carers and service users who <u>really</u> understand the problems.</p> <p>One other point was made which is not directly relevant to this consultation but nevertheless important and this was around the lack of advocacy for mental health carers and the complexity and very user unfriendliness of complaints procedures.</p>	
	<p>Our members understand the increasing personalisation of services, which in general is appreciated. BUT there is a lot of concern about possible consequences of the service user being the employer - will there be sufficient safeguard and guidance with employment law, health and safety issues etc. We understand that more freedom of choice for the user goes along with more flexible service provision, and less dependence on existing old buildings and methods of provision. But there is a</p>	<p>Wirral Older Peoples' Parliament</p>

	<p>very deep ingrained respect for and love of "our own" (meaning provided by the council) and suspicion of motives of independent provision. There was real worry expressed that at least "our own" tend to be better paid, with better contracts and training than many staff of independent agencies. Given the current financial problems, nationally and locally, many present thought that the whole exercise was geared at reducing deficits, and cutting costs and standards to the detriment of users.</p>	
	<p>Further Questions</p> <p>2.1 Local Authorities - is it the Mersey 5?</p> <p>Where is the information from care records from Pensall House, Poulton House and Meadowcroft?</p> <p>2.5.3 Is this the reason why Pensall House, Poulton House and Meadowcroft haven't been consulted and just done by paperwork?</p> <p>Why was there no specific views sought from service users in regards to integration considering that joint teams are being established with NHS and GPs?</p> <p>2.6.1 Service Users prefer to have in-house services for supported living and respite care. This particular in- house service only represent a small part of DASS. There are many other providers offering services in this competitive market, the conclusion to this must be that the range or quality currently being offered by external providers doesn't match in-house provision. How will this change as quoted "no one will receive a worse service"?</p> <p>2.10.3 Age profile is there no one over 75 needing services?</p>	<p>DASS UNISON Stewards Committee Wirral UNISON Branch</p>
	<p>Personalisation and personal budgets will only help those people</p>	<p>Volunteer, Heswall Training</p>

	<p>who can make inspired choices (and/or their carers) and if the assessment process is well carried out. Planning at Council level (Trading Company level?) will be very difficult if provision depends on personal choices, e.g. Day Centre (= Community provision) activities must be planned years ahead as far as buildings are concerned, also staff training and appointments etc. Already now many people attending Day Centres make choices and don't attend everyday, yet there are care activities available (e.g. riding for the disabled, dancing, craft, walks, outdoor work at Dale Farm and Tam O'Shanter) which can only be organised and offered, if it is known that people will attend. Sadly, many activities had to be dropped because of staff shortages, so choice has been officially limited – PLEASE KEEP THE DAY CENTRES WELL STAFFED!</p>	Centre
--	--	--------

SECTION 3 – ORGANISATIONAL FORMS AND SERVICE MODELS

SECTION/QUESTIONS	ANSWERS/COMMENTS	NAME/ORGANISATION
Transport		
Question 1 – Are the conclusions for the Transport Service the right ones?	Yes.	Staff at Pensbywood Centre
	It depends what answer is required.	Moreton ATC Parents Association
	I don't think they are.	Senior Care Assistant
	I don't think it's the right one	Support Worker
	Maybe	Staff Member Star Design
	Some staff felt that if the service was to be outsourced there would be concerns about the resulting quality of service, including safety standards.	Highcroft Day Service Staff Team
	The business model for a local authority trading company seems worth exploring	Support Worker, LD
	Transportation services need to be delivered in a timely and consistent manner for service users with a mental health need. Service users require people who have knowledge and training in mental health issues to assist if they are in distress. Having familiar staff could help manage this. People with organic illness in particular can be disadvantaged if this is not provided.	Dr Maureen Wilkinson, Cheshire & Wirral Partnership NHS Trust
	How well do we know corporate transport unit?	WMO
Transport services are vitally important to people who use services and when people with dementia are using the services, it is vital that this is done by agencies who have some understanding of the condition.	Sue Newnes, representing carers and relatives of people suffering from Alzheimers	

	Loss of local authority transport services could exclude some clients from services.	
	Outsourcing will only work if well regulated, with long-term contracts and well paid/motivated staff. If like bus company – then it won't work!	
Question 2 – are there any other options which would help ensure that people could receive a more personal service whilst still providing value for money for people with a personal budget?	See individual response	Staff at Pensbywood Centre
	Transport Service to remain the same, service users know & trust, present staff.	Senior Care Assistant
	If they had a regular transport, will be better for the people, they are using it.	Support Worker
	Develop a locality transport network, shorter journeys, limit options for long journeys, encourage part ownership of vehicles between partner agencies, locality volunteer network to support service, encourage family member buddy system o transport, LATC would widen scope for income generation.	Staff Member Star Design
	Mixed views on other conclusions. Economies of scale might ensue if merged into corporate whilst good communication should continue if in Local Trading Company.	Highcroft Day Service Staff Team
	Would like to see more people being supported to use public transport where feasible	Support Worker, LD
	The ability to manage a personal budget would not be appropriate for those who lack capacity or those who struggle with numeracy and literacy.	Dr Maureen Wilkinson, Cheshire & Wirral Partnership NHS Trust
	Taxis??? Expensive!!	Volunteer, Heswall Training Centre

Question 3 – Are there specific issues or barriers that this service needs to consider and address in relation to ethnicity, disability, age, gender, religion and sexual orientation?	No	Staff at Pensbywood Centre
	Plenty, particularly disability, are people working for L.A.T.C or single C.T.U. going to have the experience to assist disabled service users?	Senior Care Assistant
	Particularly disability & age people	Support Worker
	Closer partnerships with organisations representing diverse groups in society	Staff Member Star Design
	There would need to be a robust system to facilitate choice and empower those who may be disadvantaged by disability, age, gender and ethnicity.	Dr Maureen Wilkinson, Cheshire & Wirral Partnership NHS Trust
	Personal care of wheelchair users etc.	Volunteer, Heswall Training Centre
Question 4 – Are there any other views or suggestions you would like to be considered?	No	Staff at Pensbywood Centre
	'Family Carers' want the person(s) they care for to be transported in a safe, comfortable and affordable way. How this is achieved is not an issue. However, remaining within LA 'control' - no matter how 'hands off' it would be - has the benefit of some security.	Moreton ATC Parents Association
	How do we know the alternatives will be reliable and not let service users down.	Senior Care Assistant
	Suggest transport remain the same. see answer 2	Support Worker Staff Member Star Design
	There were some views that transport could be incorporated in with new social enterprises that would allow individual services to have more control over transport and make it more localised with vehicles and drivers aligned to specific services.	Highcroft Day Service Staff Team

	Has an Equality Impact Assessment been carried out in relation to Service Users, their carers, the community and DASS staff?	DASS UNISON Stewards Committee Wirral UNISON Branch
	Safe guarding issues must be addressed if the service is out sourced.	Dr Maureen Wilkinson, Cheshire & Wirral Partnership NHS Trust
	Streamline the service – SU have to travel from 7am until 10.30am to reach place of work	Support Worker
	A danger with outsourcing is that different companies may be involved and service users and carers won't know where to go if there are problems. At present, problems are aired (and often solved) with one person at DASS, e.g. the issue of times of picking up service users at home in the morning and at Day Centres in the afternoon. No idea why a Trading Company should be better and cheaper to organise the transport for service users; only if staff paid less, perhaps fewer staff in ambulance like minibuses (so less care in transit), vehicles less well maintained (danger of 'cutting corners')?	Volunteer, Heswall Training Centre
General/Misc Comments	Not got enough information to comment.	Senior citizen with older people's welfare at heart regarding respite care at Pensall House.
	Contracting Out - I think this should only be done if the same service can be replicated by the private sector, to the same standard [or better] as Social Services. Finally it's all very well giving people direct payments and personal budgets as long as there are services to purchase in the private sector. If not the quality of care provided is diminished.	Carer of son
	Option 2 would seem prudent - but should be considered with key Departments to confirm risks of outsourcing as is the case in CYPD.	Service Manager CYPD

	<p>While supporting the need for a change in Transport Services there needs to be sufficient emphasis on the quality and the skills. For example more people are disabled living in their own homes and require wheelchairs or other equipment transported with them. Furthermore more people require special techniques and equipments to get them from their beds/chairs/rooms in their own homes into the transport. Also the ability to those providing transport to cater for the needs of patients with dementia etc beds recognition.</p>	<p>Christopher James Turnbull Directorate of Medicine for the Elderly, Wirral Hospital</p>
	<p>It was felt that there would remain a need for a more personalised transport system. If clients are living in supported living accessing the community would there be a need for day service / transport pick ups. It was felt that conclusions for the transport system were correct.</p>	<p>Registered Manager DASS</p>
	<p>There does need to be a review of transport services. Particularly in the transport of walking equipment and wheelchairs, in addition it is important to have flexibility in the timing of the provision of transport.</p>	<p>Supt Physiotherapist / Clinical Lead for Occupational Therapy</p>
	<p>Access to transport is essential if people are to avoid social isolation. Whilst it would make sense for there to be either a single Corporate Transport Unit or transport as part of a Local Authority Trading Company, travel training for individuals should also be considered as part of the transport strategy. This would encourage social integration and also ensure that the focus of the Local Authority transport service is used only for those who cannot access mainstream services. Supported Living - In order to ensure continuity of care for those individuals currently being supported by the local authority service, a transport into the Local Trading Company would be the more appropriate option at this stage, providing this is not rolled forward for longer than an initial phase of 3 years. Whilst the move towards a floating support service is to be welcomed, it must be acknowledged that some users such as people with autism do require ongoing support</p>	<p>Dianne Asher, Wirral Autistic Society</p>

	<p>rather than short term intervention. Access to good quality day time provision is a priority, as there are a limited number of times an individual can benefit from visiting the same local attractions</p>	
	<p>If transport is outsourced, would service users still be able to rely on this much needed facility. Will staff be redeployed if some centres are closed down? The idea of the LATC. There seems to be little knowledge at this stage. I agree with the Community Mental Health Recovery Service having a single management structure.</p>	<p>Staff Member Star Design</p>
	<p>I feel transport is an equality issue for Wirral and the country as a whole, I feel that public transport organisations should be addressing transport issues it should not necessarily be a departmental issue. I feel that departmental transport provision can isolate people and make them dependent on the department resources. In my opinion at this present moment in time This service should be outsourced and have contractual conditions that there is quality assurance group which is co-productive.</p>	<p>Team Manager, DASS</p>
	<p>Different views though most people felt strongly that transport should not be outsourced. Many felt that guarantees would have to be sought that independent transport providers would have quality vehicles. Transport services should be seen as a social need and not run for profit. Some felt that becoming part of a corporate group would be safest as their greatest concern was that transport should always be financially viable and there should be no danger of a transport company going out of business. Others felt that it should become part of a Local Authority Trading Company so it could maintain links with the Day Service and facilitate communication. Others were worried if a trading company could cope with the volume of transport needs. Others felt they still did not have enough information about a local authority trading company.</p>	<p>Highcroft Advisory Body</p>

	<p>The group was generally happy with the proposals to slowly outsource transport. It is important that this service is as flexible as possible, and that costs are kept as controlled as possible. We had a lot of discussion throughout the meeting about what a Local Authority Trading Company might mean and look like. If we can be assured that it will be locally owned and run as a not-for-profit organisation, then it seems a good idea.</p>	<p>Wirral Older Peoples' Parliament</p>
	<p>Further Questions 3.4 Currently DASS provide a service to the Children's and Young Peoples Department are they charged for this service? If transport service is not going to be provided in-house what will be the impact on service user's personal budgets when going to day centres or for respite care?</p>	<p>DASS UNISON Stewards Committee Wirral UNISON Branch</p>
	<p>Due to a general lack of understanding of the content of the conclusions, people found it difficult to decide if the ideas were the right ones. People were generally content with the service how it is and were only willing to consider alternatives if their concerns were addressed. The balance of opinion, therefore the groups own conclusion, was that the DASS transport service should be kept as it is and possibly extended with more buses giving a more reliable service. Most concerns were around personal safety as some of the group has experienced bullying and harassment whilst using public transport. Two people felt that the charges for DASS transport were too high.</p>	<p>Karen Blair, Advocate for Adults with LD, Riverside Focus Group</p>
	<p>People felt that the transport service was very good as it is now, as it is reliable, with staff they feel comfortable with and that not much improvement could be made. From the conclusions it was felt that the LATC would be the better option as there were concerns that a private company would not be as reliable and that staff would not be vetted properly, therefore safety would be an issue.</p>	<p>Karen Blair, Advocate for Adults with LD, Eastham Focus Group</p>

	<p>People found it difficult to differentiate between the options and therefore found it hard to reach a conclusion. The theme of the concerns identified related to how the service would improve, which was not clear to the group, with issues raised about different client groups travelling on the same buses, CRB checking of other drivers and whether timings would improve. If any changes were made, the group indicated that the service should still be a specialist service with an overall improvement on timetables. People could not see from the conclusions drawn in the consultation how the service would improve with the changes suggested.</p>	<p>Karen Blair, Advocate for Adults with LD, Highcroft Focus Group</p>
	<p>A significant proportion of service users were in favour of keeping the current arrangements, despite current concerns. People liked the fact that they knew the drivers well and the continuity was appreciated, but there were issues about the length of journey and the timetables. Only two people decided to express a view on the conclusions and they were in favour of the LATC.</p>	<p>Karen Blair, Advocate for Adults with LD, Girtrell Court Focus Group</p>
	<p>People felt that any changes to the current service would have safety implications and the existing staff and arrangements were popular. People commented on the age of some of the buses and the possibility of better buses after the changes, but there would remain a need for specialist transport to accommodate varying degrees of disability. There was no clear indication whether the conclusions were the right ones, but there were concerns that the conclusions were only cost based proposals.</p>	<p>Karen Blair, Advocate for Adults with LD, Moreton Focus Group</p>
	<p>Many people had experience of alternative transport and a number of negative comments were made relating to this. There was an affinity for the current arrangements and a comment that the LATC was the existing arrangements under a different banner. Positive features of the existing arrangements related to the staff and the specialist buses and that the arrangements worked generally well. Concerns were raised about the conclusions, with a potential lack of disability awareness of new</p>	<p>Karen Blair, Advocate for Adults with LD, Heswall Focus Group</p>

	<p>drivers, their vetting, a lack of Health and Safety awareness and wheelchair accessibility of any new transport. Many people felt that continuity was paramount and concerns were raised for those clients who find change difficult to cope with, which as a result affect their relationships and behaviour.</p>	
	<p>People felt that the existing arrangements were acceptable with a few improvements necessary to journey length and pick up times. It was acknowledged that some of the existing buses were dated, but people wanted the service to stay in the current form. Some cynicism was expressed about the motives behind the consultation conclusions, although there was no clear indication if the conclusions were the right ones. Lack of choice was seen as an issue, with one client keen to use taxis, but the broader opinion was that the existing staff and services were more personalised and familiar.</p>	<p>Karen Blair, Advocate for Adults with LD, Cambridge Road Focus Group</p>
	<p>General census within the group was that the transport services could not stay the way it is. Authority – would have better use of resources, would be administered better but would lose flexibility. Trading company – The EFL group is certainly interested in this conclusion. However, there is a lack of understanding about what constitutes a trading company and indeed what the relationship would be with the Local Authority. The group needs more information about this and suggests some visits to established similar organisations in order that a more informed response can be developed. Pertinent questions such as who would make up the 49% of the trading company if the Local Authority made up the 51% were raised. Also, how much influence would the Local Authority have? The group felt that handled carefully a trading company could be more time and person efficient and importantly more flexible. The Options For Change document describes a plan for a trading company that lasts for 3 years. A concern was raised about what happens after 3 years. A longer term initial plan would provide</p>	<p>The Enabling Fulfilling Lives Task Group</p>

more confidence and trust in such a development.

If a trading company is decided upon - the 49& should be made up of an organisation that is representative and owned by people who use services / carers etc. This is because it will allow more control from people who the service effects.

When people currently use the transport service they generally feel safe. A concern was raised as to whether the safety aspect would be lost because the emphasis may be on finances.

A question was raised as to whether a new transport service would it be more flexible in terms of time- i.e. later evenings, mornings.

There are barriers within the current system but there are also ways to overcome them i.e. Female drivers, and flexibility.

Will the emphasis around finances eventually limit the choices that people have?

There was some concern expressed by the group as to whether access to public transport sufficient for some people with disabilities? If the Local Authority transport service is to change and assist people to use public transport by 'travel training' more work needs to be done with Mersey Travel and the public transport providers to make sure that the vehicles / trains etc are accessible.

Also many people still don't use public transport because of their fear of violence / bullying / name calling etc. So to really use public transport people need some protection against this kind of thing happening

Staying with the Council and changing the service at very least comes with a safety net guarantee.

Some concern was raised about the financial effect on individuals. If working with other transport providers there should be an assurance that additional costs are not incurred by individual people who use services and families. For example if taxi's replace mini-buses and transport busses, it should not cost the person who uses services more money.

SECTION/QUESTIONS	ANSWERS/COMMENTS	NAME/ORGANISATION
Supported Living		
Question 1 – is the conclusion with regard to Supported Living the right one?	Seems like a good idea, but time will tell.	Senior Care Assistant
	I think so	Support Worker
	<p>Overwhelmingly the answer was no.</p> <p>There were huge concerns about moving from 24 hour support to “floating support” for the following reasons</p> <ul style="list-style-type: none"> • If staff are not available it will be the families and carers who will have to step in when someone is un-well or needs extra support – but what happens to people who don’t have any family support? • The unpredictable nature of mental illness means that most service users who are in this type of accommodation need to be monitored fairly closely to watch for signs of distress and possible relapse. When service users are becoming un-well they often don’t realise it themselves and therefore are not capable of asking for help. • From experience, floating support doesn’t always float past at the time it is supposed to which leads to extra stress for service users who may have other things they need to do. Many mental health service users’ value regularity and routine – this will cause added anxiety, which will be counterproductive to their recovery. Others have chaotic lives and would find it difficult to be at home in the small window of time that they would be allocated for support. • Most crises happen out of hours – it is the middle of the night when service users are at their most lonely and vulnerable. Many mental health service users don’t sleep well. Wirral has a very complicated way of accessing out of hours services – the dangers and possible very serious consequences of this approach were highlighted and these would be made worse if 	Susan Margaret Gladden, Family Tree Wirral

	<p>there were no staff on site.</p> <ul style="list-style-type: none"> The point that sometimes there is no-one in the building because all the service users were out at day centres was taken on board but it was still felt staff should be available to deal with people who were unwell or who didn't want to go for any other reason. <p>It all comes down to making a proper and realistic assessment of need – if someone is assessed as needing 24 hour support then that is what will have to be provided and it shouldn't rely on carers and families filling the gaps. Many carers want to know that the person they care for will get a proper level of support when they are no longer around.</p>	
	No Comment	Dr Maureen Wilkinson, Cheshire & Wirral Partnership NHS Trust
	To move the 'Supported Living Service' towards a floating support service is probably right; however there may be disadvantages through lack of continuity with care staff, although some is inevitable with staff turnover. The 'key worker' concept should be followed as far as possible for adults with learning disabilities to provide bonding, friendship and confidence building.	Carer
	No direct experience of this service but talking to people gives me the impression that the trend of recent years to allow people with care/support needs to live in small units/groups, even in own flats/bedsits is excellent. Again, it needs adequate support/core staffing without irresponsible cuts and fragmentation of the service.	Volunteer at Heswall Training Centre
Question 2 – are there any other options which would help ensure that people could receive a more personal service whilst still providing value for money for people with a personal budget?	Not that I am aware of	Senior Care Assistant
	Not that I am aware of	Support Worker
	Staff could be used to support people who wanted to access other day-time activities.	Susan Margaret Gladden, Family Tree Wirral

Question 3 – Are there specific issues or barriers that this service needs to consider and address in relation to ethnicity, disability, age, gender, religion and sexual orientation?	Not that I am aware of	Senior Care Assistant
	Not that I am aware of	Support Worker
	There does need to be more supported living available for people from ethnic minorities.	Susan Margaret Gladden, Family Tree Wirral
	Specific issues would be identified in an Equality Impact Assessment if carried out in relation to Service Users, their carers, the community and DASS staff.	DASS UNISON Stewards Committee Wirral UNISON Branch
	The role of support workers in the proposed model is unclear; would they be allied to the Community Bridge-Building team? The skills developed by existing support workers and senior care assistants have played a major role in bringing this service forward, and the combined experience of staff teams is an asset which should not be lost. The costings are very uninformative - is the excess due to overstaffing or high overheads? Who will undertake sleep-ins? A single manager of the whole Supported Living Service would bring standardisation and consistency to the service and integrate the different parts to better meet the needs of people who use services and also to meet the CQC requirements. However the proposal to add Sylvandale and Girtrell Court to the service would make it a very large project with the need for additional management capacity.	Support Worker, LD
	'Floating' is a very badly chosen word, gives the impression of 'drifting', 'aimlessness', 'total lack of focus'!! Please go for something like 'flexible ss', 'personalised support' or similar.	Volunteer at Heswall Training Centre
Question 4 – Are there any other ideas or suggestions you would like to be considered with regard to this service?	No	Senior Care Assistant
	No	Support Worker
	<ul style="list-style-type: none"> Not enough supported living in West Wirral – people are living in flats without support except from their family and carers. Carers need to have access to a member of staff to discuss 	Susan Margaret Gladden, Family Tree Wirral

	<p>concerns about early warning signs of a possible relapse.</p> <ul style="list-style-type: none"> • The need to protect vulnerable members of society. • The proposal would not be a safe option except for very low risk clients. <p>Supported living can lead to exploitation by the private sector (as it has in the past). It needs to be carefully monitored. Service users can end up in inadequate and inappropriate housing conditions</p>	
	<p>Has the cultural needs been met? Any bilingual staff within supported living service?</p>	Wirral Multicultural Organisation
General/Misc Comments	<p>What about socialising with other people. Day Centres are important. Solitary confinement even in ones home is not a way to quick recovery.</p>	Senior citizen with older people's welfare at heart regarding respite care at Pensall House.
	<p>Did not discuss.</p>	Staff at Pensbywood Centre
	<p>Would seem entirely appropriate service direction - whilst recognising that there are / could be some individuals within cohort who may still need a structured day service including a building based service or base for a part of their week.</p>	Service Manager CYPD
	<p>We would support the need for more flexible support but day care should still be available. It enables carers to have a break and carry out the extended activities of daily living which they cannot carry out with the one they provide care for in the home. Also a number of services are much more effectively provided in a communal setting especially when group treatment or specialist equipment is needed. There needs to be a much improved service for those with dementia which specifically caters for the needs of this group.</p>	Christopher James Turnbull Directorate of Medicine for the Elderly, Wirral Hospital
	<p>We support the need for supported living services to support people in their own homes including rehabilitation and enablement. We have some concerns that a loss of day care</p>	Supt Physiotherapist / Clinical Lead for Occupational Therapy

	<p>centres will result in a loss of carer support and day respite care. Patients also benefit from the social interaction with others and from having access to chiropody, hairdressers, etc. There are some benefits from having day centres within a respite care facility (e.g. Feltree House) where the patients get to know the staff and therefore it is a little easier for them to accept respite care when they already are familiar with the place and staff. We wondered if there could be more use of the models of the community Bridge building scheme and the take a break respite schemes that appear to cater very flexibly to the needs of patients and carers.</p>	
	<p>Danger of a floating service no one takes responsibility a client is unsettled by constant changes which is unavoidable with this system. My experience with a commercial company (allocated by Wirral Council) has not been always reliable i.e. not turning up, the quality of care variable. A well run supported living set up is the right model for many clients.</p>	<p>Parent Carer</p>
	<p>Carers documented their own issues individually; however, these were additional issues that may or may not have been documented. There may be some overlap with other specific questions or just more general carer concerns.</p> <p>Considerable concern was expressed about the quality of supported living and the fact that carers note that support services do not always provide the services which they say they will. Housing support staff are often pleasant but training and understanding in the area of mental health is lacking. It is often the case that unpaid carers are undertaking many of the tasks that the service is paid to provide but does so inadequately.</p> <p>The local authority representative at the meeting noted the need to shift mental health service users from the status of resident within a residential care home to that of a person living independently in a supported living arrangement. Maximising</p>	<p>Family Tree Consultation Meeting, Supported Living Group</p>

independence is the reason given. Other reasons that were not highlighted include government targets and local finances. Performance indicators reward LA's who have a high ratio of Service users living 'independently' and the social security system places a greater burden on the LA where Service users live in a residential care home rather than living 'independently'. The LA can improve their star rating performance and their finances simply by encouraging registered care homes to 'deregister'. There is a danger that local authorities will seek to achieve short term financial gain and in consequence jeopardise the security of long term care arrangements for Service Users. The change in status does not necessarily result in greater independence for the SU (although they may for some people). It may, and does in some instances, result in less security of tenure and poor support packages. The tenancy arrangement which allows the individual to attract housing benefit for the rental component, and supporting people finances for housing related support, must be questioned in light of the possibility that the SU may not have the mental capacity necessary to enter into a tenancy arrangement and the all associated responsibilities, leaving them at risk of eviction if they do not comply. Service Users and carers are often fearful of challenging accommodation and support providers in the event that the individual may become homeless or victimised. Similarly, the concentrated growth of private sector supported living providers within a small area such as Wirral, results in considerable and disproportionate power. In the event that they withdraw from providing support, the local authority will remain responsible to meet the needs of vulnerable individuals. This can act as a disincentive to assertively address concerns on behalf of service users and carers in light of concerns that the LA may not be easily able to re-house a large number of individuals. The failure to maintain some in-house LA provision will make LA's more vulnerable to the requirements of large scale private providers and will not provide adequate contingency arrangements in the event of challenge or crisis.

Examples have been noted of supported living providers 'managing' the finances of vulnerable individuals who are said to 'lack capacity' to manage their own finances. They provide 'budgeting programmes' which ensure that individuals keep a comparatively small proportion of their benefit entitlement, with the rest contributing towards their accommodation and support costs. It was noted that some tenancies require the service user, as part of the agreement, to pay a contribution towards vacant flats within a scheme, and also to pay a proportion of community charge, when they are exempt by the local authority from paying community charges in the first instance. It is difficult to see how this situation may be maintained and justified within a tenancy arrangement. People living in a flat would not generally be expected to make a financial contribution in the event of a flat being vacant within their accommodation block. Although supporting people services are not community care services and must only provide housing related support services, they nonetheless must represent 'best value' to the administering authority; however, it is questionable whether 'best value' for the authority also extends to 'best value' for the service user, when in some instances, the overall costs, taking account of all streams of funding, including individual contributions, can be considerable when taking account of the hours of support provided. Who is policing supported living arrangements and enforcing minimum standards when it appears that vulnerable people could be exploited in some instances. What meaningful power or 'will' does the local authority have to challenge instances such as that described. The housing of vulnerable people needs to be the subject of similar standards of scrutiny and sanctions as noted within registered facilities if this is to represent true independence and empowerment.

The regulation of care homes is governed by the Care Standards Act 2000 and the associated national minimum standards of care. Regulations cover management, staffing, premises and the

conduct of social care establishments. There are detailed requirements which must be satisfied to achieve and maintain registration. There is a requirement for adequate record keeping, staffing arrangements and staff training in addition to other areas of consideration. Homes are inspected at minimum twice yearly and inspections may be unannounced. Registered domiciliary care services, that is, the support provided in the home of the individual, are similarly governed. In other words, registration provides a protective framework for vulnerable people in need of support to live independently and an external body with the power to both investigate and also withhold or withdraw registration where necessary.

Supported living is subjected to no such minimum standards. Unless personal care tasks are required, registered domiciliary care is also not necessary; therefore, supported living services sit within the housing domain, and as such there is limited meaningful recourse to external oversight and sanction.

Generic support services are unsuitable for many people with severe and enduring mental health difficulties. It is not like providing domiciliary care for someone who may be elderly or physically disabled, whose primary care needs may be for personal care tasks and transportation. The approach needed is rehabilitative, habilitative and motivational. Paid carers and support staff need to understand the individual mental health difficulty in order to respond appropriately to the individual and to help the person manage the problem preventing them from engaging in activities independently. Some people need ongoing support to engage in and maintain involvement in activities; it is not good enough to simply introduce people to a service and walk away. This approach may work for some people but certainly not for all. People needing support are more likely to participate if they have forged a respectful and safe relationship with the person offering support. This is unlikely to occur in instances of 'floating' support. Familiarity, consistency of approach and

continuity of support is essential to enable some people to achieve their optimum level of functioning, mental well being and quality of life. In the absence of adequate and skilled levels of support, 'informal carers' will be left to assume the burden of care.

Care plans are sometimes inadequate and unrealistic. As a paper exercise they look fine; however, instances were identified within supported living services where two hours of support per week are allocated to the individual. There is often an array of needs presenting that are documented as being met by this package. This would be a physical impossibility with an intense level of need for practical support to maintain the home environment, to assist with shopping, cooking, monitor mental health, complete forms, liaise with a range of professionals, to attend appointments and meetings, deal with crisis, enable the individual to engage in social, occupational and educational activities and maintain motivation.

Needs should be identified explicitly, for example, the need for support within the home, in communicating with organisations and professionals, to attend appointments, with self care tasks, support at night, to access the community for social, educational and occupational opportunities, to maintain relationships and identification of the risks. The hours of support allocated should be sufficient to meet these needs; this should be explicitly documented and reviewed as necessary.

Direct payments are noted to be less per hour than the general cost of commissioning packages of care through an agency. The complexities and difficulties associated with employment law would lead many people to prefer provision through a domiciliary care agency, to prevent the need for employing staff members directly. Who will meet the difference in cost between the direct payment or personal budget and the final hourly cost associated with the purchase of support? No figures in respect of costs and

savings were available at the time of consultation.

The local authority representative noted the need to shift financial resources from buildings and costly in-house staff provisions into personal budgets. It was noted that personal budgets cannot be financed without liquidating assets. It was also noted that needs have traditionally been met by the provision of available in-house services rather than exploring wider community resources.

In response, it was noted that thorough, effective assessment of need as a collaborative exercise with the service user; and carer where appropriate, should identify the specific needs of the individual and how these may be meaningfully met. It should be possible to explore a spectrum of provision which may include in-house LA provision where desirable through to an extensive range of wider community opportunities. Social care staff need to have a thorough grounding in the assessment of need and associated eligibility criteria. The approach should ALWAYS be person centred, which would prevent options being limited. The requirement to provide direct payments; with some exclusions, in lieu of needs identified through the process of community care assessment, has been in existence for some time. The personal budget is an extension of this requirement. The LA is currently under an obligation to meet assessed eligible needs and therefore any suggestion that personal budgets will not be able to proceed without liquidating assets is not entirely accurate.

It was noted that people will now self assess rather than be assessed by a social worker. The social work task will be undertaken by administrative staff rather than trained social care staff.

In summary:

Carers are concerned about the shift from registered residential care provision as a matter of policy into supported living schemes without a corresponding improvement in the regulation and

monitoring of supported living services. The change in the philosophy of care that is necessary in shifting from residential care to tenancies has not been achieved. The quality of care has been lost in some instances alongside the protective frameworks.

It is essential that care staff who provide support for people with severe and enduring mental health problems are adequately trained, skilled and experienced in understanding mental health needs and the supportive legislative frameworks such as The Mental Capacity Act. Whilst in-house care may be more expensive to deliver than some private care provision, it is more likely that in-house carers will receive better quality training and supervision. If this training and supervision results in better quality of care and outcomes for service users and their carers, then this must also be considered when evaluating the cost of care. Best value is not necessarily the cheapest option. Within the private sector it is essential that specialist rather than generic care providers are developed and supported even if the cost is greater; however, this greater cost must be proportionate and reflect improved standards of care and outcomes.

A spectrum of housing and day time and night time activities must be developed in order to respond to the range of needs identified. Some in-house provision is likely to be necessary for those who need more intensive and specialist support. The decision specific nature of mental capacity must be considered when making changes to service provision. Some people may lack the capacity to pay bills for services and in consequence, when services withdraw, unpaid carers are left to respond to needs. Some carers noted that the people they support lack the capacity to pay bill and they frequently have to subsidise the individual. This was considered more than an unwise decision, but reflected an inability on the part of the individuals, due to their particular mental health presentations, to weigh the consequences of their actions in balance and act in their own best interests. This gives rise to concerns about their ability to manage direct payments or

	<p>a personal budget.</p> <p>A key skill in working with some people with severe and enduring mental health difficulties is the ability to engage with the person and encourage their participation in a range of activities. Continuity and quality of support are essential. In the absence of this skill, it is likely that some individuals will not establish or maintain contact with services and in consequence carers will become the main source of support.</p> <p>The legislative frameworks and requirements have not fundamentally changed. The local authority has the same obligations to meet assessed needs that it has had for some time. It seems premature to make changes to services at present until a clearer picture emerges of what choices the users of mental health services will make.</p>	
	<p>There were some concerns about service quality if overall staffing hours were reduced. Also some of the current users have profound needs and need continuity in their care. There was a preference by some for the Local Trading Company as it would maintain links with other parts of the service.</p>	Highcroft Day Service Staff Team
	<p>There should be more options than supported living for example more extra care sheltered accommodation for all Adult ages. I feel a co-produced consortium should manage locality supported living places, ensuring each tenant is represented or represents themselves. This could be done via a trade company or social enterprise.</p>	Team Manager, DASS
	<p>Most people did not feel knew enough about the service to comment. A few people felt that a floating service seemed a good idea.</p>	Highcroft Advisory Body
	<p>In general the proposals here seemed good as long as service users do get all the support and advice from a consistent group of</p>	Wirral Older Peoples' Parliament

	<p>support workers that they need. A member associated with Dale Farm seemed confident that if the LATC works well, that service could benefit service users.</p>	
	<p>Additional Comment: Supported Living – My Experience My wife and myself are in our 80's and have cared for our son who is now in his 40's and has learning disabilities. Some five years ago he moved into the 'Bromborough Scheme' of Supported Living with his own tenancy, Wirral Council Funding for care and Home Farm Trust (HFT) as the care agency. This has proved to be a good model, particularly as HFT as a large organisation has the capacity to provide activities to supplement the Council's Day Services, so giving a more varied life and greater independence.</p>	<p>Carer</p>
	<p>The general consensus was that people liked the way things are and valued contact with staff but were unable to make a clear decision about the proposals for the future. People liked the current one to one service, which gives continuity and a happier and settled living environment. The proposal to use a floating support service was only supported by one client who felt it would give them more choice. There were concerns about staff not being familiar with known behavioural traits and therefore not being able to manage them effectively and isolation was also seen as a risk.</p>	<p>Karen Blair, Advocate for Adults with LD, Riverside Focus Group</p>
	<p>A small number of people indicated that they currently live in a supported living environment and it was felt that the relationship between the carer and the client was very important. It was felt that the carers needed to know the person they are supporting rather than a floating support worker learning about them from a file. For future provision of services a large company providing care was seen as the option that would provide the most choice. Value for money could be achieved by clients going out together in groups with a higher ratio of service users to carers, and existing arrangements of this nature have led to the development</p>	<p>Karen Blair, Advocate for Adults with LD, Eastham Focus Group</p>

	<p>of some well known and popular social activities. It is not clear how these would develop with a floating support service. A positive comment indicated that choice could be maximised using personal budgets.</p>	
	<p>Concerns were expressed about the affordability of a floating support service to both the Local Authority and the users of the service. It was perceived that the floating support service could provide more choice to clients who could 'buy' a service although the quality of that service and accountability of complaints were seen as drawbacks. People questioned whether floating support was a good idea, especially for those who need 24 hour care or those whose disabilities limit their ability to make their own choices.</p>	<p>Karen Blair, Advocate for Adults with LD, Highcroft Focus Group</p>
	<p>People at Girtrell Court raised many concerns around their personal care needs being met by floating support staff when they move into supported living services. Although they value the choices that supported living may bring, people were concerned about getting to know new workers and trusting them.</p>	<p>Karen Blair, Advocate for Adults with LD, Girtrell Court Focus Group</p>
	<p>The majority of comments from the group related to staffing issues with people welcoming the opportunity to choose staff while also sharing concern for existing staff and what would happen to them. People welcomed the choices they can make in supported living whilst acknowledging that support available is dependent on an assessment and in some cases support is being reduced. People felt there was already good acceptance and integration into the local area. Some people could not see the need for things to change with comments including 'if it's not broke don't fix it'. People could not see any obvious benefit to the future organisational models proposed because there was no clear and specific information about how floating support would work.</p>	<p>Karen Blair, Advocate for Adults with LD, Moreton Focus Group</p>

	<p>A significant number of comments were made about the interface between personal budgets and supported living, with many people unwilling to take on the responsibility. Staffing issues were a concern, with the risk that Managers' remits would be too wide and that the proposals would lead to a reduction in staff, services would be wound down and that the proposals were a money saving "cop out". There were further concerns about the quality of staff external to the Local Authority that would be recruited and that quality could suffer. People felt that they were being asked to comment on proposals for which they had too little information and that the consultation was merely an exercise and that the decisions had already been made.</p>	<p>Karen Blair, Advocate for Adults with LD, Heswall Focus Group</p>
	<p>People wanted continuity of the staff that they worked with and that having the same key workers was an integral part of their supported living arrangements.</p>	<p>Karen Blair, Advocate for Adults with LD, Cambridge Road Focus Group</p>
	<p>The move from supported accommodation into floating support would be a positive one for many people. However, this would need to be checked against each individual persons needs. However, a concern was expressed about whether staff shortages would continue to affect the service where ever it is and what ever shape it takes. The issue of staff shortages need to be resolved before Trading company would be a comfortable option for people who want to remain within the safety net, rather than putting to tender.</p> <p>Reliance on day service – some want, some want to move away. Residential into supported accommodation is a positive move opening up more opportunities for people who use services and their families</p> <p>The move from Mapleholme to Pensall House is felt to be a positive one as it is felt the building is inadequate.</p> <p>The flexible voucher scheme available at Mapleholme was mostly welcomed although some still preferred to have their respite allocated to them.</p> <p>It is felt that specialist, smaller accommodation is needed for</p>	<p>The Enabling Fulfilling Lives Task Group</p>

	<p>transition. Young people coming into the service would benefit from time spent with other young people away from the vast age group as it currently is. Criticisms made about Mapleholme included comments that they have only relatively recently moved to the current property. It was felt that this may be a waste of money given that the service is now set to be re-located again. The opportunity to re-develop a short break holiday scheme should be included in the conclusions. This is because since the day services ceased to run holidays, many people don't get a break other than when they go into respite. A holiday is also a form of respite both for the person and for their carer / family.</p>	
--	---	--

SECTION/QUESTIONS	ANSWERS/COMMENTS	NAME/ORGANISATION
Intermediate Care and Respite		
Question 1 – Are the proposals to commission intermediate care from within locality based dual registered provision the right ones?	I do not think they are	Senior Care Assistant
	I am not sure they are.	Support Worker
	We do not feel that proposals to commission intermediate care to dual registered homes are the right ones for the following reasons. We feel that to do this would not meet with the needs of elderly people who have falls, but do not sustain specific injuries. Quite often these people arrive bruised and badly shaken. They lose their confidence very quickly and are afraid of returning home alone. A short period of residential care is required to regain their confidence and enable them to return home. We see this as not only intermediate care but also as preventative measure to avoid these people returning home too soon only to fall again. If intermediate care is commissioned to dual registered homes will these people still have access to the service or will they be sent home to virtual wards in the future? If this is the case we feel that a lot of elderly people will go home and fall again due to fear and lack of confidence. Another concern to independent providers being commissioned is whether they will actually be any incentive to move people through the system? Will DASS staff be involved with the throughput or will this be left to health staff?	DASS Staff Member
Question 2 – Have you any concerns if Pensall and Poulton House no longer provide respite and intermediate Care? If so, what are they?	Yes, I believe bed blocking in hospital will be an issue even with the commissioning of 32 beds, & will the intermediate care be up to standard?	Senior Care Assistant
	Will be ending up in hospital or less care.	Support Worker
	With regards to respite care no longer being provided at Pensall House we have the following concerns. The report states that respite care can be provided in the independent sector for	DASS Staff Member

	£416.29 per week as opposed to £646 per week at Pensall House. Once people are given personal budgets how much will actually be allocated for one weeks respite care? If the independent sector have the monopoly on respite care and they decide to increase the charges who will pay the extra? Will this be left for carers to find or will the local authority be forced to spend out more on personal budgets to cover the cost? In the past if things go wrong in the independent sector elderly people have been moved, often in emergencies into local authority homes. What will happen to such people in the future? Is the independent sector ready and able to respond to such emergencies?	
Question 3 – In light of the new National and Local dementia Strategies (see Section 3.8) what do you think the advantages may be of having a dementia centre within the Wallasey locality?	Not sure, is it to be a Residential Centre or a Day Centre?	Senior Care Assistant
	May be a day care centre	Support Worker
	If there is to be one main dementia centre in the Wallasey Locality and Poulton House is the suggested location, what services will it offer? Clients and carers attending the centre if using their own transport or the limited public transport, will there be enough space for staff and visitor parking? What provision is being made if you live outside the Wallasey locality for people with dementia and their carers?	DASS UNISON Stewards Committee Wirral UNISON Branch
	Surely, there is a need of such dementia centres in each of the 3 or 4 parts of Wirral, so service users and carers don't need to travel far, people are more in their own neighbourhood.	Volunteer at Heswall Training Centre
Question 4 – Are there any other options which would help to ensure that people could receive a more personal service whilst still providing value for money for people with a personal budget?	Not sure	Senior Care Assistant
	I couldn't think of any other options.	Support Worker
	We feel that Pensall House should continue to provide respite care for elderly people. We have had many people come here who have tried to purchase extra respite at full cost due to the excellent care they receive. We have an excellent rating from the care quality commission	DASS Staff Member

	and feel very proud of our past achievements in the development of intermediate care and respite services. There is also a concern being expressed to us by the people who use our service that they feel as if choice is being taken away from them as they will not be able to use the service they would choose to.	
	Will there be enough respite beds to cope with peak demand i.e. Christmas and Holiday periods especially if the indications are that there is going to be a rise in people suffering with dementia. Is there a guarantee that personal choice will be respected if service users have a regular preference for respite care when needed, as different staff or buildings are very distressing for service users and the impact it has on their carers?	DASS UNISON Stewards Committee Wirral UNISON Branch
	Only if whole service well funded – “choice” implies lots of facilities, possibilities just likeif a supermarket!	Volunteer at Heswall Training Centre
Question 5 – Are there specific issues or barriers that these conclusions need to take account of in relation to ethnicity, disability, age, gender, religion and sexual orientations?	None that I am aware of	Senior Care Assistant
	None that I am aware	Support Worker
	Are there any specific issues of barriers that these conclusions need to take into account in relation to ethnicity, disability, age, gender, religion, and sexual orientation? The elderly population is projected to increase at a steady rate as we head towards 2025. The elderly people’s services have been cut on a regular basis for the past 18yrs. Even though we appreciate that this has been government led we also question whether this is in line with equality policies. We also question whether it is morally right to always target the elderly services when savings need to be made. A lot of the people who use our services do not have anyone to speak on their behalf and so therefore are very vulnerable and have expressed that they feel disregarded because of their age (this was a conversation I overheard three elderly ladies having when they heard about the proposed changes).	DASS Staff Member

	<p>Question 5 & 6 Has an Equality Impact Assessment been carried out in relation to Service Users, their carers, the community, public transport and DASS staff?</p>	<p>DASS UNISON Stewards Committee Wirral UNISON Branch</p>
	<p>What facilities are there to ensure communication to other residents whose first language is not English?</p>	<p>Wirral Multicultural Organisation</p>
<p>Question 6 – Are there any other ideas or suggestions you would like to be considered with respect to this service?</p>	<p>Yes, leave Poulton & Pensall as intermediate Care Homes.</p>	<p>Senior Care Assistant</p>
	<p>Leave the way they were.</p>	<p>Support Worker</p>
	<p>Are there any other ideas or suggestions you would like to be considered with respect to this service. As Pensall House is fit for purpose and has an excellent rating from the care quality commission we feel that we should remain open and continue to provide respite/intermediate care for elderly people. We do think that it would be a big mistake to commission all in the house services for the elderly to the independent sector. Where does our duty of care fit in to these plans? I have also had carers asking why all the advocacy meetings are being held in day centres for people with learning disabilities and none in older persons units.</p>	<p>DASS Staff member</p>
<p>General/Misc Comments</p>	<p>We note your intention to commission some respite provision from the external market, which we welcome. Respite is an essential requirement for families who have to support an individual with autism on an ongoing daily basis. We are currently in the process of building an autism-specific respite facility and provide domiciliary support to families to enable them to have a break from the carer role for shorter periods of time. Mixing people with autism with people with other learning disabilities has not worked for many people. There needs to be an understanding within social services about the specific support needs of people with autism. This organisation is an admitted body to the Merseyside Pension</p>	<p>Dianne Asher, Wirral Autistic Society</p>

	<p>Scheme and as such we have been penalised by this very narrow and restrictive view. Protecting Social Services staff needs to be balanced with acknowledging that independent providers also have pension responsibilities for their staff. <i>I trust that you will feed our comments in the consultation process.</i></p>	
	<p>Expanding choice of Respite option for service users and ensuring that it is offered in buildings where the physical condition and standards are appropriate is the right direction to move forward with.</p>	<p>Service Manager CYPD</p>
	<p>We would support the proposals for locality working BUT choice should still be available for those who do not fit into a particular service. We are very concerned about the proposed reduction in intermediate care beds at a time when hospital inpatient services are retracting particularly when we are supposed to be providing more but not less services in community settings. We believe there are big advantages of short term care and intermediate care being provided in the same settings as the client group is the same and also the need for intermediate care being provided in the same settings the client group in the same and also the need for intermediate and short term care often overlap considerably. We strongly believe that there should be a specialist intermediate care resource for people with cognitive impairment and other mental disorders. This resource should be jointly commissioned and supported by health and social care. We are very concerned that true Comprehensive Geriatric Assessment may not be available in the proposed new facilities. Comprehensive Geriatric Assessment has a strong evidence base for efficacy including a systematic review.</p> <p>Specialist medical input is an essential component of comprehensive geriatric assessment as well as integrated social care assessment. These services need to have support available for those with anxiety and other mood disorders which are prevalent in this client group. There should be more written care</p>	<p>Christopher James Turnbull, Directorate of Medicine for the Elderly, Wirral Hospital</p>

	<p>plans which clearly involve the clients and their community carers as part of the assessment and planning process. Clients should be given clear options for purchase when care plans are developed. We strongly support the need for specialist dementia centres but wonder whether if properly organised these could be provided on a locality basis.</p>	
	<p>We do not feel there should be any reduction in the provision of intermediate care beds as it is important to provide appropriate support, rehabilitation and enabling to allow early discharge from hospital. There are some advantages to people being able to access intermediate care nearer to their homes, but it is very important to provide the appropriate amount of enabling and rehabilitation. Criteria based admission e.g. to IMC beds would ensure appropriate use of this facility and ensure that patients receive the most appropriate support e.g. WHART if deemed safe to be left alone at night. Some of the issues we feel to be addressed / considered include the following: Who will provide the AHP support to these places? It may be more time consuming and costly to have therapy staff travelling between several homes, than being able to see a number of people in the same site. There is also the question of access to appropriate rehabilitation facilities e.g. kitchen for OT assessment, or walking equipment such as parallel bars, or a quiet room with sufficient space for patient to carry out rehabilitation activities e.g. walking. There is a huge issue of staff 'culture' and 'Unit philosophy' in combining intermediate care beds (enablement and rehabilitation) within a residential care home. Enabling and rehabilitation is a concept that should take place 24 hours a day, 7 days a week. The therapist may visit to assess and provide some direct treatment, but they would need to be carried by the staff in the facility. There would need to be an extensive training programme to move staff away from a caring environment to an enabling and rehabilitation environment. Even within the present intermediate care resources patients can and do deteriorate due to the lower level of access to therapist, so there is an increased risk in that</p>	<p>Supt Physiotherapist / Clinical Lead for Occupational Therapy</p>

	<p>there will be deterioration in the patients level of independence. We wondered whether a solution could be to have a designated area / beds within the home that were for intermediate care, with dedicated and trained staff with the appropriate skills for enablement. We felt it could be a positive thing to have some flexibility of care based on the patient need between the residential and nursing sides of the home. This could give more flexibility in provision of support when a patient deteriorates at the point of transfer from hospital (occasionally patients are independent in hospital but due to the stress of the transfer, show a marked deterioration on arriving in intermediate care). We did however, wonder if there would be a problem with funding a higher level of care required (in this sort of instance) if the place was funded at residential care level. We also felt the dual registering could be an advantage to the type of patient admitted to intermediate care e.g. a nursing home registered facility would be able to take a 'on-weight bearing-patient, whereas at present, they would have to stay in hospital.</p> <p>We also wondered if there would be an intermediate care facility for cognitively impaired patients in EMI homes. We wondered whether the exploration of the 24 hours day support services could be utilised in some cases, in place of intermediate care beds.</p>	
	<p>Is external care lower quality care? Who sets the standard? Again profit is the motivation.</p>	<p>Parent Carer</p>
	<p>Mixed views. Some felt there was currently a good quality service being provided and why change it if it's working well. Could become part of the trading company.</p>	<p>Highcroft Day Service Staff Team</p>
	<p>There maybe implications decommissioning these services to local providers, block booking can be expensive, there is also a danger re-ablement will be hindered by providers have empty permanent beds.</p> <p>I think the intermediate care is fit for purpose and should not be</p>	<p>Team Manager, DASS</p>

	<p>changed. Emergency Respite needs to be available in case of service break down or crises. There needs to be an emergency service available in Wirral, although I feel respite services should be outsourced Wirral MBC has a duty to provide emergency services. Relocate to Pensall</p>	
	<p>People felt there should be an intermediate service of some sorts and the present services seemed to be doing a good job. [The service should not be moved out of Pensall House purely to accommodate Maplehome! Some felt strongly that there should still be a direct council provision for the elderly and it should directly provide support for carers. There were fears about the quality of the service from private and independent residential / nursing homes. Many quoted examples of negative feedback. There was a feeling that respite beds might need to be available quickly. Some felt there was a need to improve dementia care and so it was probably a good idea to develop a service in Wallasey.</p>	Highcroft Advisory Body
	<p>There was a lot of discussion about Intermediate Care. Poulton and Pensall House command great respect, and are valued resources. Can we be sure that the suggested changes, to provide these services by purchasing smaller groups of beds in the different localities, will be at least as good? Will the health input be able to work as well? Will there be enough respite beds in familiar places for those who need them regularly? We could see the advantage of having things as close to home as possible; but only if quality and consistency is maintained. We will discuss the dementia suggestions later in this response. We again expressed concern about some lower standards of staffing and training in some establishments</p>	Wirral Older Peoples' Parliament

	<p>Further Questions Who is funding the proposed dementia resource centre? Are the respite beds going to be located in a geographical spread e.g. housed in the independent sector establishments?</p>	<p>DASS UNISON Stewards Committee Wirral UNISON Branch</p>
	<p>Intermediate Care for mental health service users needs to be considered and is not addressed in this section. There is a lack of appropriate step up and step down facilities for all service users with mental health problems. The lack of appropriate intermediate care facilities goes against national policy in terms of " Our Health, Our Care, Our Say"</p> <p>The development of a specialist dementia services is to be welcomed. However, there is lack of clarity as to what this means. There is lack of clarity regarding the centre's integration to other services for people with dementia. We have concerns about transport links to ensure equitable access to these services. We believe these services are best delivered locally rather than in a single unit.</p> <p>We are concerned that the development of intermediate care beds doesn't make specific mention of those patients who, due to cognitive impairment, lack capacity and require to have their needs met under the Mental Capacity Act. This may act as a barrier to this group of people accessing services.</p>	<p>Dr Maureen Wilkinson, Cheshire & Wirral Partnership NHS Trust</p>
	<p>Fortunately can only speak from people who have told me of their experiences - being put to bed at 6.30 and left until 10 till 11 the next day is not in my opinion caring - dignity is required not shelving!! I think you have gathered that I feel strongly about Pensall House. Not, I admit with personal experience but friends who have gone in for respite and come out the stronger for it. Others, whose relatives have gone in while they, the carers had a much needed break. Out here we have few amenities - both social and otherwise. It is bungalow city out here giving an indication of the amount of older people. A lot of them are able bodied moderately fit and lead useful lives, so if they need a bit of care sometime, where are they going to go - into a care home</p>	<p>Senior Citizen with older peoples welfare at heart regarding respite care at Pensall House</p>

	<p>even on a temporary basis is enough to send them in a decline. So please take into consideration this - the care system at home would have to improve so therefore would cost more. I say dignity must be considered. A word a lot of people in power seem to ignore.</p>	
	<p>In respect of Poulton House being considered as a possible dementia centre, it was felt that this was not a feasible idea. Wallasey is not accessible to people without cars (not central) and accessibility is part of the National and local dementia strategies. Also vehicle access is poor due to narrow street and limited parking.</p> <p>Meadowcroft is already a dementia resource centre, with many free rooms upstairs, and is more accessible by vehicle and on a bus route. It seems when many alterations have already been made to this building to be used by people with dementia, an unnecessary and costly exercise to move.</p> <p>The suggested central service for people with dementia did not specify a building as such, and all other current dementia services such as provided by the Alzheimer's Society are being set up in various settings throughout Wirral to make it accessible to carers and people with dementia.</p>	<p>Sue Newnes, representing carers and relatives of people suffering from Alzheimer's</p>
	<p>Intermediate care generated very little discussion during the focus groups as there was little existing knowledge and debate therefore surrounded the proposals for respite provision, centred on Mapleholme which is covered in the next section. Two people made general enquiries about the dementia centre in Wallasey and care for those leaving hospital which were answered by the Advocates.</p>	<p>Karen Blair, Advocate for Adults with LD, All Focus Groups</p>
	<p>Re commissioning independent residential care – what certainty is there that this will be available when needed, e.g. in an emergency? How will people choose? Why is the in-house unit cost higher? Better staffing (pay, qualifications, and conditions of service)? The local authority (with NHS?) should ensure that some respite provision is retained in-house, or at arms-length within the NHS, to have control over provision.</p>	<p>Volunteer at Heswall Training Centre</p>

SECTION/QUESTIONS	ANSWERS/COMMENTS	NAME/ORGANISATION
Mapleholme		
Question 1 – Are the conclusions the right ones?	<u>Conclusion</u> (2) Not enough support given to older person who only needs short term help. i.e. to convalesce - A word not used nowadays but is sometimes needed to aid recovery. People sent home early from hospital to home care, will take longer to recover than people who have a bit of "TLC". Thereby saving the NHS money. Short term versus Long term.	Staff at Pensbywood Centre
	Yes	Moreton ATC Parents Association
	The 'Beckwith St' building/accommodation is poor, to say the least, BUT it is very central to a number of social outlets e.g.: Cinema, pubs, shopping, swimming baths etc... Pensall House is in the 'sticks' but has considerably better accommodation so it probably has the edge. This will reduce the opportunities for visits, to the capacity of the minibus.	Senior Care Assistant
	No I don't think so it's the right?	Support Worker
	If Pensall House is no longer used for its present purpose, this would seem a good use	, Wirral Older Peoples' Parliament
	No Comment	Dr Maureen Wilkinson, Cheshire & Wirral Partnership NHS Trust
	Relocating respite for people with learning disabilities to Pensall House is on balance a correct move.	Carer
Question2 – Do you have any concerns about these conclusions and what could we do to address them?	Discussions had re personalised budgets. Staff concerns re financial abuse	Moreton ATC Parents Association
	The 'take a break scheme' does not suit everyone - i.e. many people want to plan for 1/2/even 3 week holidays - this flexible approach must be maintained.	Senior Care Assistant

	Although Pensall House may be in better condition, & have en-suite facilities Beckwith Street is in a more central location, friends & family of service users at Maplehome could find it very difficult to visit people at Pensall House, as it is quite out of the way this could impact on the number of visitors service users get, especially non drivers.	Support Worker
	Beckwith Street is more central location & better for friends & family of people use.	Carer of son
Question 3 – Are there any other options which would help to ensure that people could receive a more personal service whilst still providing value for money for people with a personal budget?	None that could be found	Moreton ATC Parents Association
	None that I am aware of	Support Worker
	Not I am ware of.	Carer of son
Question 4 – Are there specific issues or barriers that this service needs to consider and address in relation to ethnicity, disability, age, gender, religion and sexual orientation?	No	Moreton ATC Parents Association
	None that I am aware of	, Support Worker
	Not I am ware of.	Carer of son
	Questions 4 & 5 Has an Equality Impact Assessment been carried out in relation to Service Users their carers, the community and DASS staff?	DASS UNISON Stewards Committee Wirral UNISON Branch
Question 5 – Are there any other views or suggestions you would like to be considered?	No.	Moreton ATC Parents Association
	No	Support Worker
	No	Carer of son
General/Misc Comments	Mapleholme - This is an excellent facility and should be left as it is. Pensall House is mentioned as an alternative location but would appear to only have half the number of beds available in	Carer of son

	<p>comparison to Beckwith Street, surely this rules it out as an alternative location.</p>	
	<p>The proposal only provides for a stepped improvement in terms of facilities - and it is unclear what size of home this is - what the size of units within the building are - what distinctive needs it might meet - the positioning of the service relative to Wirral Autistic Society new provision. The potential for smaller more localised units does need considering to achieve improved outcomes for social integration outlined with other parts of service development. The implications and forward planning with CYPD do need to be developed further as a consequence of Aiming High for disabled Children - and increased investments in personalised and preventative support.</p>	<p>Service Manager CYPD</p>
	<p>Pensall House is not easily accessible for people from Birkenhead and Wallasey which we feel mitigates against this use. It would be better to place a service for those in West Wirral at this location. Please note the adjective "Dependent" and the noun "Dependant".</p>	<p>Supt Physiotherapist / Clinical Lead for Occupational Therapy</p>
	<p>The 'take a break' scheme seemed to be a very flexible scheme that could effectively meet patient's needs. We wondered if this model could be extended to all groups needing support. It is important to incorporate an element of rehabilitation and enablement to prevent deterioration of patients while in respite care. This could take the form of therapists visiting for assessment purposes and giving advice and setting an intervention plan for staff to carry out (funding implications? Who would provide this therapy input?? There also needs to be extensive training to staff to enable them to adopt the philosophy of an 'enabling' rather than 'caring' environment.</p>	<p>Parent Carer</p>
	<p>I feel social services should continue to provide respite such as Mapleholme for their current clients. However, quality of that care should be improved e.g. more interesting occupation of free time, a healthy living of diet and exercise. Ensuite facilities.</p>	<p>?</p>

	<p>Concerns by some staff that Maplehome have moved recently and another change could be unsettling for people regularly using it. The current location offers easy access to good community facilities and this advantage would be lost if they moved again. Everybody felt it would be good to extend the voucher system.</p>	<p>Highcroft Day Service Staff Team</p>
	<p>Relocate to Pensall, I only suggest this as the market has not yet developed respite services in Wirral for LD, there needs to be something in place until demand lessons and the service is no longer needed</p>	<p>Team Manager, DASS</p>
	<p>There was a feeling that community activities would be more difficult to engage in, at Pensall House. The current site in Birkenhead is ideal for all, as most attractions are within walking distance. This encourages peoples' independence, mobility and self-esteem.</p> <p>Others who said they knew the building at Pensall House had concerns that the corridors were narrow or lifts small and this could cause problems for disabled people with learning disabilities using the service.</p> <p>There were also concerns that Maplehome had moved recently and why were they moving again?</p> <p>Strong concerns were expressed by some people with a physical disability who said they were not allowed to use Maplehome and they felt this was discrimination especially as day services were now fully integrated as to disability.</p>	<p>Highcroft Advisory Body</p>
	<p>Further Questions What is the age group of Mapleholme service users? If they move would it be over subscribed due to location and amenities? Do they envisage that the unit cost of moving to Pensall House will be the same cost as it is at present?</p>	<p>DASS UNISON Stewards Committee Wirral UNISON Branch</p>

	<p>Three people currently use respite and eight people expressed a view on the proposed move from Pensall House to Mapleholme, with a majority in favour although the location came into question. There was broad support for the voucher system and the choice it would bring to the current “regimented” system.</p>	<p>Karen Blair, Advocate for Adults with LD, Riverside Focus Group</p>
	<p>Seven people out of approximately forty people used respite care although opinions were divided as to the relative merits of Mapleholme and Pensall House. Some had not seen Pensall House; others queried the reasons for moving. It was acknowledged that there were more facilities around Mapleholme although access to the local community in Birkenhead had not happened for most users of respite and in previous moves of respite people were told that there would be improvements because of the relocation and this did not happen. People expressed that the care in Mapleholme is good and therefore they would like to see the same staff in any new location chosen.</p> <p>Those who use the take a break scheme said it was working well which prompted others to think that it was a good idea.</p>	<p>Karen Blair, Advocate for Adults with LD, Eastham Focus Group</p>
	<p>Carers expressed a huge concern around the moving of Mapleholme to Pensall House as respite is meant to be a time when carers can relax and not worry about their loved one or where they are. It was felt that current provision met these criteria and reassurances would be needed to ensure continuity and safety. Concerns were also expressed that people are not catered for in respect of their age e.g. older people with learning disabilities. There were issues in relation to the location of Pensall House for people using public transport and local facilities.</p> <p>People thought that the take a break scheme is a good idea.</p>	<p>Karen Blair, Advocate for Adults with LD, Highcroft Focus Group</p>

	<p>Initially the response was an overwhelming “no” to the proposals put forward but on further discussion people thought it may be a good idea, but some had concerns around the continuity of service and any changes in care charges that a move may incur. A couple of people expressed opposition to the proposals and thought it should remain as it is.</p> <p>There was no opinion expressed about the take a break scheme as most participants are residents at Girtrell Court and have no experience or knowledge to draw on.</p>	<p>Karen Blair, Advocate for Adults with LD, Girtrell Court Focus Group</p>
	<p>Everybody agreed that respite is an essential service for people who use services and their carers, although there was some debate around the location of both Mapleholme and Pensall House. People felt that whilst the amenities around Mapleholme were good, the area it is situated in was a problem. Similarly, whilst the area Pensall House is situated in is good there are no amenities in the locality suitable for younger people. One person suggested a breakaway from the traditional respite service using the community or a holiday out of the area.</p>	<p>Karen Blair, Advocate for Adults with LD, Moreton Focus Group</p>
	<p>There was a mixed reaction from this group. People felt that the community facilities at Pensall House would not be as good as those available at Mapleholme. There was a resounding agreement that the public transport system around Pensall House is inadequate but the locality around Mapleholme is undesirable. If the same service that is currently offered at Mapleholme is continued elsewhere then relocation would be acceptable.</p>	<p>Karen Blair, Advocate for Adults with LD, Heswall Focus Group</p>
	<p>People felt that Mapleholme was near to community facilities and they enjoyed going out in the local community although this was now happening less frequently. Pensall House was viewed as more remote relative to Mapleholme, designed with older people in mind and not specific to wheelchair users. The voucher scheme was seen as a better system, although choice and availability were raised as concerns. Some people had little disposable income to fund staff time and go on holiday.</p>	<p>Karen Blair, Advocate for Adults with LD, Cambridge Road Focus Group</p>

	<p>The move from Mapleholme to Pensall House is felt to be a positive one as it is felt the building is inadequate.</p> <ul style="list-style-type: none"> • The flexible voucher scheme available at Mapleholme was mostly welcomed although some still preferred to have their respite allocated to them. • It is felt that specialist, smaller accommodation is needed for transition. Young people coming into the service would benefit from time spent with other young people away from the vast age group as it currently is • Criticisms made about Mapleholme included comments that they have only relatively recently moved to the current property. It was felt that this may be a waste of money given that the service is now set to be re-located again. • The opportunity to re-develop a short break holiday scheme should be included in the conclusions. This is because since the day services ceased to run holidays, many people don't get a break other than when they go into respite. A holiday is also a form of respite both for the person and for their carer / family. 	<p>The Enabling Fulfilling Lives Task Group</p>
--	---	---

SECTION/QUESTIONS	ANSWERS/COMMENTS	NAME/ORGANISATION
Meadowcroft		
Question 1 – Are the conclusions the right ones?	<p>Unit cost of respite is reported to be significantly lower in the independent sector - families have informed Meadowcroft staff they have been quoted £600 per week.</p> <p>Market analysis suggests there is capacity in the independent sector to provide respite due to vacant beds but experience has proved that there have been extended respite stays at Meadowcroft and delayed hospital discharges with people waiting for long term placements.</p> <p>Will the choices to carers be the home of their choice, or only where there is a vacancy that would normally have been filled on a long term basis.</p> <p>Engagement has been undertaken in other areas of DASS provision but has it been extended to the elderly, particularly those suffering dementia, and their carers to establish what services they would require once they are in receipt of personal budgets.</p> <p>Will all the people in receipt of services at present meet the criteria for personal budgets? If not, what choice of provision will they have as carers will still require breaks.</p> <p>Some carers express that they prefer respite in a the traditional residential setting as the break is to enable them to continue their caring role and they do not always want to go away but have a break themselves in their own home.</p>	Manager, DASS
	What would the future of the Meadowcroft site be? There is great interest in dementia care, and concern that the expertise of the Meadowcroft staff might be lost or diluted. The concerns already mentioned about quality of some staffing in the independent sector are particularly important in dementia care.	Wirral Older Peoples' Parliament
	I am not sure.	Support Worker

	No Comment	Service Manager, CYPD
	Not discussed.	Manager, DASS
	<p>The local and National Dementia Strategies stress the importance of choice for respite care, but this did not intend to mean the closure of current respite services, but rather the inclusion of further options.</p> <p>The focus group were very opposed to moving all respite care out into the private sector, for the following reasons:</p> <ol style="list-style-type: none"> 1. There is no guarantee that a person will be offered the same home for subsequent respite stays and continuity and routine are vitally important to a person with dementia. 2. The continuity of Meadowcroft is not only important to the people with dementia but also to the families for their peace of mind, any change is stressful. The carers in the group choose Meadowcroft as a first choice for their loved ones. 3. The staff get to know the people who stay with them, and there are less staff changes at Meadowcroft than in the private sector, where we know that staff change at an alarming rate. The staff at Meadowcroft get to know the person, most important for true person centred care and this helps for people who have memory difficulties, to be greeted and cared for by people who get to know them. 4. At Meadowcroft, due to the relationships built up between staff and clients, the person with dementia is 'not just cared for BUT CARED ABOUT' This is important for the person's emotional and psychological well-being 5. Due to the continuity, the communication between staff and families is excellent, and it is feared that this would not be the same from multiple homes 6. Many fears raised around the costs involved in the private sector, many felt they would be unable to meet costs and others feared it would be 'care to the cheapest bidder', not about quality. 7. Can the private sector guarantee activities and mental stimulation to clients? 	Sue Newnes, representing carers and relatives of people suffering from Alzheimer's

	<p>8. Respite care near to family homes is not important to families, more important is the continuity and quality of present service at Meadowcroft</p> <p>9. In the independent sector, will families be able to book respite in advance? Will they be able to respond in emergencies?</p> <p>10. Although the independent sector are offering respite beds now, when they are the only providers, what guarantee do we have that they will continue to offer respite beds if the beds are required for full time care, which guarantees their income on a regular basis?</p> <p>11. Many of the carers felt that without Meadowcroft and the guaranteed respite there that they will not be able to continue managing and full time care will happen more quickly.</p> <p>12. There were deep concerns about the people who live at Meadowcroft full-time, and the detrimental effect of any move or closure.</p> <p>13. Why haven't organisations such as Alzheimer's Society and carers been consulted about proposals before the proposals have been made.</p>	
<p>Question2 – Do you have any concerns about these conclusions and what could we do to address them?</p>	<p>As a staff group we have concerns about the conclusions. It is suggested in the report that buying respite care for people with dementia from the independent sector will give more choice to people about where they have respite and the cost is significantly lower, our concens are as follows:</p> <p>Will people be able to book in advance? Meadowcroft is currently taking bookings for Christmas, and carers want to book holidays for themselves some months in advance to fit in with children and other commitments,they need to know that their respite will be honoured.</p> <p>Will the respite be in the same residential home each time - people with dementia need continuity and familiar surroundings, it takes time for them to get to know carers and surroundings to feel safe. It is also important that the staff know the people they are caring for.</p> <p>Will the independent sector be able to respond to emergencies?</p>	<p>Manager, DASS</p>

When carers fall ill and are admitted to hospital the respite stay often gets extended for longer periods, will they have the capacity to maintain this.

The cost of respite is reported to be lower in the independent sector at present, can this be guaranteed once the independent sector are the only providers as they will have a monopoly on the market. When costs are worked out do they reflect the true cost of care, is care manager assessment included? Costs do not always reflect best value for money or relate to the facilities and experience of a well trained and well established staff group.

As there are vacancies in the independent sector why are they not offering respite now? Families have been reluctant to move their relatives out of Meadowcroft in to the long term vacancies, causing bed blocking within Meadowcroft.

How many homes is it anticipated would provide respite and how many respite beds in each home? National care standards stipulate that services for day care, respite and long term care do not impact on each other and each service has its own facilities and staffing levels. Will it be ensured that the homes that have vacancies in the independent sector are able to meet these standards before the service is commissioned. At Meadowcroft there has been costly alterations undertaken to ensure that there are separate facilities to accommodate day care and respite services in one building. Staff are designated daily to the day care service to ensure that there is no impact on the respite service.

Will the residents, their carers and families in the independent residential homes be consulted about providing respite in their home and the possible impact on their lives sharing their home with a progression of strangers coming and going?

If the authority do not want to enter into costly block bookings in the independent sector what incentive will the independent sector have to offer respite care?

Do the independent providers have the staffing levels to cope with the increased workload involved with respite when there can be 3-4 admissions and discharges in a day? As well as the

	<p>paperwork there are practical issues of booking clothing in, booking and checking medication. If this requires an increase in staffing levels it will lead to the cost being passed on to the carers and ultimately the authority. What if after a couple of years the independent sector find respite care non-viable and stop the service? In the past the authority has been the safety net to pick up services, but if Meadowcroft has been de-commissioned there will not be the resources to support respite for dementia sufferers. Extended day care is currently provided at Meadowcroft 7 days a week. Because this is a residential unit we can be flexible and provide the service from early morning to late at night, giving carers more opportunity to manage their own lives . Meadowcroft takes referral for people that have had day care within the private and voluntary sector when their behaviours can no longer be managed in these settings. Will there be services set up for these people in other units? The day care service introduces people to the centre and staff and gives a natural progression to respite care.</p>	
	I don't know.	Support Worker
Question 3 – Are there any other options which would help to ensure that people could receive a more personal service whilst still providing value for money for people with a personal budget?	Meadowcroft strives to offer a personal service that is as flexible as possible to meet the needs of the carers. If carers are consulted more fully and their needs established we could work together with carers and the independent and voluntary sectors to provide a personalised service, offering more choice and flexibility.	Manager, DASS
	I don't know.	Support Worker
	One needs to know more about what personal budgets cover and how much money is involved before being able to comment. Again – choice can only be exercised if what one wants is available/affordable one can go to it. Flexibility in provision would inevitably cost more money.	Volunteer at Heswall Training Centre

<p>Question 4 – Are there specific issues or barriers that this service needs to consider and address in relation to ethnicity, disability, age, gender, religion and sexual orientation?</p>	<p>Many of the carers are elderly themselves and rely on the support of Meadowcroft staff both for day care and respite. Families forge links with Meadowcroft and feel comfortable to ring and discuss problems, ask for advice and generally let off steam when stressed. They have confidence in the service and the fact that Meadowcroft is part of DASS gives increased confidence to carers.</p> <p>Provision of care is sadly lacking for younger sufferers and early onset dementia sufferers. To date many younger people who require services are having to go out of borough.</p>	<p>Manager, DASS</p>
	<p>Question 4 & 5 Has an Equality Impact Assessment been carried out in relation to Service Users their carers, the community and DASS staff?</p>	<p>DASS UNISON Stewards Committee Wirral UNISON Branch</p>
	<p>Not that I am ware of.</p>	<p>Support Worker</p>
<p>Question 5 – Are there any other views or suggestions you would like to be considered?</p>	<p>Respite is a much needed service for carers who are providing care for their relatives in the community, it allows them to carry on the task of caring. At the moment 6 million carers save the government £87 billion a year and these carers deserve support to maintain their caring role. As the predictions are for the numbers of people suffering dementia is increasing it must follow that carers are going to need increased support. The media have highlighted that respite, either on a daily basis (day care) or longer periods is going to play an important role in assisting carers and facilities will be required to provide this support for carers. The report suggests that respite may be sought in other ways rather than the traditional residential settings, however talking to carers most would agree that they require the break from their caring role and do need to be able to have the opportunity to stay in their homes themselves, they do not always want to go out to have a break.</p> <p>A great deal of money has been invested in Meadowcroft over the last 11 years, in staff training, improvement to the building and surroundings to ensure a safe and secure environment for</p>	<p>Manager, DASS</p>

	<p>the people using respite and day care. There is unused space in the building to extend and become a dementia resource centre (as was originally intended when opened in 1998) without great added expense. This could be used to house an outreach service to support people at home, provide space for CPN's and have community rooms for carers and general public to drop in for a chat or information about dementia and services available. There is still a need to have dementia resource centres located in other parts of Wirral. At present Meadowcroft serves people from all over Wirral - dementia is not confined to one area.</p> <p>Meadowcroft staff work with all professionals to support people returning to their own homes with relatives and/or packages of care, working to maintain as much independence as the person can comfortably manage to enable them to remain at home as long as possible. Meadowcroft also carries out ongoing assessment for every person supported to ensure that their care needs are met.</p>	
	No	Support Worker
General/Misc Comments	Mixed views. Some people felt that the best way for the quality of the service to be maintained would be to stay aligned with the council in some way. Others felt they did not have enough information to make an informed comment	Highcroft Day Service Staff Team
	Decommission to independent sector	Team Manager, DASS
	Different views. Some felt strongly there should remain direct council respite and day services for the elderly. They felt Meadowcroft should stay open as people of that age need services they are familiar with. Others felt that it was important that services link in with locality services. People should be able to access services near where they live so carers can easily visit and the community is familiar to people using the service.	Highcroft Advisory Body

The suggestion to close Meadowcroft is nothing short of criminal but, as in 2007 this is not a consultation, it is a fete accompli. I have asked for a meeting for carers during the consultation period [over 2 months ago with relevant senior management [including Mrs Ricketts], but this has been ignored. This is NOT a box ticking exercise to save money and to further senior managements' careers; it's about real people who have contributed to society throughout their lives and deserve to be treated with proper decency during their final years not the affront to decency that is being proposed by what appears often to be faceless callous uncaring bureaucrats. Why also do so few people appear to know about it almost as if the plan is to achieve the council's aims by stealth?

My mother is one of the 5 'permanent residents' in Meadowcroft .The report says nothing about what will happen to them other than acknowledge that they are actually there. It is pretty obvious what the proposal for their future will be but what is not taken into account is that mum is very settled in Meadowcroft. She is superbly looked after in a caring very well organised calm environment. The professional standard of the staff is extremely high. They take a pride in their jobs and treat my mum and the other residents as if they are family. My mum is 86 and frail but very well cared for. If she is forcefully moved against her and our wishes, it is in my opinion very likely to finish her off as the resulting emotional stress and turmoil that it would cause her in her vulnerable state would be too much for her and rapidly and tragically hasten her end. If that scenario God forbid does transpire then I would hold those who I perceive to cause it personally responsible. Also the thought of those dedicated staff at Meadowcroft either losing their jobs or being moved elsewhere against their wishes is very painful to myself and others that they have helped.

What has happened to the 'duty of care' towards the elderly and why is it apparently being dispensed with just to cut costs?
All of the figures shown in this report-where have they been concocted from? Where is the full detail as to who has actually

	<p>been consulted and where is more to the point the evidence that they [the figures] will actually be right?</p> <p>In the foreword, Councillor McLaughlin talks about 'views being sought on the DESIRABILITY of decommissioning Meadowcroft - how can anything on this subject be termed desirable? In minute 231 of the Cabinet meeting of 20/09/07, she indicated that 'acceptable alternative accommodation' would mean acceptable to the resident, their relatives and social service officers. This I would presume does still apply. She also talks about high quality provision in the independent sector. The homes I have seen in that sector have been filthy and disgusting in comparison to Meadowcroft.</p> <p>I am horrified that anyone of a caring right mind can even consider any proposal to close Meadowcroft and would urge you to reconsider this horrendous proposal</p>	
	<p>I DO NOT believe that the conclusions regarding Meadowcroft are correct. I don't agree with the home being closed. My mum has been there for 3 years over which time I have had complete faith in the care she is being given. I am very happy with the staff and feel content that she is being well looked after. They provide an excellent service. The home is well run, always clean, friendly staff, and my mum is well fed, cared for, and I have had no worries with her being there. She was taken in to residential care when my dad passed away as she has dementia. I was ill as a result of the trauma of my dad's death and my mum's illness plus other personal trauma that happened to me. It was a very stressful time for me and I feel that if I have to move her it will cause me a lot of stress again. I do not want to go through all that again. The move would also be detrimental to her own health. She was in hospital in the summer and this was not good for her as she was disorientated and stressed, she was completely "lost" as was quoted. I feel the closure is totally unnecessary, the building is well maintained, has very good facilities, and should still be used for its current purpose. It could also be used in other ways as well to use it as it's full potential, for example Alzheimer's</p>	

	<p>society meetings, dementia care meetings, etc. Having on site facilities is better than a dementia centre.</p> <p>The move is contravening her human rights. Care provided by public bodies is covered by the Human rights act 1998. There is no need for her to be moved, a move could cause great distress leading to deterioration in her health. She is unable to speak for herself, and as advocate I am giving her views/wishes. The best thing is for her to stay at Meadowcroft.</p>	
	<p>Further Questions</p> <p>Unit costs for the independent sector is shown to be cheaper, is the package they offer liable to impact on service users requiring them to improve their care support with top ups?</p> <p>All indications from national and local data predict an increase in dementia cases.</p> <p>Is the impact of closing Meadowcroft going to leave a shortfall in future dementia care provision?</p> <p>To be more accessible perhaps 2 Dementia Centres at Meadowcroft and Fernleigh which are in different areas on the Wirral be better than one central point (Poulton House) which is hard to reach via public transport?</p>	<p>DASS UNISON Stewards Committee Wirral UNISON Branch</p>
	<p>Our chief concern is the loss of services for patients with dementia. This is the only facility that offers respite to this group. There is no intensive home treatment service for people with dementia and plans to offer this are only in a very early stage following from the national dementia strategy work. Offering respite via the independent sector may mean that service users cannot access the same facility on each occasion due to capacity. Having respite in a variety of units can increase confusion in those patients with dementia. This would affect service user and carer satisfaction. The high staff turnover and low investment in training within independent facilities further compounds this issue.</p> <p>We would also have concerns about the ability of the independent sector to manage those service users who have</p>	<p>Dr Maureen Wilkinson, Cheshire & Wirral Partnership NHS Trust</p>

	<p>challenging behaviour or those who require management under the Mental Capacity Act.</p> <p>Meadowcroft provides respite beds for service users with early onset dementia; however they are unable to offer a service to the majority of service users who have challenging behaviour.</p> <p>The use of personalised budgets may limit access to those with cognitive problems or those with disability, lack of numeracy and literacy and those from a minority ethnic background. There is a lack of clarity as to how the needs and preferences for this disadvantaged group will be addressed.</p> <p>Whilst we welcome choice in the delivery of respite services, it is well known that night sitting services are limited and costly; therefore respite in a residential environment would end up being the default position.</p>	
	<p>Don't want to comment on this as figures are mentioned i.e. how many beds does Meadowcroft have in total?</p>	<p>Senior Care Assistant, LD</p>
	<p>Though true respite can be provided successfully in many settings there needs to an emphasis on rehabilitation and assessment during respite. Too many clients lose their independence skills during respite periods and then fail to cope at home. In addition we feel strongly it would be better to co-locate short term (as opposed to respite) care and intermediate care.</p>	<p>Christopher James Turnbull, Clinical Director, Directorate of Medicine for the Elderly, Wirral Hospital</p>
	<p>To whom it may concern</p> <p>I wish to express my great concern regarding the possibility of the closure of Meadowcroft in Bromborough. I am the sole carer for my husband who suffers from Alzheimer's. We use Meadowcroft for respite purposes, and have been doing so for a number of years.</p> <p>My husband is very contented when he stays there, as he is used to the staff and surroundings. He is very well cared for while there.</p> <p>I look after him 24/7 and I am not in good health. The only break I have is when he goes to Meadowcroft. I do hope there will be a favourable outcome to the decision taken.</p>	<p>Carer</p>

SECTION/QUESTIONS	ANSWERS/COMMENTS	NAME/ORGANISATION
Fernleigh		
<p>1. Do you have any views on this service?</p>	<p>A shared financial responsibility makes common sense and would enable an excellent service develop further.</p> <p>Here we asked some specific questions</p> <p>1. Should there be mix of respite and crisis beds in the same facility?</p> <p>There was a split of opinion on this with the same number of people saying definitely no or definitely yes and the majority in the middle saying no in an ideal world but accepting that this is inevitable with the following provisos:-</p> <ul style="list-style-type: none"> • There is flexibility over the numbers that are designated crisis or respite beds • Staff are adequately trained to support both types of services users • The facility is used to help in recovery • People in crisis beds should be segregated from those in for respite care <p>2. Should NHS Wirral be asked for a significant contribution to this facility?</p> <p>All who responded said yes, especially in view of the quick turn around in hospital, which means that patients are not always fully recovered before discharge.</p> <p>Other points made were that the NHS money could be used to maintain and modernise the facility to make a multi- purpose hospital / care centre or for extra staff training.</p> <p>3. Should there be alternative forms of respite available for those who don't like Fernleigh?</p> <p>The main feeling here was that any alternatives should be like Fernleigh, i.e. have trained staff and access to other support through the Crisis Team. It was felt that services users should not be given money to arrange their own respite as this could lead to</p>	<p>Staff MemberStar Design</p> <p>Susan Margaret Gladden, Family Tree Wirral</p>

	<p>problems for carers as they could use it unwisely, be away from familiar surroundings and not able to access the support they needed. Carers felt they may have to go with them if it was to work, which meant they didn't get a break.</p> <p>4. How much have the needs of carers to have some respite from their caring role been considered when planning respite care services for service users?</p> <p>The majority felt that carers needs were never or hardly ever considered. They would like the same system as with learning disabilities where they can request at least some of the respite offered when <u>they</u> need it.</p> <p>Any other comments on the service</p> <p>On the whole the service offered by Fernleigh is seen as a very valuable resource but there was a feeling that there needed to be less managers and more support workers with direct contact with service users.</p>	
	<p>People felt they did not know enough about this to comment.</p>	<p>Highcroft Day Service Staff Team</p>
	<p>I feel this should be funded by the NHS, the service should be guided and run via the recovery model and programme. The service needs to be outcome focused for the individual and the carer.</p>	<p>Team Manager, DASS</p>
	<p>There was a view that Health Services and Social Care should be working together rather than competing for who pays for what. Otherwise there were no strong opinions on this issue.</p>	<p>Highcroft Advisory Body</p>
	<p>It should be NHS funded</p>	<p>Wirral Older Peoples' Parliament</p>
	<p>Why isn't Poulton House or Pensall House being considered to support hospital admissions as existing arrangements are in place with the NHS?</p> <p>Is the unit cost so high because Rosewarne moved into Fernleigh and have never utilised the whole building a joint arrangement</p>	<p>DASS UNISON Stewards Committee Wirral UNISON Branch</p>

	<p>could have worked with the existing dementia care provided at Fernleigh?</p> <p>Are there any contingency plans in place if the NHS do not fund the proposals?</p> <p>Has a time limit been identified due to budget implications if continually funded by DASS?</p>	
	<p>A review of Fernleigh is currently underway led by NHS Wirral. The respite facility available at Fernleigh is valued by both service users and carers. The emergency respite facility plays an important part in service users with mental health needs having choice as to their preferred place of care. The provision at Fernleigh is in line with national policy drivers to ensure peoples' needs are met in the least restrictive environment. As mentioned above, there is a lack of intermediate care for those with mental health needs, and we believe that Fernleigh offers step up and step down provision as part of the spectrum of care for those with acute mental health needs.</p>	<p>Dr Maureen Wilkinson, Cheshire & Wirral Partnership NHS Trust</p>
	<p>No I don't know enough about it.</p>	<p>Senior Care Assistant</p>
	<p>I don't have any view, not much on this.</p>	<p>Support Worker</p>
	<p>Not discussed.</p>	<p>Manager, DASS</p>
	<p>Don't know much about it but reading p45 it would appear that this is a NHS issue. However, the Council should not abandon provision before agreement with Wirral NHS is reached.</p>	<p>Volunteer at Heswall Training Centre</p>

SECTION/QUESTIONS	ANSWERS/COMMENTS	NAME/ORGANISATION
Residential		
Question 1 – Are the conclusions the right ones?	Yes Seem Appropriate	, Service Manager CYPD
	Those of our members with knowledge and experience of those with learning difficulties are anxious to ensure that those with very severe difficulties do not suffer if there are changes.	, Wirral Older Peoples' Parliament
	No Comment	Dr Maureen Wilkinson, Cheshire & Wirral Partnership NHS Trust
	Not sure, may be for some but not all.	Senior Care Assistant
	May be for some people.	Support Worker
	Yes seem appropriate.	, Service Manager, CYPD
	Yes.	Manager, DASS
	Staff involved in consultation (14) felt that the conclusions were correct. Concerns would be that enough staff would be provided to cover the need of very vulnerable clients. No other options were put forward as consensus of staff group was that supported living would benefit the clients living within residential care.	Manager, DASS
Question2 – Do you have any concerns about these conclusions and what could we do to address them?	Yes our concerns that we will not be "meaningfully consulted" prior to any staff realignment.?	DASS UNISON Stewards Committee Wirral UNISON Branch
	Yes, some people with learning disabilities do not have the mental capacity to make those decisions about where they live & while advocates can speak for those people they cannot make them understand the complications.	Senior Care Assistant
	Some people can't make these decisions.	Support Worker
	General concern re housing of service users.	Manager, DASS

Question 3 – Are there any other options which would help to ensure that people could receive a more personal service whilst still providing value for money for people with a personal budget?	Questions 3 & 4 Has an Equality Impact Assessment been carried out in relation to Service Users their carers, the community and DASS staff?	DASS UNISON Stewards Committee Wirral UNISON Branch
	Not sure.	Senior Care Assistant
	More staff provided for peoples' needs.	Support Worker
	No.	Manager, DASS
Question 4 – Are there specific issues or barriers that this service needs to consider and address in relation to ethnicity, disability, age, gender, religion and sexual orientation?	Not sure.	Senior Care Assistant
	No.	Manager, DASS
	To consult BMR Community Groups.	Wirral Multicultural Organisation
Question 5 – Are there any other views or suggestions you would like to be considered?	Is there going to be a pilot scheme to assess if service users can adapt to living in their new independent accommodation? The supported living service conclusion 3.10 is it TUPE or Trading Company or in-house? Who makes up the membership of the core strategy development group?	DASS UNISON Stewards Committee Wirral UNISON Branch
	No	Senior Care Assistant
	No.	Support Worker
	No.	Manager, DASS
General/Misc. Comments	The opportunities for people to move from residential into a supported living model are to be welcomed where this can be demonstrated to be in the best interest of the individual. For people whom we currently support in a residential setting, the issues are about whether the individual understands what a move into supported living means to them and how their lives will be enhanced by such a move. Before there is a headlong rush into	Dianne Asher, Wirral Autistic Society

	decommissioning residential provision, the Social Services Department need to think about the role of residential care in the total context of all social care and support models.	
	<p>Move away from "residential and nursing care" in favour of "home care" Again, we fully support the view that older people much prefer to remain at home as opposed to being admitted to full-time residential care provided appropriate and regular domiciliary care is guaranteed. Unfortunately, it is our understanding that the DASS funding for homecare services is overstretched and that demand for these services is overstretched and that demand for these services now exceeds DASS current (2009/10) budget allocation. We are told that service users simply cannot obtain an adequate number of care hours each day due to existing financial constraints. We are also told there is an inordinate amount of time between assessment of need and actual receipt of home-care, this running into weeks / months and placing enormous pressure on the service user and their family. Firstly, if DASS's spending on domiciliary care is currently below the regional average (see 2.8, page 229 of Report) where will the extra funding come from to redress this position?</p> <p>Will the funding come from a radical cutback in admissions to care homes for instance? Secondly, a shift to home care on this scale will require additional skilled manpower across the borough. It is proposed to transfer any redundant Council employees to these positions and make them employees of the proposed new Local Authority Trading Company (LATC)?</p>	Lin Cooke, Hoylake Cottage
	<p>Demographics - The Council wishes to adjust its pattern of spending by increasing its investment in community-led services, such as domiciliary and day care, and by reducing admissions to care homes. We feel that this will serve to discourage future private and corporate investment in Wirral and threaten the existing bed complement to such an extent that if the Council's own population predictions are correct, particularly those relating</p>	Lin Cooke, Hoylake Cottage

	<p>to "dementia cases", there would be a massive shortfall in available care home beds in 10 years from now. This could be a repeat of the situation which prevailed in 2002-2005 when hospital "bed-blocking" was rife, but on a greater scale when one factor in the inevitable cuts that have to be made in public services over the forthcoming years regardless of whichever political party presides. Whilst it takes a very short time for the market to react to an oversupply of care beds (by the closure of inefficient homes), it takes a long time for the market to react to an undersupply.</p> <p>The development of new care homes requires major capital investment with the necessary long lead in time from a decision to commence such a development to the opening of any new facility (in our case, approximately 4 years). Even the reopening of a care home which has been "mothballed" would take a significant length of time. For these reasons, a system which encourages short term changes in market conditions is strenuously to be avoided and all planning should be undertaken on a long term basis.</p>	
	<p>Generally welcomed as it will move services into a less institutionalised setting, but some thought that supported living will need to put in a lot of input as some users have complex needs. They could be emotionally unsettled at first.</p> <p>Concern about the respite service currently offered at Girtrell Court. Different ideas - link in with Maplehome or as concluded in the report.</p>	<p>Highcroft Day Service Staff Team</p>
	<p>Tender out. Larger residential institutions to provide SL or small group homes.</p> <p>I mentioned co-produced run services in other suggestions</p> <p>A trading company would not address the poor quality of accommodation and would take extra time in improving quality of care.</p> <p>Other providers have more expertise and can achieve things quicker</p>	<p>Team Manager, DASS</p>
	<p>Some people felt that this should be an individual choice for those</p>	<p>Highcroft Advisory Body</p>

	<p>who currently live in residential care. Others had concerns that the conclusions could be devastating for people who have lived in these residential homes for over 20 years. Will they be able to cope with the change? There were strong concerns about the respite service currently being offered at Girtrell Court for those with physical disabilities and sensory needs. People wanted more information on what would replace this and where it would be located. It was felt that Girtrell was good for this as it was in a central location. People were very worried about having to rely on the quality of care that might be provided in the private sector. Some felt that the fact that there was a council direct respite service for those with a learning disability, that those with a physical disability could not access, was discrimination. People shared the same day care services yet were not allowed to have respite with the same people.</p>	
	<p>Valuing People Now" How about older people who have once been strong in body and <u>will</u> and now may need a temporary care for a few weeks where do they come in the equation. <u>Conclusion</u> The normal active able bodied person whose only failing is old age <u>is</u> being neglected.</p>	<p>Senior Citizen with older peoples welfare at heart regarding respite care at Pensall House</p>
	<p>Wherever possible people should be supported in the environment in which they feel the most secure and which retains their personal identity, privacy and dignity. If this can be provided in a non-institutional setting as cost effectively then this is what should be provided.</p>	<p>Christopher James Turnbull, Clinical Director, Directorate of Medicine for the Elderly, Wirral Hospital</p>
	<p>As a principal supported living is a better option for many individuals. Need of access to models of 'take a break' and 'community bridge building' with a range of flexible services to provide individualised and appropriate support. Needs to be a robust system to identify if people have the mental capacity to control their own personalised budgets, or an alternative of an advocate who can act fairly on their behalf. Also the need to</p>	<p>Supt Physiotherapist / Clinical Lead for Occupational Therapy</p>

	provide appropriate rehabilitation, enabling and therapy service as appropriate.	
	To become part of the newly formed Local Authority Trading Company, a safer option all round.	Parent Carer
	<p><u>A plea for greater independence for adults with learning disabilities</u></p> <p>As stated in the conclusions, “supported living has opened up access to a much wider range of housing options for some people with learning difficulties, including ‘general needs’, social housing and even home ownership”. Wirral DASS is to be commended for the changes from residential care to supported living – Girtrell Court and Sylvandale now proposed. However there is a danger, within the context of limited financial resources, of putting too little emphasis on <u>the needs of adults with learning disabilities living with older carers</u>. (See table 4 on p27 of the Consultation Paper). This was stated as a priority in the original White Paper ‘Valuing People’. In my period as a member of the Housing Group of the Learning Disability Partnership Board I was dismayed at the slow progress in helping these people. I can recall the Older Carers Manager presenting a paper with a substantial list of people for whom placements were not then available. It is heartening, however to hear of fresh initiatives, e.g. 340 recent assessments. Peter Tomlin in his address to the Conference on 12 October – ‘Valuing People Now, Making it Happen’ – stated as an area to develop “a strategy and delivery plan for housing for people with learning disabilities. How are we going to get people into their own home”? Are we going to see a fresh start on this? I hope so.</p>	Carer
	The group considered the merits of other types of living instead of residential care and the effect this would have on choice and independence. There was some discussion on how much support people leaving residential services would need to enable	Karen Blair, Advocate for Adults with LD, Riverside Focus Group

	<p>them to live independently or in supported living. People saw the need for the residential service users to have a say about who they lived with.</p>	
	<p>At the beginning of the session there were mixed views whether residential service users should be expected to move out. Although some felt it was good to have their own independence and two Sylvandale residents stated that they would like their own place to live, there was concern from some parents about the safety implications of independent living.</p>	<p>Karen Blair, Advocate for Adults with LD, Eastham Focus Group</p>
	<p>People informed the Advocates that this issue had been consulted on before and that there was a risk of the change not being the right one. It was felt that changes were driven by a cost cutting agenda and that people in residential care had a high level of support and that this may not be replicated in the community. People felt it was frightening for some people to move, especially those with dementia, who need continuity. There was some confusion within the proposals relating to Girtrell Court in particular as this facility provides both residential and respite care and people were not sure where respite for people with physical disabilities fitted into the proposals. Some valued living in a community arrangement with other disabled people and it was noted that people in the Wirral did not have the same choices as people living in other areas. Isolation, staffing / support levels and capacity of the wider community to accommodate people were also concerns.</p>	<p>Karen Blair, Advocate for Adults with LD, Highcroft Focus Group</p>
	<p>People at Girtrell Court were amongst those originally consulted with as part of the Design and Viability study. Their views, wishes and feelings contributed to the proposals in the Options for Change document.</p>	<p>Karen Blair, Advocate for Adults with LD, Girtrell Court Focus Group</p>
	<p>One person had experienced a good transition between</p>	<p>Karen Blair, Advocate for</p>

	<p>residential care and supported living and there was agreement that staff should be trained to make the transition easier. Another client was eased into residential care at Sylvandale and there was demand for continued residential provision as some are happy in residential care. A transition between two residential facilities had also been managed effectively, but there was concern about residents losing control of decision making, particularly those who appear to have limited capacity to make decisions or who struggle to present their view or get their view considered. Some people looked for reassurance that those affected would have the opportunity to look at and possibly experience new ways of living. People felt that there was a lack of information and a number agreed that there should have been a representative from the Local Authority to answer the questions that the Advocates could not.</p>	<p>Adults with LD, Moreton Focus Group</p>
	<p>There was a significant amount of cynicism and negative opinion about the proposals, with comments made that the aim was cost cutting and generating revenue from the disposal of capital assets and land, but that the alternative accommodation options may actually cost the Local Authority more money. The legality of selling assets purchased by residents was also queried. Further concerns were raised about the staffing and support in the community, the capacity of the wider accommodation market to appropriately absorb people and who would actually fund the next steps for people. Relatives wanted a significant involvement in the process, but were concerned about the impact on their own wellbeing. A direct correlation was drawn between staffing levels and the activity of people and that existing services, although limited in choice, were at least quality assured and provided some degree of stability.</p>	<p>Karen Blair, Advocate for Adults with LD, Heswall Focus Group</p>
	<p>After initial discussion, this topic had no direct impact on current service users at Cambridge Road and nobody wished to make hypothetical comments.</p>	<p>Karen Blair, Advocate for Adults with LD, Cambridge Road Focus Group</p>
	<p>If changes are made to the use of buildings where 'vulnerable'</p>	<p>Volunteer at Heswall Training</p>

	<p>people live (i.e. service users) – please consider the following: for many people in these groups, change means trauma. Often people with learning disabilities don't understand the change, even with lots of support. So don't dispose of premises lightly consider the inhabitants first.</p>	<p>Centre</p>
--	--	---------------

SECTION/QUESTIONS	ANSWERS/COMMENTS	NAME/ORGANISATION
Dementia Care		
Question 1 – Are the conclusions the right ones?	Staff generally supported the new service	Highcroft Day Service Staff Team
	People felt that any improved support was positive. Some suggestions that Sylvandale could be used as a dementia centre.	Highcroft Advisory Body
	I think so	Senior Care Assistant
	May be for some people	Support Worker
	No comment.	Service Manager, CYPD
	Special training is needed for any service providing specialist support for dementia sufferers and their families. Dementia is one of the biggest stress factors for care at home. We would prefer a locality based provision.	Christopher James Turnbull, Clinical Director, Directorate of Medicine for the Elderly, Wirral Hospital
	We feel this needs specialist services, locality based, including the models of 'take a break' and 'community bridge building' service.	Supt Physiotherapist / Clinical Lead for Occupational Therapy
	Not discussed.	Manager, DASS
	What would a locality resource centre look like? Isn't that what is offered at Meadowcroft. Many of the services currently provided and being developed in line with the Dementia Strategies are being offered out in the community, such as the dementia cafes, skills groups provided by the Alzheimer's Society, which are being taken out to where people are in everyday settings instead of putting all services in one place, just for dementia. People are meeting in garden centres, cafes and public houses, and enjoying meeting others, receiving support and information in everyday settings which	Sue Newnes, representing carers and relatives of people suffering from Alzheimer's

	<p>others take for granted. Support is also taken to people a home, via visits and personal contact, which also helps with transport difficulties.</p> <p>Accessibility is most important to people with dementia and trying to find a central place in Wirral to have a resource centre, with access to parking and public transport would be most difficult. DASS could access current services and link into new and developing support, through dementia drop in cafes and through the 'Caring at Home' education and information courses for carers of people with dementia. DASS staff could link in offering advice on services available, personalised budgets and any other support offered through the Local Authority.</p>	
	<u>Locality</u> based – in each 'locality' = 3 or 4 or more? Small units?	Volunteer at Heswall Training Centre
Question2 – Do you have any concerns about these conclusions and what could we do to address them?	No.	Senior Care Assistant
	No	Support Worker
Question 3 – Are there specific issues or barriers that these conclusions need to take account of in relation to ethnicity, disability, age gender, religion and sexual orientation?	No	Senior Care Assistant
	Not sure	Support Worker
Question 4 – Are there any other ideas or suggestions you would like to be considered in respect of this conclusion?	No.	Senior Care Assistant
	No	Support Worker
General/Misc Comments	Elderly Mentally Infirm (EMI) - We would welcome a copy of the Local Dementia Strategy document jointly produced by Wirral Borough Council and the Primary Care Trust which we understand will be released shortly and respectfully asked if its recommendations have, or will be incorporated in the Council's "Options for Change"? In view of the projected significant increase in cases of dementia in the over 65 age group (approx.	Lin Cooke, Hoylake Cottage Hospital

	<p>1787 more cases by 2025), does the Council propose to increase domiciliary and day care provision for this client group as the demand for these services increase? Will Wirral have sufficient residential and nursing EMI beds to cope with the projected numbers of EMI cases?</p>	
	<p>Dementia is not confined to one area, and as it is predicted there will be an increase in the numbers of dementia sufferers more services need to be focused on catching the sufferers and their carers as early on as possible. Developing these services to incorporate what people want and need rather than fitting people into the services available. Dementia resource centres should ideally be placed in each PCT area and provide outreach services for people who are housebound, or unable to access centres due to their caring responsibilities.</p> <p>Any centres need to be accessible to carers and their relatives. Some carers are elderly and unable to drive themselves, relying on public transport. The Alzheimer's society are already providing drop in centres around the borough in café's and garden centres for carers to talk to each other and swap experiences. This is an excellent way of getting the information to the people who need it. DASS should become involved with this project and provide staff members to offer advice on services available, personalise budgets and any other support mechanisms available to carers via the various agencies.</p> <p>A great deal of money has been invested in Meadowcroft over the last 11 years, in staff training, improvement to the building and surroundings to ensure a safe and secure environment for the people using respite and day care. There is unused space in the building to extend and become a dementia resource centre (as was originally intended when opened in 1998) without great added expense. This space could be used to house an outreach service to support people at home, provide consulting rooms for CPN's and have community rooms for carers and general public to drop in for a chat or information about dementia and services available.</p>	<p>Manager, DASS</p>

	<p>There is still a need to have dementia resource centres located in other parts of Wirral, either in specific buildings or various public venues because at present Meadowcroft serves people from all over Wirral. The staff group at Meadowcroft have a great deal of experience and expertise gained over the years to be able to support families and carers new to the illness and the behaviours of their loved ones. The staff act as a valuable resource by listening to carers and families, addressing their concerns, passing on information and steering them in the right direction. Sometimes a carer just needs someone to talk to as they feel isolated by their role and the illness of the person they care for.</p>	
	<p>There was strong support for Wirral to have a multi-disciplinary centre for dementia care, where social care, health and groups such as the Alzheimer's Society could work closely. However, there was concern that if this centre is in Wallasey, there should be regular clinics in more distant parts of the Wirral. Travel can be a huge problem for dementia sufferers and their carers, and parts of Wallasey are hard to access by public transport. Wirral's geography is not suited to one central location for any type of service provision. How will coverage be guaranteed for people everywhere in Wirral? Lengthy journeys are neither dignified nor in keeping with current environmental thinking. The excellent work of the Devonshire Centre was mentioned. Those present with experience as dementia carers made a strong plea for early identification; training and support for carers and offers of drug therapy wherever possible.</p>	<p>Wirral Older Peoples' Parliament</p>
	<p>What timescales are planned to conduct the feasibility study, and who will be involved? Where are the neighbourhood centres to be located, and what services will they provide? Are they council, private or voluntary run centres? One major centre offering support and advice is suggested, but the sites that are mentioned are not within easy access for people who have to use public transport. It would be expected that an</p>	<p>DASS UNISON Stewards Committee Wirral UNISON Branch</p>

	<p>Equality Impact Assessment needed to be carried taking into account service users, carers, community, staff and public transport.</p> <p>Why this centralised approach when everything else is based on a locality model?</p>	
	<p>Dementia care is best delivered on a locality based model with services being accessible within the service user's home locality. Dementia has a higher prevalence in older people who may be disadvantaged by lack of transport links</p> <p>For those who have significant mobility, or sensory deficits as well as those who lack capacity a single resource centre would not be accessible.</p> <p>By having only a single resource that is not integrated with other services for sufferers and carers, there is a risk of duplication and risk of increasing confusion amongst service users and carers. We would welcome a Wirral wide approach that was integrated with other services for those who suffer with dementia and their carers.</p>	<p>Dr Maureen Wilkinson, Cheshire & Wirral Partnership NHS Trust</p>
	<p>Action should be taken – funds available for carers/centres/ support. There is a distinct apathy amongst social workers/care workers because of the funding constraints which overrides peoples care.</p> <p>Management structure which has peoples interests at heart.</p>	<p>Support Worker</p>

SECTION/QUESTIONS	ANSWERS/COMMENTS	NAME/ORGANISATION
Day Services		
Question1 – Do you think that some day services should have the opportunity to develop into Social Enterprises?	Staff feels that the opportunity should be given to develop social enterprise schemes for our services. However, personally staff felt that there were concerns regarding contracts and what happens if the business fails.	Staff Group Response DASS Cambridge Road Day Services
	As a staff team we feel that some services could become a Social Enterprise, at the present time with the consultation looking at the future needs of the people of Wirral and Personal budgets coming into effect, who will meet the criteria, we feel there needs to be more information how this will be managed and what support and training will be available.	Recovery Team, Beaconsfield Court
	If capable of standing alone as a social enterprise then it's an obvious consideration, concerns lie in the ability to maintain the social care model and not become a machine for churning out widgets as has been seen in other organisations. This can easily become the case when funding streams diminish down the line and the expectation to stand alone becomes greater, tail wagging the dog.	Staff Member Star Design
	People were not sure how the Social Enterprise / Local Trading Company model would work especially in the light of what happened with ABC Together, which did not receive the support it was promised by the Local Authority. Questions were raised about how the pension rights etc. of staff would be protected after the initial three years were over.	Susan Margaret Gladden, Family Tree Wirral
	Generally yes. Choices should be informed, backed by business cases and make sure it is appropriate for that particular service.	Highcroft Day Service Staff Team
	As a staff team we generally agree that some day services should have the opportunity to develop into Social Enterprises. However services such as Union Street need to remain in a	Union Street Staff Team

	<p>supporting capacity alongside these businesses i.e. to be able to refer clients for voluntary and paid employment opportunities. It also needs to be recognised that one model to fit all does not always work, as every client is an individual thus needs to be treated as.</p>	
	<p>Everybody felt that there should be opportunities for services to become social enterprises if they wished. Some felt it was positive because it could reduce wastage and encourage flexibility which would produce more value for money and efficiency. Some did express concerns that social enterprises and the trading company should not compete with each other and there should be equality, communication and co-operation between all services. There was a concern that if one of the reasons to be more independent was to attract grants and funding that some areas such as Bebington did not attract as much funding opportunities compared with those classified as inner area or deprived.</p>	<p>Highcroft Advisory Body</p>
	<p>If a day service has the "Ware withal" i.e. the facilities, the "tools of the trade" and very importantly, trained and qualified staff to maintain and develop a social enterprise; I believe with the good will of individuals and staff there is a great potential for a successful Social enterprise. Very often there requires a great deal of energy and a lot off home work to be done in preparation for such a task. The question that seems to lurk in the background is; What happens if a Social enterprise fails financially and otherwise, who do we turn too and are we left abandoned? Another way of putting it is, will a Social Enterprise at some point become completely divorced from the Council and have to make its own way.</p>	<p>Support Worker, Star Design</p>
	<p>Yes. It was noted with concern that at this point the Local Authority has no in house day services for older people. We would like to see a LATC looking at running some.</p>	<p>, Wirral Older Peoples' Parliament</p>

	<p>For the Day Services wishing to develop a Social Enterprise, an in-depth (Viability Study) business plan would need to be undertaken. On the investment side, would the Council be responsible for funds to establish the new venture? After a set time if an enterprise should fail, what safeguards would the Council have in place to protect the Service User and the services they receive to keep continuity of activity and social interaction?</p>	<p>DASS UNISON Stewards Committee Wirral UNISON Branch</p>
	<p>Yes.</p>	<p>Manager, DASS</p>
	<p>Yes, I think so</p>	<p>Support Worker</p>
	<p>Yes I think so.</p>	<p>Senior Care Assistant</p>
	<p>Community bridging scheme would feel a positive direction, and offer increased flexibility to people with lower level needs in particular, who may benefit from periodic support or assistance as young adults. The service also needs to consider the needs of young people with more complex health or ASD and challenging behaviour.</p>	<p>Service Manager, CYPD</p>
	<p>We agree that personal choice is most readily provided in day care. However the needs of carers and sufferers/patients should be considered together. Value for money is vital as these services can be costly from the perspective of the income of clients and carers. Charitable concerns with the appropriate support and interest are often very good providers of these services.</p>	<p>Christopher James Turnbull, Clinical Director, Directorate of Medicine for the Elderly, Wirral Hospital</p>
	<p>Acknowledge the need for more personalised services. We have some concerns that a loss of day centres will result in a loss of carer support and day respite care. Patients also benefit from the social interaction with others and from having access to chiropody, hairdressers etc. There are some benefits from having day centres within the respite care facility (e.g. Feltree House) where the patients get to know the staff and therefore it is a little easier for them to accept respite care when they already are familiar with the place and staff.</p>	<p>Supt Physiotherapist / Clinical Lead for Occupational Therapy</p>

	There will always be a need for a Day service provision. It provides social contact and leisure, stability, familiarity, a community. The real world does not accept, it does reject people with learning difficulties. They need somewhere to go to be happy. How many clients with learning difficulties are in employment? Highly likely NIL, but it has to be an aim, using a mentor, or buddy on a one to one basis, would be wonderful for the client.	Parent Carer
	Possibly would be beneficial for a few.	Manager, DASS
	Yes but only as long as their future was 'secure' e.g. under the umbrella of a Local Authority Trading Company.	Moreton ATC Parents Association
	The proposal for a 'Community Bridge Building Service' should be supported and consideration should be given to LATC. I do think that some day services should have the opportunity to develop into social enterprises.	Carer
	No	Volunteer at Heswall Training Centre
Question 2 – Is the conclusion about the developing a Community Bridge Building Service for people with Learning Disabilities and Physical and Sensory disabilities the right one?	Staff feels in principle that this is a good idea. They felt that 20-1 is too high a number and staff feel more information is needed and maybe expanding on this idea. Staff likes the idea of being based in the community i.e. Community centre, doctors, hospitals.	Staff Group Response DASS Cambridge Road Day Services
	We believe this is a good idea and would give people different opportunities to develop their skills, access community facilities, and be less centre based. Mental health services already adopt these practices with recognised positive outcomes. Some concerns regarding staff ratios and meeting the needs of clients in a community based service.	Recovery Team, Beaconsfield Court
	A similar idea has been taking place within mental health services for a number of years successfully, enabling people to live a full and active life away from day centres.	Staff Member Star Design

	<p>Some staff enthusiastically welcomed this idea. and felt it would be a good development for certain types of people - there is a need for outreach work [this has already been tried at times from Highcroft and has proved to be effective]. Others felt they did not have enough information to comment. Others were worried that the proposed staffing ratio would not be effective. It was recognised that there would always be people who would need a more building based service.</p>	<p>Highcroft Day Service Staff Team</p>
	<p>Some staff enthusiastically welcomed this idea. and felt it would be a good development for certain types of people - there is a need for outreach work [this has already been tried at times from Highcroft and has proved to be effective]. Others felt they did not have enough information to comment. Others were worried that the proposed staffing ratio would not be effective. It was recognised that there would always be people who would need a more building based service.</p>	<p>Highcroft Day Service Staff Team</p>
	<p>We highlighted that mental health services such as Union Street already follows this practice with widely recognised positive outcomes among our community mental health team commissioners. Therefore we feel other services such as learning disabilities need to be continuing to adopt this approach, towards person centred support.</p>	<p>Union Street Staff Team</p>
	<p>It was felt that the bridge building service would be good for those who wanted more independence but it needs to be acknowledged that large numbers of people will still need a day service. There are large groups of severely disabled people with elderly parents who might have been accessing day services for over 30 years. For these people and their carers the day services acts as respite. Others were undecided and felt they needed more information and further consultation on this matter.</p>	<p>Highcroft Advisory Body</p>
	<p>If a Community Bridge building Service for adults with learning difficulties, physical and sensory disabilities will help make improvements and enhance individuals lives, then a service that can put this into practice must be a good thing</p>	<p>Support Worker, Star Design</p>

	Probably. We didn't talk much about this.	Wirral Older Peoples' Parliament
	Community Bridge Building Service- is this similar to the CADT Team except they would be signposting to all services provided within Wirral? Community Bridge Building Service- is it one team, of a manager and 5 team members or this set up in each locality? What is meant by "planned interventions"? Will they advise on cost and implications of budget management, and are carers included as there is no mention of them in the brief? Will all resources and facilities which could provide a service be routinely checked and if so by whom?	DASS UNISON Stewards Committee Wirral UNISON Branch
	Some confusion re subject matter.	Manager, DASS
	Yes it's good.	Support Worker
	Yes I agree, it sounds good.	Senior Care Assistant
	Need more info.	Manager, DASS
	Not sure what the role would be.	Moreton ATC Parents Association
	If sufficient money to support service <u>and</u> provision of opportunities/activities.	Volunteer at Heswall Training Centre
Question 3 – Is the conclusion about refocusing the Mental Health Services the right one?	Staff agreed that provision should be out in the community and in community facilities in an integrated service. Staff feel that there can be more constructive work done in homes.	Staff Group Response DASS Cambridge Road Day Services
	Yes we feel the refocusing of Mental Health Service is the right one, by becoming under one umbrella there will be continuity of the service, although there where some concerns regarding one manager over the whole service, would this mean level 3 support Workers taking on more responsibility in the absence of the manager.	Recovery Team, Beaconsfield Court

	<p>We discussed the close links we have developed with the Community Mental Health Teams but the need for continuity of an outcome based service and not just a monitoring service. To look at the quality of the service and how Beaconsfield Court Recovery Service has met individual goals and needs and continues to be a low cost service by continually assessing and reviewing individual support plans, therefore reducing support hours and using less resources. This has been evident recently through referrals from an independent company who ceased trading whereby in most cases the support hours have been reduced by 50 percent within the first 4 weeks assessment. Services should be for anyone with a disability and not just for people with mental health issues it should cover all areas, we agreed that the projects across mental health services meets this as individuals are from different services.</p>	
	<p>Sounds simple this one, get rid of ageing buildings that have seen little or no investment for years, opportunity to further develop the bridge building approach, although undecided on the single management idea.</p>	<p>Staff Member Star Design</p>
	<p>3 and 5. Overwhelming feeling that the day centres should remain for the following reasons.</p> <ul style="list-style-type: none"> • Day centres provide a sheltered, safe environment where confidence can grow and interests can develop. • Group activities are essential for socialisation. Sitting around chatting is not a waste of time. • If the buildings were lost then there would be nowhere to store equipment (such as musical instruments, computers, art materials etc.) or hold other meetings such as those run by the Family Support Workers. • This is not the time to make the decision to close the centres. The argument is that once personalisation comes in these services will be vulnerable because service users will use their budgets to do other things. How do you know this? It could be that people will still choose to go to a day centre 	<p>Susan Margaret Gladden, Family Tree Wirral</p>

	<p>even if they have a personal budget and, as has been said already in the first section, they could be opened up to people on standard care who meet fair access to care criteria and who may also choose to use a personal budget in this way. Once the buildings are gone there will be no going back – it needs to be given time to see how personal budgets affect attendance. It was felt that the current services are already flexible and do respond to individual needs and interests.</p> <ul style="list-style-type: none"> • Other venues hired for, say, one day a week would not have the same feeling of “home” for people who are vulnerable – they couldn’t personalise the space if other people were using it at other times of the week. • Objection was taken to the “emotive language” used in the document when it referred to “a segregated service” and being “institutionalised”. People need privacy when they are ill and a peaceful environment in which to recover. Carers also need to know that the person they care for is in a safe environment. • Day services need to be in a permanent place where members of the public would not be exposed to the inappropriate behaviour that the mentally ill can display. • Recovery for some people will never happen – equilibrium is all that can be hoped for. They lack motivation and the ability to make even the simplest of decisions. These people need continuity and protection from being moved around. 	
	<p>There were very diverse views on this. Some felt it was best to keep services separate, whilst others felt it was difficult to identify particular mental health needs. Day services generally could be doing preventative work for all which would reduce needs - this could possibly be funded by NHS. Others felt specific training would be necessary. There was a view that some people who used services preferred to be separate [including between physical & learning disability but other staff disagreed and felt separating services could be discriminatory.</p>	<p>Highcroft Day Service Staff Team</p>

	<p>.As a team we generally agreed that refocusing mental health services is the right way forward. We recognised that we need to relocate the service to another base within the Wallasey locality, to maintain continuity for our clients and to reduce on staff travel costs. However concerns were raised to how this would affect individual job roles. It was highlighted as a team that the quality of service provided with positive outcomes needs continue to be the prime focus. It is recognised within the Community Mental Health Teams that Union Street provide a very good service with many people meeting and achieving their goal plans identified when entering into our service.</p>	<p>Union Street Staff Team</p>
	<p>Mixed responses on this. Some felt this was the way forward as services should be kept separate and health could contribute more to the funding. Others however felt that you could not divide people so easily as people did not fit into boxes and separating mental health services would be labelling some people as different. People can benefit from being together. People felt strongly that there should not be separate services for people with different disabilities. Services for people with physical and sensory disabilities and those for learning disabilities should be equally available including health services and respite services. It was felt that there was NHS money going into mental health services and learning disability services, but health should contribute more to services for those with physical disabilities.</p>	<p>Highcroft Advisory Body</p>
	<p>Refocusing Mental health ?</p>	<p>Support Worker, Star Design</p>
	<p>Yes. More NHS input</p>	<p>Wirral Older Peoples' Parliament</p>
	<p>No see comments made regarding Meadowcroft, Fernleigh and Dementia Care.</p>	<p>DASS UNISON Stewards Committee Wirral UNISON Branch</p>
	<p>Yes.</p>	<p>Manager, DASS</p>
	<p>It's the right one</p>	<p>Support Worker</p>

	Sounds like an easy way of raising money! .	Senior Care Assistant
	Good idea.	Manager, DASS
	Not sure.	Moreton ATC Parents Association
Question 4 – What are your views about the Local Authority exploring the option of developing a Local Trading Company in the first instance to support the development of day services but other care services if it is appropriate?	Staff were more responsive to this idea than the social enterprise. Staff still like the idea of security of working for Wirral Borough Council	Staff Group Response DASS Cambridge Road Day Services
	We feel that people who use services feel secure and more confident when receiving a service provided by Social Services but the Trading Arm option should be explored, there needs to be more information on the running and the success of other Trading companies that are established.	Recovery Team, Beaconsfield Court
	The LATC option would appear a win win situation for all, as with any changes people need time to come to terms and adapt/re-train etc allowing services to be included under a LATC would offer the opportunity to build a business case for all our services, making us all fit for purpose.	Staff Member Star Design
	People were not sure how the Social Enterprise / Local Trading Company model would work especially in the light of what happened with ABC Together, which did not receive the support it was promised by the Local Authority. Questions were raised about how the pension rights etc. of staff would be protected after the initial three years were over.	Susan Margaret Gladden, Family Tree Wirral
	Many felt there was still not enough information about the trading company. Some felt in principle it could be a good idea allowing more flexibility and independence, but wanted to know more what is involved. Some felt either the trading company or a social business might be the only way to survive in the context of personal budgets. Some people felt that a local authority trading company could act as an umbrella organisation for forming a social enterprise. Others were worried what would happen at the end of the three year period following a review. Was it just delaying outsourcing?	Highcroft Day Service Staff Team

	We feel if the Trading Arm option is to be explored, then this needs to be under the protection with the same conditions as the local authority, e.g. pay and pensions etc.	Union Street Staff Team
	Nearly everybody felt that we did not have enough information at the moment. Some felt it could be a good idea allowing flexibility and savings but maintaining the security of having links with the council. There were concerns about what would happen at the end of the 3 year review. There were worries that closure of day services was just being delayed. All felt that day services were a vital part of the service and if they did not exist people would not be able to cope in the community and be forced to move into residential homes. People wanted reassurance that day services would still receive the equivalent of their current budgets if incorporated into a trading company.	Highcroft Advisory Body
	A Local Authority Trade centre, run by trained, experienced and qualified staff seems a very progressive idea and maybe essential to the development of Social Enterprises within the council.	Support Worker, Star Design
	We needed more information, but we liked the idea of local authority control as far as possible, and support social enterprise.	Wirral Older Peoples' Parliament
	Will it just be the local authority exploring the option of developing a trading company or will there be union involvement due to the impact on staff, and services?	DASS UNISON Stewards Committee Wirral UNISON Branch
	Staff felt this is good but more information needed	Manager, DASS
	I am not sure.	Support Worker
	Not sure.	Senior Care Assistant
	Yes should be explored. .	Manager, DASS
	Seems a good idea - would need to know more. GENERAL	Moreton ATC Parents

	<p>POINTS: 50% of those attending the meeting, at which the paper was discussed, have no access to the internet and had not seen the papers. Few, of those who had read the documents, actually understood them, they felt: The paper covered too much ground - summaries directly affecting the different groups might have simplified the issues. The paper was written to reach 'the required conclusions'. the 'strategy for change' would have massive consequences on services in Wirral - this exercise went 'no where near enough' to meet the level of consultation required. The main driver, for change, is quoted as 'the move towards: Personalisation/Personal Budgets etc. - No one has sufficient knowledge of what this means - to individuals of their carers - we therefore cannot be expected to agree/ accept anything until someone explains this in 'Laypersons Terms'.</p>	Association
	<p>Can't see the point, couldn't do anything the present DASS couldn't do!</p>	Volunteer at Heswall Training Centre
<p>Question 5 – Are there any other options which would help to ensure that people could receive a more personal service whilst still providing value for money for people with a personal budget?</p>	<p>More bridge building service and more options to work evenings and weekends. Also working in hubs. Why out-source to other companies when you have trained staff who can offer value for money and enthusiasm and willingness to work in the community and in peoples' homes. Staff have major concerns regarding financial abuse and who has control over personal budgets and can we act as the brokerage service? Who is ensuring the decisions being made are in the best interest of the user and even though some users have capacity but can be influenced emotionally by circumstances and family members.</p>	Staff Group Response DASS Cambridge Road Day Services
	<p>Using in house services not only are they cost effective but the quality of the service provided is second to none, this includes a highly skilled and trained staff group. Continuity in service delivery is essential for people, in some cases people who receive services from the independent sector have different faces turning up on a daily basis, this makes positive outcomes difficult.</p>	Recovery Team, Beaconsfield Court

	<p>As a staff team supporting individuals from the referral stage work towards positive outcomes enables us to meet quantitative and qualitative targets and ensures through put for people.</p>	
	<p>Create Budget Buddies, to assist people to make informed decisions as to where they spend their money, lets keep it simple and make it attractive to people, using the term brokerage may well scare people away from opting for personal budget.</p>	<p>Staff Member, Star Design</p>
	<p>Some felt it is difficult to assess how things would be under personal budgets without knowing actual provider costs and the levels of personal budgets. There were also fears amongst some that personal budgets could be used as a cost cutting exercise and it would actually reduce choice as personal choice would be limited by the amounts of money individuals were allocated. Others were frightened that personal budgets could lead to competition which would force everybody to reduce costs and as a result the standards of quality would suffer. Or services would need to diversify and dilute specialised services. Others felt that brokerage presented itself as an opportunity for day services. Others thought the whole personalisation agenda would lead to more partnerships being formed and health having more of a role particularly with those with more complex needs. There were questions as to whether as a result of changes would day services continue in the direction of becoming locality based services or return to being specialist Wirral-wide services. Some staff wanted it pointed out that the whole process was proving to be very unsettling for all and everybody's morale was suffering as a result.</p>	<p>Highcroft Day Service Staff Team</p>
	<p>As a team, we feel that a strong emphasis needs to be placed on positive outcomes from the service, where clients achieve their agreed goal plans i.e. value for money. As discussed in question 3, Union Street has a high reputation among our commissioners of enabling our clients to move on in life.</p>	<p>Union Street Staff Team</p>

	<p>There were concerns about personal budgets and its effect on day services and people currently using these services. They did not want to have the responsibility and time to find services. They realised that day services and/or the trading company could act as a brokerage service but how much would that cost. There were big worries that under a personalised budget system the amount of money allocated, as compared to current care packages, would reduce. Personal budgets might not allow them to continue to have the service they want [i.e. Highcroft as they would not be able to afford it under this system. Worries that personal budgets would actually limit choice [through lack of money in their personal budgets] rather than offer more as intended. People want more information on costs and likely value of actual personal budgets that are going to be allocated. People have no idea on how things could be in the future without actual figures. Therefore it is difficult to comment on structure of services.</p> <p>If people do not want personal budgets and are very happy with the way things are, why should they have to change their services and the way they get them.</p> <p>People wanted to stress that people using services and their carers were frightened by change. They are happy with what they currently receive and therefore why change?</p> <p>People felt that via the structure and stability of a day service was the best way to engage in the community. It also provides security for people who use the service and their carers to enable them to try more and take risks with a safety net in place.</p> <p>It provides a vital role in giving carers much needed daytime breaks. Carers have always been undervalued and any threat to close, reduce the role of day centres or decrease staffing levels would put more pressure on carers.</p> <p>Wirral have benefited by having a very low turnover in staffing so that we have been able to depend on good quality staff that we know. We want to be able to continue to be able to depend on well trained staff. Staffing outside the council do not have the</p>	Highcroft Advisory Body
--	---	-------------------------

	<p>same levels of training and therefore do not reach the same standard of skills. There needs to be careful consideration before any changes are made. Once things have happened they might not be able to be reversed.</p>	
	<p>By building upon the successes of those things we already know to be working for individuals. I am influenced by the positives that accrue within Star Design and can see other branches to this organisation. We work on an individual basis tailoring things to individuals needs but recognise the benefits of group work and the very positive results of social interaction. A very good staff team, supportive to each other and individual at S.T.A.R Design, get very enthusiastic about the possibilities of utilising and promoting the talents found within staff group and individuals. The potential seems for expanding and diversifying seems huge. Our staff meetings sometimes take the form of a very creative think tank on the above issues. But very often the issue of more staff and facilities comes into question.</p>	Support Worker, Star Design
	<p>We would want to see a very strong sector giving the advice and support needed to handle personal budgets. There were a lot of concerns about the responsibility when one is frail or disabled and concerns about people being abused or exploited.</p>	Wirral Older Peoples' Parliament
	<p>Have any of the people piloted with personal budgets continued to use the day centres? If not, what type of activities did they pursue? This would give a feedback on how personal budgets fit in with the current in-house arrangements. What % of day centre users are not from other council establishments?</p>	DASS UNISON Stewards Committee Wirral UNISON Branch
	<p>No response.</p>	Manager, DASS

	None, any other options?	Support Worker
	None that I am aware of.	Senior Care Assistant
	Not sure.	Manager, DASS
Question 6 – Are there specific issues or barriers that this service needs to consider and address in relation to ethnicity, disability, age, gender, religion and sexual orientation?	Issues that need to be addressed in gender of the care staff, disabled facilities out in the community including hoist, changing beds etc.	Staff Group Response DASS Cambridge Road Day Services
	As a service we feel that not being centre based gives people more choice and makes us accessible to everyone. We feel there needs to be more work done ensuring all communities are aware what services are available and how personalised they are to meet individual needs.	Recovery Team, Beaconsfield Court
	Closer partnerships needed with organisations representing diverse groups in society.	Staff Member Star Design
	As a team we feel that existing policies and procedures will help ensure issues of equality are addressed fairly in this process.	Union Street Staff Team
	No	Support Worker, Star Design
	not discussed	Wirral Older Peoples' Parliament
	Has an Equality Impact Assessment been carried out in relation to service users, carers, community, transport and staff?	DASS UNISON Stewards Committee Wirral UNISON Branch
	No.	Manager, DASS
	None.	Support Worker
	None that I am ware of.	Senior Care Assistant
	No.	Manager, DASS
Question 7 – Are there any other views or suggestions you would like to be considered?	To have more consultation with the unions on the impact of changes. We feel Mental Health Recovery Service provides an excellent service so why change it?	Recovery Team, Beaconsfield Court

	<p>Look at expanding into different areas i.e. older people's services, links to the prison service supporting people being released from prison with mental health issues. As a staff team we feel that some services could become a Social Enterprise, at the present time with the consultation looking at the future needs of the people of Wirral and Personal budgets coming into effect and who will meet the criteria. We feel there needs to be more information how this will be managed and what support and training will be available.</p>	
	<p>Work, Work, Work, this is what people want, the opportunity to build self esteem and confidence. Investment needs to be found to expand meaningful occupational projects that offer real life experiences and benefits. Horticulture, Painting & Decorating, Hairdressing, Catering, Retail and Engineering to name but a few, all areas that are capable of income generation and give opportunities to vulnerable people. As I mentioned earlier, consider what employment gives you? Hopefully it's not just the financial benefit, its structure, routine, responsibility, friendship, teamwork and much much more, so why shouldn't this be available to all the people accessing the services we provide? We need to give people what they actually want, not what we think they need. Personal budgets will create a shopping culture where people will choose between the services on offer and only the things people want will survive.</p>	<p>Staff Member, Star Design</p>
	<p>There was huge concern about the effect that closing day centres would have on carers.</p> <ul style="list-style-type: none"> • Carers felt that more responsibility would be dumped on them in regards to motivating the service user, sorting out activities for them to attend etc. • They would lose that wonderful feeling of "time for yourself", knowing that the service user was in a well established, well run and safe environment. • Service users need regular contact with others away from the home otherwise they risk becoming socially isolated with the 	<p>Susan Margaret Gladden, Family Tree Wirral</p>

	<p>added burden that creates for the carer.</p> <ul style="list-style-type: none"> • If services did become locality based, carers would need a lot of reassurance that the same level of care, quality and training of staff, peaceful atmosphere, easy accessibility and security of records would be maintained. <p>One other point that covers both supported living and proposed changes to day centres. A few years ago Health Day Hospitals were tried in this area, when services for mental health service users were moved from buildings based to a travelling Day Hospital. It didn't work and disappeared. Any reason to believe this model will work now when it has failed before?</p>	
	<p>We feel as a staff team that existing services such as our drop-ins needs to remain, as a structured information sharing and sign-posting forum. However to be relocated in a one base in the Wallasey locality community to give our clients continuity and easy access by public transport. We as a team need to be working alongside our clients, within the existing policies and procedures as an equal partnership to provide services. We recognise that many of our clients have much to offer society, and this needs to be highlighted in view of educating the general public.</p>	<p>Union Street Staff Team</p>
	<p>Maybe the issue is an issue connected with of how one service manager can focus on and coordinate two huge areas within Social Service such as Learning Difficulties and Mental Health. Maybe my question only emerges through my lack of knowledge. This question does not any way imply that there should be a separation in the above, I would very much encourage and reinforce this partnership. We very much enjoy our working together with Riverside Day Centre workshop and I would say Riverside has become and integral part of our thinking and work practice. Potentially I feel this can go further successfully but very often there are needs for more staff.</p>	<p>Support Worker, Star Design</p>

	Just ensure that standards are maintained if direct control of services is handed over.	Wirral Older Peoples' Parliament
	As there is no specific section on the response template for section 4 comments, the relevance and impact of information collected on service users is essential for future commissioning. How will essential reliable data be gathered? Otherwise there will be no basis on which to judge the effectiveness or efficiency of services.	DASS UNISON Stewards Committee Wirral UNISON Branch
	No.	Manager, DASS
	No	Support Worker
	No	Senior Care Assistant
	No	Manager, DASS
	Social enterprise should work with a good management plan. Day services should be able to develop and move into social enterprises, would this also develop individuals who use services providing training which would enable them to seek employment. Staff felt that this would be good for some clients more community involvement. Concerns are that not all clients will be socially acceptable.	Manager, DASS
	A very negative picture is being painted of the present Day Centres (training centres in the past). If there is some isolation and lack of activity within the community (this is questionable), then it is done through lack of staff. Many projects had to be dropped, especially those requiring one-to-one assistance with people with great needs. I witnessed the reduction in outings as the Centre's minibus 'fleet' and staffing levels decreased; swimming for the more independent and for one-to-one service users had to be abandoned. I am convinced that he people involved would opt for such activities if they were still provided but the choice is not there! Incidentally, leisure activities such as swimming with disabled people needs to be carefully planned with risk assessment etc, so 'personal choice/budget is irrelevant.	Volunteer at Heswall Training Centre

General/Misc Comments	<p>Day Services - The need for structured day time support for people with autism cannot be overemphasised. Day provision needs to offer a wide range of opportunities which include access to local amenities, access to training and education and access to supported employment. We have built up a flexible range of opportunities for people with autism and will continue to do this in response to personalisation and personal budgets. We note the proposal to transfer remaining Social Services day provision into the Trading Company and to ring fence this for three years. This would provide continuity for existing service users. However, in general, the development of a Local Authority Trading Company will create a two tier system in that staff that transfer into this organisation will have their pension rights protected. In a recent consultation process in respect of the supported living rate, no allowance was made for pension provisions as it was decided that the majority of providers do not offer this to their staff.</p>	Dianne Asher, Wirral Autistic Society
	<p>The Local Authority Trading Company appears to be the best for vulnerable adults; but on a permanent basis. Issues that need to be considered are mental capacity of the individual.</p>	Parent Carer
	<p>Local Authority Trading Company (LATC). Do we understand correctly that the proposed LATC would be able to trade and compete for the supply of care services with other market competitors? This would give scope for the Council's "best buy / value for money" principle to be put into practice and lead to healthy competition between local authority in-house services and those provided by the private / independent sector e.g. homecare day care? This echoes the "mixed economy of care" promoted by the Council in the 1990's but which never really came to fruition, particularly in the case of community care. We do seek a clearer definition of the LATC, in terms of who would form the Company, who would be the directors / principals, who would be the employees, from where would the employees be recruited, what would be their terms and conditions of employment, how would the Company be capitalised? It would</p>	Lin Cooke, Hoylake Cottage

	<p>be comforting to have the assurance that the principle of "fair trading" would apply when it came to any tendering of service. What gives the Council reason to believe that an LATC, spending and accountable for public funds, will be any more efficient than the services currently provided directly by the Council?</p>	
	<p>"Social Enterprises" - We would welcome further details of this new category of "providers" as we take it that these enterprises would be formed from amongst the staff of existing in-house services. Will these enterprises be a sub-branch of the LATC? If this were the case we would respectfully ask whether realistic savings in DASS's operational costs are achievable, if, as opposed to making staffing cuts through "externalisation" of in-house services, DASS merely transfers its staff to agencies working under the LATC's umbrella who then compete for the provision of those very same care services. Finally, May we thank you for giving Hoylake Cottage Trust the opportunity to present its views on the "Options for Change" Consultation Paper. Yours sincerely, Lin Cooke, Chief Executive, On behalf of the Board of Directors, Hoylake Cottage Trust.</p>	<p>Lin Cooke, Hoylake Cottage</p>
	<p>Community bridging scheme would feel a positive direction, and offer increased flexibility to people with lower level needs in particular, who may benefit from periodic support or assistance as young adults. The service also needs to consider the needs of young people with more complex health or ASD and challenging behaviour</p>	<p>Service Manager CYPD</p>
	<p>Each service should be given a choice, all services should be offered advice and support how the options can be achieved. Community Bridge Building is essential for all client groups. Recovery and enablement models should be provided within these services and be outcome focused to ensure people are able to move on. Co-production is the way forward, it will enhance self advocacy, develop skills, increase independence, open up opportunity, give</p>	<p>Team Manager, DASS</p>

	people choice, control and responsibility.	
	Current voluntary sector services for older people are very traditional. What are the plans for flexible, personalised developments in line with the Options for Change? Are current providers able to adapt their services appropriately?	Wirral Older Peoples' Parliament
	<p>We believe that some day services should have the opportunity to develop into social enterprise. However this should not be at the expense of reducing choice or having exclusion criteria. We would welcome the role of increasing employment amongst service users with mental health needs as part of the review of day services.</p> <p>We would have concerns if those disadvantaged by mental illness, sensory impairment, ethnicity or age were not considered as part of the review of day services.</p> <p>We believe the local authority should explore the development of a trading company but believe this might best be done in partnership with other agencies.</p> <p>The move to deliver services in shared facilities with the general public is positive to reduce stigma and isolation that can occur in those with mental health problems.</p>	Dr Maureen Wilkinson, Cheshire & Wirral Partnership NHS Trust
	The report suggests that Working Life is already part of Mental Health Services. We are based in the Star Design building but work across the borough to provide employment support for people with disabilities.	Manager, DASS
	<p>It is very disappointing that at this stage higher management cannot answer all the questions we have about LATC social enterprise which does not instil confidence in staff.</p> <p>There seems to be no care in Care Services anymore – things seem to be happening with directions. The LA controls 51% who controls the rest.</p>	Support Worker

	<p>All of the people who use services that took part in this group agreed that they enjoy attending the centres but there were some concerns about the proposed changes as people felt there are a number of 'flaws' in the current system. Some noted a gap in provision for older people with learning disabilities when they retired from some services/activities etc. The idea for a Community Bridge Building Service was a welcome one and there was an expression of interest in developing a drop-in club/centre as well as people being able to choose the things they wanted to access within their local communities. There was some question about whether the changed / new services being offered to people would be on an equal basis as it was felt that this does not happen in the current system where people are assessed and then allocated a particular centre to attend.</p>	<p>Karen Blair, Advocate for Adults with LD, Riverside Focus Group</p>
	<p>There were mixed views amongst this group with no resounding preference to the proposals identified. The main concern was that the centres should not close, this was an unacceptable option. Many people thought that the LATC may be a safer and more secure option as it was felt a Social Enterprise arrangement would be too uncertain as there would need to be an influx of capital to bring the current buildings up to date and the impression that private companies would only operate the centres if they were profitable. It was recognised that any changes that will happen needed to be made gradually in order to give the users of the service time to adjust to the changes. There was overwhelming support for a Community Bridge Building Service from those that commented, although some people within the group felt that they did not have enough information to make an informed choice about the proposed changes, how they will work and how they will all come together.</p>	<p>Karen Blair, Advocate for Adults with LD, Eastham Focus Group</p>
	<p>People thought the ideas for the changes would provide them with a more varied choice of activities than they are currently offered. The appeal of this centered around a more personalised service, promoting a better quality of life and flexibility, but a</p>	<p>Karen Blair, Advocate for Adults with LD, Highcroft Focus Group</p>

	<p>comment was made that the choices of activities mooted under Social Enterprises or the LATC have already been provided or suggested and then subsequently withdrawn under direct Local Authority control. There was also concern that the wishes of the many would override those of the few and only popular activities would be provided unless there was some element of direction and regulation.</p>	
	<p>It was commented that Social Enterprises were a good idea as they should give more choice, but the motivation behind the proposals was questioned as to whether they were based on saving money for the Local Authority. There was limited understanding of the operation of personal budgets and concerns whether people could retain their existing staff. There was qualified support for the Community Bridge Building Service.</p>	<p>Karen Blair, Advocate for Adults with LD, Girtrell Court Focus Group</p>
	<p>One example of an existing successful Social Enterprise was given, although wider concerns surfaced about the ongoing operation of future Social Enterprises if they did not generate a profit and it was commented that public bodies were already not for profit organisations. People felt that Social Enterprises should be wholly run and controlled by the community, with profits reinvested in the project, but a making a profit and therefore continued existence of the enterprise over a long period of time was not guaranteed.</p> <p>The existing day service provision was held in high regard and it was felt that more money should be invested in this provision to bring it up to scratch. A contradiction was noticed in that attendance at a specific day centre was already identified as the optimal choice for individual people, according to their needs. A question arose that if a specific centre has already been selected as optimal for an individual, why let them choose a centre with a risk that it may not be suited to them?</p> <p>People indicated that they had already heard that the Moreton</p>	<p>Karen Blair, Advocate for Adults with LD, Moreton Focus Group</p>

	<p>Centre was due to close two years ago as the building was old and in disrepair, with no repairs undertaken since then. It was felt that closure would be a loss to the local community as the people know each other and are accepted in the local community. There was a risk that this community spirit would be lost.</p>	
	<p>There was suspicion that the real Local Authority agenda was cost cutting rather than personalisation and it was felt that the existing service should be enhanced with more staff and that personalisation was mostly relevant to people who have the ability to decide. There were concerns over the regulation of personalised services. The Community Bridge Building Service aroused interest with the Mencap service being highlighted as existing provision. However, there was concern for people who may be left isolated at home with little interaction or chance to socialise and also for people who may be left in a position where people who don't know them very well are making decisions for them. Carers also valued the structured and regular breaks that the day centre provision afforded them.</p>	<p>Karen Blair, Advocate for Adults with LD, Heswall Focus Group</p>
	<p>The general feeling was that the existing day centre provision was enjoyable and acceptable and with a few improvements, such as the provision of more training and other activities, it would remain the preferred option. It was felt that no day centres should close and that there was no going back once the personalisation agenda was fully implemented as provision that was not used would be closed and then could not be easily reinstated. People did want more community based activities, but felt that they could be run from the centre.</p>	<p>Karen Blair, Advocate for Adults with LD, Cambridge Road Focus Group</p>
	<p>I am making a strong plea for keeping the existing day centres and others in place for the time being. Yes, carry out an audit of what is happening in them and measure the enthusiasm of staff and service users! As stated on p50 of the report, the centres provide a social network. Unfortunately, the report does not mention how this is achieved, nor does it focus on all the activities that take place. Also, it is not just staff and carers that</p>	<p>Volunteer at Heswall Training Centre</p>

“have invested time and energy in maintaining centres through ...” but just as much, or more, the service users themselves! If “there is limited activity data...” this does not mean that activities don’t take place (lots, even after some had been dropped due to low staffing levels). If such data are not collected, then it means that the system is relatively unbureaucratic but in view of the inevitable (statutory) changes that must be made, foremost with personalised budgets, data needs to be collected so please looks what is going on! I am aware and, where possible, personally involved in as a volunteer, of the following:

- riding for the disabled at Fox’s Riding School, South Wirral, involving some 7 to 9 people each week, highly successful.
- Keep fit classes, enjoyed by all alike and including wheelchair users
- Organising the incentive pay packets to be distributed to groups, demanding and educational for different levels of activity (we do not handle the money, just little bags)
- Reading group with a librarian, lightly successful
- Visits to Heswall library with some service uses, one person being an avid reader of books.
- Outings to shopping centre, the coast, Chester Zoo, etc when staff and minibus available
- “Heswall Group Meeting”, a service user forum to air problems, get info etc about these changes, make constructive suggestions (e.g. re lunch menus, new activities etc).
- Coffee mornings, Christmas Fairs and activities
- Dancing for all. Walking group, Work on Tam O’Shanter and Dale Farm
- Art Classes
- Craft (scarecrows for scarecrow festival, spinning, felt making, weaving etc)

And there must be others which I am not aware of. All this offered by fully trained staff, helpers and a few volunteers.

A very important aspect of the day centres (for people with Id, at least) is that people feel safe as well as respected and valued. If personalised care meant going out into the community all the time (shopping, leisure centres if they still exist in 2 years times, coffee shops, pubs..) there might be much more scope for unfortunate occurrences, comments, confrontations, even if service users are accompanied by support (enabling) staff. But clearly there is scope for reducing stigma and increasing the understanding of the needs of service users and respect for everybody. Another point I want to make is that a large number of people with learning disability cannot make choices, certainly not informed choices (many can, of course but still need a lot of guidance). The choice is made by the carers (family or staff) in the best interest of the person. So personal budgets have their limitation.

Clearly, I am very concerned about all the uncertainty being expressed in the report. If implemented, most measures (or just ideas) outlined would be a leap in the dark. Surely, a paper plan with step by step procedures needs to be presented, changing only little at a time. Taking a 3 year approach, investing a lot of money in changes that may not work, then revamp everything after having lost structures such as respite homes, day centres and lots of experience staff is not the way a responsible DASS should proceed! You are dealing with vulnerable people, many cannot handle change easily. Even the objectives listed p11 (217!) would need time to achieve if worked on carefully, not just with 745 people interviewed and this consultation but proper, in-depth and comprehensive research. Then assess the implementation of personal budgets and personalised care, evaluate the costs of the various services and see what also can be changed without the system collapsing. In fact, p54 indicates that DASS mental health provision is about 66% cheaper than that from the independent sector – no reason is given!

	<p>I need to add:- As I indicated in the questionnaire, I fail to see the advantage of converting the DASS into a (not for profit) trading company. In the Easy Read version of the report, p18 claims that a local trading company would off the advantages of competition, better choice, new services, existing knowledge/skills of staff. Competition should not be aimed for, money would be wasted. Choice</p>	
	<p>I don't think Union Street should shut because a lot of people feel like it's their second home as the atmosphere is lovely and we have all made good friends and I don't think you would get this good atmosphere if you had to go to one place then another on the same day or different days. Union street should stay or at least have another building were we have all the classes and drop ins together so people can be settled, also. If you're talking about having classes in the community we would be mixing with people that might not understand our position and this can be quite intimidating to us. I need to feel that everyone understands and all in the same boat if that's the case that we would be out in the community I don't think I could go to the classes. I need to feel settled and at home and I do at Union Street.</p>	Service User
	<p>I would like for Union Street to stay open because it gives you a sense to get out of bed and give you somewhere to go and something to do. It give you a sense of purpose in life since I've been going to day centre I've done computer work, reading, cooking and I've made quite a number of friends and if they close the day centre I for one would be lost. I think the staff are very friendly and I like going to Union Street because it gives me a sense of purpose in life so could you please keep it open. Thank you .</p>	Service User

	<p>I would like Union Street to stay open, as it provides a safe haven for people with a mental illness. If it shuts, people will feel isolated and cut off. It's not the same having different venues. It seems to me, that it's all about money and how much the council will save, rather than them considering the needs of people.</p> <p>Union Street has really helped me over the years in many ways. For example it has increased my confidence. Helped me in meeting people, and increasing my skills.</p>	Service User
	<p>I feel that Union Street Day Centre should stay open for a number of reasons. One of the reasons is because of the friendly environment it delivers, everyone feels at home at Union Street, people feel accepted because of its warmth. It gives people a reason for getting up in the morning we have access to staff if need be the level of interaction is excellent because of the location. It is good for activities. If we lost Union Street Day Centre the gardening group would be seriously affected which most people enjoy.</p>	Service User
	<p>I am a new client, I find Union Street very nice and very relaxed. I don't get out very much, if Union Street where to close I would not get out at all.</p>	Service User
	<p>It's well established, well liked. It's a life line for a lot of people. I am a voluntary worker and service user. It would be missed and more people would be back using the hospital beds. Ask service users what's the least thing they want to go. Less bus passes are being issued so financing would be less available.</p>	Service User and voluntary worker – Union Street
	<p>I wish Union Street to be left open. But I wouldn't mind for a day centre in Liscard or Wallasey Village would be quite handy in these areas.</p>	Service User
	<p>Is the council proposing to close two day centres as an alternative to closing Wirral's libraries? These proposals are</p>	Volunteer, Union Street

	<p>causing a lot of distress and confusion amongst service users. If Union Street was closed and as a result the service user's garden destroyed, where then would the gardening group be held? If people had to travel to different places each day it would cause confusion and anxiety because service users are used to daily routine.</p>	
	<p>I would like Union Street to stay open. It's close to where I live. Union Street has been a recovery of me becoming well. I can only travel the distance to Union Street.</p>	Service User
	<p>I would be sorry to see Union Street close because, I have been helped a lot since I been attending. It would not be the same if the classes etc. when at different venues.</p>	Service User
	<p>It's taken me a long time to get used to going to Union Street. Going to different venues for different sessions I'd not be able to do it. I'll end up not going out again, which will be bad for my mental wellbeing.</p>	Service User
	<p>In principle some of the suggestions are good for a minority, health/money do not match. One locality building is not sufficient – many clients (Central Wirral) are unable to travel far due to 'mental ill-health - moving it farther makes it inaccessible, it is already for some.</p> <p>A safe environment (Union Street) is vital to many – unable to attend local facilities i.e. paranoid ideation/anxiety. Work based projects are good, giving focus/meaning to many though not meeting everyone's personal needs. One base (Beaconsfield) would be a disaster – leaving many at home – isolated – needing more input from CMHT – likely worsening of their mental state one local venue vital-</p> <ol style="list-style-type: none"> 1. relapse recovering venue 2. Friendships/ safety 3. Maintenance of health – purpose goal. 	CPN/CMHT

	<p>There needs to be concern for the mental wellbeing of the service users. No to all questions</p>	<p>Service User</p>
	<p>A unanimous yes to the idea of social enterprise, but the organisations would have to develop or commission the business skills to make it work.</p> <p>A community building bridges services was preferred by some people but not by others with the reservations that some people might be too vulnerable to use this service.</p> <p>The majority of members thought that the conclusions regarding mental health services was not correct as this may be more costly. Also there has been a vast amount of work done over recent years to ensure that people can access a service based upon the social barriers that they encounter rather than their medical diagnosis (e.g. mental health / learning disability / physical disability etc). So people don't now access Union St, Beaconsfield and Prenton because they have mental health conditions - rather that they live in a particular locality. To unravel the services we have at the moment may re-create an organisational barriers to people's recovery, we shouldn't have any services that are only for one type of disability.</p> <p>Although there is a lot of interest in the idea of a trading company - people do not know enough about what a Trading Company is yet. There are concerns about the 49% / 51%. (i.e. that the local authority retain majority ownership) People are very keen to know more about this option and would like to see a similar trading company in operation before commenting further.</p> <p>People thought that personalised services is a very good idea. There are some serious concerns that there are no references in the day services development section to autism and services for people with autism and aspergers.</p> <p>Working Life has been placed into the mental health section and this should be all disabilities.</p> <p>There should be no age limits. However, at the same time services should be personalised to reflect a persons age</p> <p>Some people should be able to 'retire', whilst others can choose</p>	<p>The Enabling Fulfilling Lives Task Group</p>

to continue having a service.
The centres should close during the summer like they used to. People should be supported to go on holiday with their friends again; Maybe this is something that the trading company could do.
Social enterprises give people who use services the chance to get out of the centre and get work, this would mean proper wages for proper jobs but everyone would have to bear in mind the effects on people's benefits. A lot of work should be done with carers and parents who often look after people's benefits to explain the positive aspects of work and employment.
The Local authority should make sure that all information is accessible.
The idea of personal budgets is a very difficult concept to understand for some people. It may be better to start with some people and then let others see what the benefits and drawbacks are. To try to rush individual budgets in could create serious problems that make it more difficult to implement them.
Some people are worried about closing day services – would staff and resources be lost? At the beginning, would the same amount of finance be available for a trading company that is in the current day services budgets or would the budget be reduced.
Some people are concerned that past services have made people more dependent and we can not just remove these services, it will take a lot of work to make sure that these people become able rather than dependent.
Carers are aware that day services are "safe" places for people to go, we need to make sure that these safe places are always available. The worry expressed by the Enabling Fulfilling Lives group is that day centres will be closed before a re-provision of anything better happens. This will have a terrible effect on the lives of many people

	<p>a) If the two buildings Union Street, and Prenton are sold and activities are transferred to community settings, will service users be motivated to attend? Forum members agreed that service users need support and routine. The buildings also foster a sense of community and safety. Concerns were also raised that, without the Centres, many service users will become socially isolated.</p> <p>b) Concerns were expressed that to close buildings without identifying alternative locations, and including service users in that process, will cause widespread anxiety.</p> <p>c) The referral pathways into the current service are fraught with obstacles. If the referral system was made easier for professionals, then attendance at the day centres will increase.</p> <p>d) If Prenton and Union Street were to close, then enormous pressure will fall into the carers of the existing service users, as the element of respite, which the centres provide, will not be available. Carers will also have to play a role in transporting service users to the various community locations which also has financial implications.</p> <p>e) The personalisation agenda within mental health locally is at an embryonic stage, with little or no information as to the implications for service users. The Forum feel that the Centres should remain open at least until the Personalisation agenda and its ramifications are more clearly understood.</p> <p>f) At this point there does not appear to be a plausible alternative for service users currently attending Prenton and Union Street. Until there is clarity around community venues and the issue of personalisation, the Forum feels that the centres and service should remain unchanged.</p>	<p>Tony Lawrence on behalf of Wirral Mental Health Forum</p>
--	--	--