

OPTIONS FOR CHANGE – TOWARDS A STRATEGY FOR CARE SERVICES**CONSULTATION 10 AUGUST 2009 – 30 OCTOBER 2009****GENERAL/MISC COMMENTS**

COMMENTS	NAME/ORGANISATION
<p>Dear Jenny,</p> <p>Further to our conversation regarding the discussion of the members of the transport division, they have indicated that they prefer option 2, a single corporate transport unit the explanations and reason are as follows:-</p> <p>a) Effective performance management system should be put in place to ensure the overall performances and effectiveness of these proposals.</p> <p>b) Improved communication systems, so that the drivers can to talk direct to the service users, this increasing the effectiveness and efficiency of the delivery of the service. Upgrade Sat Navigational systems that are already in place.</p> <p>c) Plan Route and own workload, by the use of mapping out in geographical areas. Allocate areas to specific drivers and attendants. Designated teams.</p> <p>d) Match runs as to contracted hours like for like. Driver and Attendant as not to over lap this reducing cost saving re additional hours to be worked, become more effective and efficient as to the delivery of the service.</p> <p>e) Fully utilize all contacted hours as to reduce down time and in-inefficiencies.</p> <p>f) A more flexible approach to working practices.</p> <p>g) Floating driver to meet short fall or gaps in service i.e emergencies, sickness and holiday cover etc.</p>	<p>Alan Calveley Branch Secretary of Unite</p>

h) Specialized team to improve getting people back to work sooner, improve time frames with regard to capability, disciplinary and grievance procedures. This in the short term will become more efficient and in the long term will have significant savings overall to the department.

i) Flat rate management systems to be introduced, Stream line and demonstrate cost effectiveness and efficiency saving EVR - severance package, as the structure currently in place does not demonstrate the above factors and simply does not work.

Summary

We feel that the above proposal will have significant impact on how the service is delivered and how the service can be improved with a little bit of imagination, Can deliver a better service and demonstrate value for money in line with your document options for change towards a strategy for care services.

Further more we would hope these proposal we be given the due consideration for all concerned.

I Look forward to your response in this matter.

Yours Sincerely

Alan Calveley
Branch Secretary of
Unite

29th October 2009

Ms J Rickets
Care Service Manager
Direct Locality Support Services
Department of Adult Social Services
Westminster House
Hamilton Street
Birkenhead
CH41 5FN

Dear Ms Ricketts

Options for Change Consultation Document

I am writing on behalf of Wirral Local Implementation Team (LIT) with regard to some issues raised by the members during the meeting held on Thursday 22 October 2009 in response to 'Option for Change' consultation document.

Some members felt that the views of service users and carers have not been fully taken into consideration. From information individual members have gathered about the consultation process. It would appear that eleven focus group meetings have taken place which included two dedicated mental health focus groups. Of the 80 people using services involved in the focus groups, members of the LIT would be grateful to know what proportion were users or carers of mental health services.

In addition to the Focus Group meetings, members of the LIT would be grateful to learn how many mental health service users and carers were involved and how these groups were selected. In particular, of the 745 people using care services that were interviewed, how many of the 745 were users or carers of mental health services?

The success of the engagement process has been questioned and one member of LIT characterized it as "problematic". He claims that the conclusion of an internal Council report says "A number of significant factors....provided some barriers to achieving the project objectives". Wirral LIT would be grateful for confirmation as to the accuracy of this statement.

The Options for Change Consultation paper states that the range of options and conclusions has been fully informed by a research consultation process. One of the members has approached Wirral Borough Council

Letter

Dr Shyamal Mukherjee
Medical Director, NHS
Wirral
Chair, Local Implementation
Team

and requested to see the research data on an anonymised basis. According to the LIT member this request has been refused and the member is questioning the transparency and validity of the research process and conclusion.

All service users and carers in attendance at the LIT meeting on 22 October 2009 felt that mental health service users have been under represented and the consultation document is not a true reflection of mental health service users and carer views. The minutes of the LIT meeting note that service users and carers in attendance feel they are viewed as 'tokenistic' in the decision making process.

There was a particularly strong view that, if current buildings are to be phased out that the service provision should be provided in a 'whole day block' as opposed to fragmenting the provision. There was a unanimous decision that day centres offer much more than activities and services, as they facilitate friendships and enable some people to have social contact that they may not have normally have access to.

With regard to services provided from Union Street and Prenton Day Centre, service users and carers would like to see more involvement in the consideration and definition of suitable locations which will host some of the existing activities. Carers in attendance at the LIT meeting expressed concerns that the absence of day care facilities delivered from one site such as Union Street and Prenton Day Centre will result in increased responsibility on carers who benefited from periods of respite whilst the people they care for tended the day centres. If activities currently provided at these two centres are to be delivered from other community venues, assurance is required requests will be noted and considered.

I look forward to your early reply.

Dr Shyamal Mukherjee
Medical Director, NHS Wirral
Chair, Local Implementation Team

**“Options for Change”
Response from Branch Leadership Team, DASS
October 2009**

Access & Assessment BLT response to design and viability.

The “Options for Change” consultation paper in broad terms is supported by the Branch leadership team for DASS. The leadership team recognises the need for significant change requirements for the future of care services and the need to move towards outcome based, user focused and led developments. The following comments are made in support of the Consultation Paper, as requested, and also make some further suggestions for consideration for the future.

Move from Residential to Supported Living

BLT supports the move from residential care to supported tenancy arrangements for those with Physical and Learning needs. Suggestions to support this other than the ones already included are as follows.

- Alternative models of support are considered by commissioners e.g. “Keyring” style services. These could be considered as “floating support” and be eligible for Supporting People funding. Also “keyring” membership could be purchased with a personal budget directly from the user of the service with an individual contract. This model of support can be deployed to support those with LD, PDSI and also mental health support requirements. By their nature they are localised and are user led, with a strong enablement focus.
- There is an issue with the LA being both a landlord and also care provider or commissioner for some service users. Consider releasing properties on licence to RSL’s, with a legal charge applied to ensure that any capital increase is that of the LA, and not the landlord. This could create the differential between landlord and commissioner, and also maintain capital growth.
- Are there any existing properties on which capital could be raised, or released to LATC for reinvestment?
- Actively pursue with users of services, part ownership schemes for properties.
- Consider core and cluster models, along the line of Extra Care for those with PDSI or LD needs. Perhaps these could be developed on existing sites e.g. Girtrell Court as “footprint” schemes. These could be supported via personal budgets, with users as commissioners for efficiencies.
- Is there potential to support some of the existing staff to become Personal Assistants, either on a self employed or employed basis. The LA could support training, and access to “Shop for Support”, and also support the establishment of a local PA register, in a “managed” framework?

Local Authority Trading Company

BLT supports the development of a LATC, but feels this requires further discussion and consultation with those who use services. It is acknowledged that there needs to be a transitional period, and would support the establishing

of a three year contract, but suggests there is potential for this to be subject to annual review. Should the uptake of personal budgets be high, then the LATC may need to be considered prior to the end of a three year contract.

Social Enterprise

BLT supports the move to Social Enterprise for the schemes that have expressed an interest. BLT suggests that the “make up” of these schemes will need to be considered so they are represented on a wider population basis, other than user specific groups. BLT also suggests that the contracts are extended to 5 years, from the suggested three to support business planning for the new organisations. A three year break clause could be included as part of the five year contract.

Commissioning Plan

BLT supports the introduction of a longer term strategic commissioning plan, constructed around demographic data, and budget demands for the future. This may be as far reaching as a 10-15 year plan, which is constructed, published and clearly communicated with all stakeholders.

In respect of respite care provision, BLT supports in general terms the suggestion relating to those within the Consultation Paper. However, BLT suggests that alternative models are considered, which are more personalised and user led. A suggestion for these may be a quality short break arrangement, either within the LATC or externally. Users of service could be enabled to purchase their own respite care, either in hotels with support, or through adult placement arrangements, or specialist holiday providers e.g. Mosaic. There needs to be an established link between carer and user outcomes in this area. BLT would question whether respite needs to be based in buildings owned or managed by a LATC, except for those with the highest or most complex needs. Consideration may also need to be given to how these may be partially health funded. Equally these could be purchased via Personal budgets, with users of services leading the market to provide.

Dementia Care

BLT supports in broad terms suggestions relating to the future of dementia provision. BLT suggests that further alternative models could be pursued other than those which are purely building based, or commissioned within a “bed” setting. This could include at home support models, Adult placement style schemes for day and overnight purposes and also dementia “centres”. BLT suggests these should be community based, and commissioned within the independent or charitable sector. As above, there is potential for those currently working within the service to be trained as Personal Assistants, either on an employed or self employed basis.

<p>Intermediate care</p> <p>BLT supports the move to commissioning these “beds” within the independent sector. BLT feels however that the management of these beds should be via a multi disciplinary approach to ensure balanced access and exit arrangements and be part of a Locality based resources model.</p> <p>Employment Support Services</p> <p>BLT suggests that if the current in house provision moves to a LATC, then focus needs to be centred on moving people in to paid employment, either through increased job coaching or employment support.</p> <p>Community Bridge Building</p> <p>BLT supports the introduction of these posts, but feels that a direct link needs to be made between these and the community development managers to be appointed as part of the community well being agenda. There needs to be a robust interface with between Branch Locality teams to ensure effective signposting of people post recovery and reablement services and for people receiving long term support and statutory reviews.</p>	
<p>WHAT HAPPENS TO THE SHOP GROUPS I SUPPORT?</p> <p>I support two groups of four of five individuals to staff a craft shop. They use monetary skills and interact within the community. They produce craft items to sell at the shop; they hand out leaflets to the public and use a photocopier. When making a sale they use a cash register.</p> <p>The individuals who take part get a great deal of enjoyment out of this. They also take a great deal of pride in seeing items they have made being bought by the general public.</p> <p>All the different areas within the Centre contribute towards the shop, producing various items for sale i.e. bird tables, bird feeders, clay items, handmade cards, so running and maintaining the shop is a collaboration of many individuals.</p> <p>CARE ASSISTANT EASTHAM CENTRE</p>	<p>Neil Beacall Branch Officer Wirral UNISON</p>

The individuals we support have very complex needs and challenging behaviour. The Centre provides a service that allows them to interact and socialize within a group session also access to the community.

These individuals - without the Centre's support would not be able to access the community without a one to one or two to one support. Whereas due to the trust and relationship between staff and students at the Centre a group of possibly eight regularly get supported out on a minibus with three members of staff.

My fear is without the Centre the students we support would become very isolated and would have no access to the community. A lot of students I support have elderly parents who would be unable to assist them.

**CARE ASSISTANT
EASTHAM CENTRE**

29 October 2009

This response is in three sections. "A" relates to a request I made for more information and "B" relates to the reply from DASS. These two sections set out the context for my response to the Paper, given in Section "C".

- A. By the time I had heard a presentation on this paper for the second time, I had formulated the view that I and a small number of other mental health service users and carers could constructively engage in this consultation if we were to have access to the initial research data (anonymised) – the "engagement work-package". I set out my reasoning and the prizes that would result in an email to Jenny Ricketts dated 10 September. The text of that email is inserted here.

You will be aware of my request (through Liz Blackmore, Breda Dutton and maybe Heather and/or Debbie at NHS Wirral) that a small number of mental health service users and carers have access to the basic engagement research results in order to inform our response to the current consultation. I'd like to set out my case. All references to "services" are to "mental health services" and all references to "service users and carers" are to "mental health service users and carers".

1. Service Users and Carers need to recognise and take the opportunity presented by this consultation to seriously influence the shape of care services in the Wirral and to overcome any suspicion that these Conclusions will automatically lead to Decisions whatever contribution they may make to the consultation.
2. I made a contribution to the discussion at the Local Implementation Team (also known as the Mental Health Modernisation Team) following Breda Dutton's presentation in which I welcomed the benefits of personalisation (consumer choice influencing service provision through a market mechanism) but expressed concern at some possible downsides (individualisation, isolation, loss of social interaction etc for service users and increasing reliance on and stress upon carers). I argued that market mechanisms were not going to overcome such downsides and safeguards needed to part of any personalisation agenda. This analysis was welcomed by those that commented upon it during the meeting and, more especially, by service users and carers in discussion with me after the meeting.
3. The starting point for a knowledgeable service user/carer response to the consultation paper is the views of the service as expressed by service users and carers. The council clearly has a wealth of data on this, having conducted 745 engagement interviews (617 of which were useable), including 166 useable ones with those classified as MH. These interviews recorded their needs, aspirations, risks and preferred outcomes for support (you'll recognise the quote from the consultation paper).
4. To make a knowledgeable response, based upon service user and carer responses and incorporating ideas that we may have on socialisation, the impact upon carers and other issues beyond market forces, we need

access to those engagement interview notes (anonymised of course). Evidence that can be construed as anecdotal will be of limited value. Doing our own survey is not a practical proposition; nor would it have a sample size anywhere as big as the Council's own work. Access to such records would be in line with Breda's emphasis on transparency and robustness. There is no point in trying to reproduce this research data.

5. There is a point however in service users and carers casting their eyes over this data, not to re-evaluate it, but to assess whether the conclusions of the research paper stand up to scrutiny by people with a unique perspective. If they do, then it constitutes powerful support for the conclusions (some or all of them). If and where they don't, then an authoritative alternative view can be expressed.
6. These prizes, of commitment by a group of articulate and influential service users and carers to the cabinet's decisions when they are made, are prizes worth gaining, cementing a meaningful engagement and involvement relationship between the service users and commissioners/providers.

B. I received a response from Breda Dutton on 12 October. The text of that email is inserted here.

Further to our telephone conversation this morning I am now writing to confirm some points raised and attach two documents that, in conjunction with the Research report, I believe will inform your contribution to the consultation process. In terms of the status of the data that I believe you are requesting, e.g. anonymised raw data. I explained the process that was adopted during the research period e.g. that trained staff within services undertook 'engagement interviews' with people who use services, sometimes including their family member or carer.

The outcome of these engagement interviews was an up to date assessment of need and aspiration. This information was passed to the research team, who in turn populated a spreadsheet with the information. Both the assessment documentation and the spreadsheet contain person identifiable information. I confirm that during our conversation I stated that I did not believe we could share the information contained on the spreadsheet or the engagement documentation with you for reasons of client confidentiality and data protection.

The information on the spreadsheet was then used to inform the Research Report upon which we are now consulting.

I trust that the attached information and the Research report will enable you and your network of contacts to respond to the consultation in the fullest possible way. Please do not hesitate to contact me if you feel that I can be of further assistance.

(The two documents referred to by Breda were "D & Focus group report final.docShared Oct09.doc" and "D & V Engagement report3 7 09-SharedOct09.doc")

C. My response to the consultation follows. Though this is an individual response, I have arrived at my conclusions

after discussion with service users and carers who attend the same meetings as I, namely the Wirral Mental Health Forum, the Local Implementation Team – Mental Health, the Carers Strategy Group (a sub-committee of LIT) and the Prenton Carers Support Group. I have also shared this response in draft form with that same active and articulate network and have received widespread support for the views expressed. In terms of the “Response Template” my response relates largely to Consultation Question 3 in section 1 but has implications in respect of Consultation Question 4 in section 2. My response relates solely to the mental health services. Terms such as “service users” should be construed as “mental health service users” etc.

- a. My first point is that design of the “engagement work-package” is flawed. The interviews, having been carried out by staff of the Council, are immediately open to criticism for “research bias”. Whereas the use of staff might be appropriate if the purpose was for instance, to audit the service against planned outcomes, it is inappropriate when the objective of the interviews is to determine aspirations and hopes for the future. The interviewing should have been done by people independent of the Council. Even better, the interviewing should have been done by other service users/carers. I can declare an interest in one such organisation of service users/carers, namely the social enterprise “Disability Consultancy Services”, but there are other organisations too that could have been approached on the Wirral. One could argue that such an approach would have introduced a research bias in an opposite direction, but such a direction would have been entirely appropriate given the objectives of the interviews.
- b. Irrespective of who conducted the interviews, permission should have been obtained from the interviewees that their response could be anonymised and given to other researchers for analysis. This would have enabled different groups to have looked at the results and presumably identified priorities from their particular perspective.
- c. The selection of what was important to be carried over from the research into the Consultation Paper was made by a Project Team consisting solely of council officers, with their own agenda. It is important to recognise that we all have our own agendas and this engagement package should have been designed with such in mind.
- d. The Focus Group approach appears to have been less problematic. However, in respect of mental health service users, there was only one such Group. That was limited to just 10 users and their responses are mixed up with the responses of other service users in the report to the Project Team.
- e. My second major point arises from my reflections upon the question: Whatever the inadequacies of the research methodology have the view expressed by service users found their way into the Project Team’s Consultation paper? The “clients’ views” are set out in paragraphs 2.3.2, 2.4.2, 2.5.3, 2.6.2, and 2.7.2.
- f. My response to these paragraphs is that they have been “spun”, and most of the service users and carers I have discussed the Consultation paper with concur. The “views” are written in an anodyne way and don’t reflect the deep anxiety and genuine concern felt by service users and carers. When I read the “Design & Viability Project, Research report – Focus groups May 2009” I am struck by the consistent anxiety coming

through the summaries and the “actual quotes made by respondents where these sum up the discussion particularly well”. Yet none of the paragraphs listed above from the consultation paper uses words such as “concern”, or “anxiety”. We have anodyne words such as “difficult concepts”, “the concept of change is a difficult one”, and “the need for effective support”. If the Council move forward thinking that a bit of patronising here and a light touch there will be sufficient, then a big mistake will have been made.

END

SOMERVILLE MEDICAL CENTRE

69 Gorse Lane
Wallasey
Wirral
CH44 4AA

Letter

DR P S T WILSON
29 October 2009

Our Ref: PSTW/PAM

02/11/2009

M/s Jenny Ricketts
Head of Services
Care Services Branch
Westminster House
Hamilton Street
Birkenhead
Wirral
CH41 5FN

Dear M/s Ricketts,

I am writing to express my concern at the proposed closure of Poulton House as a respite facility for patients on the Wirral.

I am a GP in Wallasey and my Practice also provides Primary Care cover for non-Wallasey respite and rehabilitation patients at Poulton House. I have discussed the closure with several of my GP colleagues in other Practices in Wallasey and I feel that there is a general consensus of great concern at the loss of the facility of Poulton House.

I am aware that there is a proposal to relocate respite and possibly rehabilitation beds in different sites across the Wirral, probably provided by private nursing homes. I feel that this will have a deleterious affect on rehabilitation of patients as they will not have twenty-four hour access to Specialist Carer Services, Occupational Therapy and Physiotherapy as is currently the case at Poulton House.

The intensive nature of rehabilitation will be lost and I feel that the patients are much less likely to be brought to their full potential. I think this is only likely to lead to further blocking of beds in hospital and Cont'd..

possibly rehabilitation places in private nursing homes and also, in some cases, prevent some patients from receiving sufficient assessment and treatment to enable them to return to their own homes, thus condemning them to perhaps long-term residential or nursing care.

The input provided by Wirral Hospital to Poulton House i.e. Dr Chris Turnbull, Consultant in Department of Medicine for the Elderly has been outstanding. It has provided a bridge and a safety net for patients discharged from hospital or possibly, not even admitted to hospital in the first place but unable to stay at home, providing secondary care, expert opinion and input. I am sure this will be lost as it would not be practical for a Community Physician to be based at more than one Centre.

I am sure that the vast majority of the patients and their families, who have been through the process of intermediate care at Poulton House, have a very high level of satisfaction with the service.

I sincerely hope that the current service at Poulton House can be continued as this provides a great service for the local community and is of great help to both secondary and primary care services in the management of our patients.

Yours sincerely,

DR P S T WILSON

29 October 2009

LINK feedback on Options for Change Consultation

9 October 2009

9.30 – Bebington Civic Centre.

A small Wirral LINK discussion workshop followed the briefing by Breda Dutton, Principal Manager at DASS. The following conclusions/proposals arose about the consultation and the process. Cont'd...

- Insufficient time for proper analysis of feedback before Cabinet
- Quality and cost, and the quality of monitoring
- Quality of monitoring safeguards in relation to personalisation
- Isle of Wight Model for integrated health & social care in the community saves residential costs and identified as a good model. (A saving of £7m £10m down to £3) (*Article : The Guardian, Wednesday 7th October 2009 by Mark Gould*)
- It is unacceptable to close before replace or to replace with worse.
- It is acceptable to replace before close or to replace with the same or better.

On behalf of Wirral Local Involvement Network

Karen Prior

Wirral LINK Support Team

Voluntary and Community
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**Questions received in relation to the
Options for Change Briefing**

By Breda Dutton, Principal Manager, DASS

10am Bebington Civic Centre on 9th October 2009

Attendees were encouraged to provide an individual response. Listed below are questions from the floor compiled by Voluntary & Community Action Wirral (VCAW), Community Engagement Team.

Q. How have carers been involved in the consultation?

A. Advocates have organised focus groups from Carers Register and also Day Service users have been given letters to take home.

Q. Closure of Day services will be unsettling for staff. It feels like DASS are encouraging social enterprises?

A. Concerns regarding the consultation need to be expressed through the Response template. The briefings are to give information, and transparency to the process

Q. As the council will not be providing services, how will they be monitored when there is an independent provider delivering them?

A. Contracts will have monitoring procedures in place.

Q. There are lots of issues relating to people who have attended Day services for a long time or may have profound needs. Also job losses?

A. Through Personalisation, individual needs would be addressed and DASS are talking to Trade Unions in relation to jobs.

Q. You (Breda) described Mapleholme as not fit for purpose?

A. Maybe term "not fit for purpose" is incorrect, what was meant was Pensall House is far superior.

Q. Full integration of health and social care services in the community has happened in the Isle of Wight and reduced costs by £7m.

A. DASS is working alongside NHS on services for Older People, as part Personalisation. The WISP (Wirral Integrated Services Programme) is running in Wallasey.

Q. More information needed on the LATC.

Karen Prior

Wirral LINK Support Team

Voluntary and Community
Action

NHS Wirral

Options for Change – Towards a Strategy for Care Services 2009 – 2012 - NHS Wirral Response

Introduction

1. Delivering the Transformation of Adult Social Services¹ is critical to the Council's strategic objective: To improve health and wellbeing for all, ensuring people who require support are full participants in mainstream society. In particular the programme gives focus to the improvement priority of 'promoting greater independence and choice'.
2. Increasing personalisation and choice has been a key theme in national policy for several years², with the requirement to deliver personalised packages of care and support rather than matching people who use services to large scale, institutional services. Personal Budgets encourage people to make their own decisions about which services they want, whether they hold their budget directly or the Council manages the budget on their behalf.
3. Currently, Wirral Council's in-house 'Care Services' are, in the main, not designed to deliver personalised support. Many services are organised along traditional lines with limited scope for users to access tailor-made programmes of activities and support. If individuals choose to use their Personal Budget to commission services outside Council control this leaves Care Services vulnerable and increasingly expensive.
4. In January 2009 a project was put in place to design the future shape of 'Care Services' provision and as the viability/sustainability of these services in the context of personal budgets and the need for choice and diversity in the market.
5. 'Options for Change – Towards a Strategy for Care Services' is a consultation paper which captures the results of this work and presents an organisation form and a range of service models for the public and other stakeholders to consider.
6. The consultation is being carried out between August and October 2009, and many groups facilitated by

Directors Name Tina Long
Title Director of Strategic Partnerships

Date 22.10.09

¹ Transforming Social Care (LAC(DH) (2008) 1, January 2008)

² Putting People First (Department of Health, December 2007)

³ Valuing People Now: A new three year strategy for people with learning disabilities (Department of Health 2009)

NHS Wirral e.g. Mental Health LIT, have already taken the opportunity to respond to the paper using the Response Template provided. This report provides Corporate Directors with NHS Wirral's response to the consultation. Individual responses are also encouraged as part of the process.

NHS Wirral's Response.

1. NHS Wirral welcomes the Council's proactive approach to the Transformation of Adult Social Services, and considers the analysis which underpinned the consultation paper to be a robust and fair assessment of current services in the context of national and local policy.
2. Whilst the data provides sufficient profile of Wirral's population, NHS Wirral believes a greater focus on data relating activity and service outcomes is required to ensure that services remain relevant and efficient into the future. Indeed, the organisation recognises that Integrated Commissioning Managers will need to play a key role in service redesign/specification, ensuring value for money and monitoring performance.
3. The model of a Local Authority Trading Company appears to provide benefit and opportunities which maximize the potential of developing a flexible responsive market, whilst having robust business arrangements. The Local Authority Trading Company would be treated, from a commissioning perspective, like any other provider and therefore would be required to provide outcome focused evidence to commissioners. Again Integrated Commissioning Managers will contribute to the development of the business case if this was an option preferred by the Council and other stakeholders.
4. NHS Wirral believes that the proposals give strength to Wirral's ability to further develop a strong third sector. As personalisation develops and as we move into financially difficult times a vibrant third sector becomes more critical. Opportunities for social inclusion rather than exclusion with buildings "tagged" Learning Disability or Mental Health will be realised through the conclusions of the work.
5. The future use of Fernleigh is part of the bigger picture regarding mental health provision and pathways of care. Agreement needs to be reached on the future role of Fernleigh before any assumptions can be made regarding funding.
6. Regarding Locality Beds, the evidence available to commissioners indicates that the length of stay in intermediate beds has radically reduced over the last twelve-eighteen months from 80 days to 26 days. Traditionally, these beds were utilised for patients being discharged from Acute Hospital beds but, increasingly over the last twelve months, they have been utilised for admission avoidance. As the Department of Adult Social Services works with NHS Wirral to further develop Care at Home, evidence

suggests that any community beds should be part of the locality model.

7. NHS Wirral recognises and supports the option to provide different housing solutions for people with learning and physical disabilities. This is a key priority within 'Valuing People, Now'³ and acknowledges that people with disabilities should have access to accommodation of their choice supported by their families.
8. NHS Wirral welcomes the Council's acknowledgement of the need to provide locality based dementia services, and the potential that some Council owned resources may have to such developments. Work is currently underway to develop memory assessment service and the location of these services is crucial to ensure accessibility and availability to the whole community.

Conclusions

1. The 'Options for Change' paper provides a new framework for shaping the future of the Council's Care Services in Wirral. The paper ensures that improved outcomes for people are centre stage whilst achieving value for money.
2. All service areas have been asked to respond to the consultation paper through their current governance arrangements. Individual responses are encouraged from members of staff within NHS Wirral.

Directors Name Tina Long
Title Director of Strategic Partnerships

Date 22.10.09

AGE CONCERN WIRRAL
Notes of Consultation with *** ******
Permanent Resident at Poulton House

Jamie Anderson
Senior Manager – Age
Concern Wirral
22nd October 2009

Background

Age Concern Wirral was approached by Department of Adult Social Services to support *****, a permanent resident at Poulton House, with her statutory right to be consulted about the changes proposed within the Care Services Design Viability Study.

Jamie Anderson, Senior Manager – Support Services, made arrangements with Barbara Norris, manager at Poulton House, to visit ***** on 19th October 2009 at 10.30am.

***** is currently 84 years old, and has been living in Poulton House since 1994, when she was moved from Fernleigh following a change of use. Prior to moving into Fernleigh, ***** had lived with an aunt in the Wallasey area. ***** moved to Wirral when she was in her 50s and has lived in and around the Wallasey area since.

***** is now the only permanent resident at Poulton House. ***** suffers from a heart condition and is diabetic. She has a long standing depressive illness, and has a monthly visit from the Psychiatric Team who administers an injection to stabilise her depression. ***** is hard of hearing and has mobility difficulties which necessitate the use of a walking frame.

*****'s nearest relative is her brother who lives in Scotland. *****'s brother is also older and has a number of his own health problems. *****'s main contact with her brother is by letter.

***** has her own room at Poulton House and receives the following services:

- Bathing when requires (***** is able to wash herself)

- Assistance to apply cream to her legs

- Laundry / making and changing bed

- Meals

- Support to access GP

- Accompanied outings to go shopping (e.g. for clothes)

Feedback

- Prior to my meeting with *****, Barbara Norris provided ***** with the relevant paperwork about the consultation.

- Barbara Norris also contacted *****'s brother and provided him with Age Concern Wirral's contact details. *****

brother indicated that he will send his own separate response to the consultation in.

- Upon meeting *****, I gave ***** the option to meet with me on her own or to be accompanied by a member of staff from Poulton House. ***** asked for Barbara Norris to be present.
- I explained to ***** the purpose behind my visit and the reason for the consultation. ***** was familiar with the plans and had brought the paperwork from Barbara Norris with her – ***** indicated she had read of all of the paperwork.
- I explained to ***** that we could work through the full report and look at all of the sections; work through the easy read version and look at all of the sections; just talk about Poulton House. ***** opted just to talk about Poulton House.
- ***** clearly indicated that:
- She does not want Poulton House to close
 - She is very settled at Poulton House after 15 years of living there
 - She is very happy at Poulton House – both the building, the staff, the food, the atmosphere and the services
 - She would be very sad if Poulton House were to close and she had to move again
 - She enjoys the company at Poulton House
 - She feels that all of her needs are met at Poulton House and she is well cared for
 - She has a good relationship with her key worker
 - She is concerned about where other people coming out of hospital and needing rehabilitation would go to if Poulton House were not open
- When discussing possible outcomes, *****'s attitude towards the possibility of Poulton House closing was one of resignation. ***** obviously places a huge amount of trust in the staff at Poulton House and has said she

would trust them to find her somewhere else suitable to live. Her preferences are:

- Her own room
 - In the Wallasey area
 - Somewhere she could take her personal possessions
- At the end of the meeting with *****, I advised ***** that if she had any further comments she thought of after I had left she could ask the staff at Poulton House to contact me and I would go back out. I also advised ***** that if Poulton House were to close, I would ensure that Age Concern Wirral allocated an Advocate to work with her to find suitable alternative accommodation.

Key Issues

- *****'s preferred option is to remain at Poulton House.
- This would be the second time that *****'s long term home has been closed. The impact of moving on her mental and physical health could be fatal.
- ***** is very happy living at Poulton House and has no complaints – she feels her needs are being fully met.
- *****'s mental health has been stable whilst at Poulton House – the trauma of moving may have a detrimental impact on this.
- ***** already suffers from heart failure and the stress and worry of this may cause further strain on her heart.
- ***** particularly enjoys the continuity of care she receives at Poulton House.
- Any move outside of the Wallasey area would be taking ***** out of the areas of Wirral which she is familiar with.
- ***** is particularly hard of hearing – the staff at Poulton House have acquired the skills to communicate fully and fluently with ***** – new staff in a different setting may not be able to communicate as fluently with *****, potentially resulting in ***** becoming further isolated.
- ***** still enjoys some independence at Poulton House in terms of washing herself, moving around the building

using her walking frame. In an alternative setting, these options may become more difficult for *****, contributing to a loss of independence.

Jamie Anderson
Senior Manager – Age Concern Wirral
22nd October 2009

Working Together for a Healthier Future



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Our Ref: TL/PG

22 October 2009

Chris Batman
Wirral Council
Department of Adult Social Services
Westminster House
Hamilton Street
Birkenhead
Wirral CG41 5FN

Dear Chris

As part of the Consultation on "Options for Change – Towards a Strategy for Care Services" please find enclosed the views from an Integrated Commissioning perspective.

There is very clearly a link between Options for Change and the direction of travel nationally with the work utilising national guidance and best practice. The implementation of personalisation across Wirral means that we will require a market that is flexible, responsive and creative to enable it to meet the needs of individuals. For this reason, if for no other, the design and shape of Care Services requires radical redesign. Options for Change draws on local intelligence including an extensive engagement exercise with people who use services to detail a potential model for the future.

The model of a Local Authority Trading Company appears to provide benefit and opportunities which maximize the potential of developing a flexible responsive market, whilst having robust business arrangements. The Local Authority Trading Company would be treated, from a commissioning perspective, like any other provider and therefore would be required to provide outcome focused evidence to commissioners. The view of commissioning is that regardless of the outcome of the consultation a service specification for Care Services should be developed.

Commissioners believe that the proposals give strength to Wirral's ability to further develop a strong third sector. As personalisation develops and as we move into financially difficult times a vibrant third sector becomes more critical. Opportunities for social inclusion rather than exclusion with buildings "tagged" Learning Disability or Mental Health will be realised through the conclusions of the work.

Regarding Locality Beds, the evidence available to commissioners indicates that the length of stay in intermediate beds has radically reduced over the last twelve-eighteen months from 80 days to 26 days. Traditionally, these beds were utilised for patients being discharged from Acute Hospital beds but, increasingly over the last twelve months, they have been utilised for admission avoidance. As DASS works with NHS Wirral to further develop Care at Home, evidence suggests that any community beds should be part of the locality model.

Letter from:

Tina Long
Director of Strategic
Partnerships

To: Chris Batman

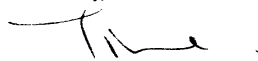


WAA809

Wirral Primary Care Trust
Chairman: Mrs Frances Street
Chief Executive: Ms Kathy Doran

Options for change provides a new framework for shaping future care in Wirral to ensure that improved outcomes for people are centre stage whilst ensuring value for money.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Tina Long', with a horizontal line extending to the right.

Tina Long
Director of Strategic Partnerships

Response of Dale Farm Association Management Committee to the Council's consultative document 'Towards a Strategy for Care Services', dated August 2009

15th September 2009

29 September 2009

The voluntary Management Committee of the Dale Farm Association is inclined to support the proposal that Dale Farm should become a social enterprise, but we want to draw the Council's attention to some worries we have about the consultation document. **We think we need to have the following questions answered before we can confirm our full support for those parts of the proposals that relate to Dale Farm.**

1. Governance

1.1 It is essential that there should be clear advice about who is to be responsible for what. We have started from the assumption that the present Association Management Committee will become the Governors (or Directors or Trustees) of the new social enterprise.

1.2 There will need to be a detailed instrument of government which will determine the division of responsibilities between the chief executive of the farm and the Governors. This will have to be clear and explicit. (Some of us have had experience of the transfer of powers from the council to school governors; that transfer may provide a useful guide here, if not an exact template.)

1.3 We presume that some such steps have been taken in the pilot authorities and would appreciate it if we could see how this matter has been managed elsewhere.

2. Budget matters

2.1 We would like to see details of how the existing Dale Farm budget is drawn up, fully itemised, so that we can make realistic judgments, in framing our business plan, based on the current average daily cost per place.

15 September 2009

2.2 Can we base our draft budget on the present actual cost per place per day? In other words, in a typical case of someone coming regularly to the farm on one day per week, will that person's allocated personal budget for this purpose be equivalent at least to our present average daily cost per person?

2.3 Can we be told exactly how the allocation of personal budgets will be framed, so that we will be able to reach conclusions about the likely demand for - and the likely income from - the service that we offer?

2.4 Will those who are going to come to the farm be obliged to pay us even if they don't turn up? What kind of contract will govern our obligations to them and their obligations to us? We can hardly operate on a drop-in basis.

2.5 Will there be provision in personal budgets for a person's exceptional costs? For example, transport costs will vary for different people. If any of our possible users live a long way away will they receive extra to cover the additional transport costs?

2.6 The Dale Farm Association has its own budget which comes partly from our commercial activities. These funds are quite separate from the costs funded by the council. We would need to know how this money will be taken into account in the calculation of expenditure and income at the time of transfer. The income from this source has been about £10000 a year in recent years.

2.7 Our other major source of income has been from charitable donations. It is important that there will be enough publicity about our future charitable status in order to safeguard this.

3. Local Authority Trading Company (LATC)

3.1 We have not seen anything to enable us to determine exactly how a relationship between Dale Farm and the LATC might work. Our inclination is to say that we would not wish to be subject to an outside level of control unless there were to be a guarantee that such an arrangement would give us clear benefits, either in funding or in support or in security for the social enterprise. Could there be such a guarantee?

3.2 Would the farm manager be directly responsible to the LATC or would there be a governing body?

4. Financial risk

4.1 Dale Farm Social Enterprise will be a small unit (present budget less than £250,000; only 5 full-time and 2 part-time workers). It will have difficulty sustaining certain unexpected losses. Long absence of key workers, maternity leave, exceptional levels of short term sickness are things that might strain our ability to survive in a commercial environment; it may not be possible or affordable to insure against all such eventualities. Will there be any guarantee from the council that support would be available in these or similar circumstances? If not, may voluntary liquidation be the only available route? It seems to us that our setting-up costs should include a substantial one-off reserve to cover such contingencies, after which we would be able to include provision for maintaining such a reserve in our future annual budgets.

4.2 What council resources might we call on to help us with decisions about major issues, like insurance, legal back-up, pay-roll and financial matters, for example?

4.3 Will the social enterprise be a charity? If so, will the personal liability of the trustees as individuals (i.e. the members of the governing body) be limited? If so in what ways? If not, what are the possible consequences and what needs to be done to avoid them?

We think that we may need some specific guidance on the Transfer of Undertakings (Protection of Employment) Act

5. Monitoring

5.1 We are interested in the idea of brokerage, but would wish to receive guarantees that brokers would be acting completely independently of the council's officers. We are aware that a simple commercial test of the quality of our service will be whether anyone comes to Dale Farm.

5.2 We would like to know more about the arrangements for monitoring the decisions of service users and carers. Will there be any way to intervene if it appears that personal budgets are being used in an inappropriate way? (This question may seem to deny the whole point of personal budgeting, but we felt we might legitimately ask for some guidance on the matter.)

5.3 Some of the benefits of coming to the farm – like the contentment and happiness derived from just being there – are not easy to measure. These might get lost within the compelling need to cover our costs. **How will future monitoring arrangements take these difficult to measure benefits into account?**

6. Property

Will the social enterprise be the legal owner of the property? May it have to pay rent? Will it be able to sell any assets that it considers to be of value, but of no use to the enterprise? We have considerable assets created in the past by the voluntary efforts of the Dale Farm Management Committee without any input from the council. What will be the status, after the transfer, of such assets? Can we have confirmation that the servicing of existing debts on any of our buildings will continue to be borne by the council until they are paid off?

7. Setting-up costs

We would like to know, **as soon as may be possible**, what assistance will be available for preparation and setting up costs. We will have to prepare a business plan, publicise what we will be offering, negotiate with brokers and others, set up contingencies for matters which have previously been left to the council to sort out and, no doubt, many other things that we have not yet identified.

8. The language of the consultative document

Jack Heery 15 September 2009

<p>Re Poulton House - I have been informed by the manager of the possible closure of this home. My sister, Miss ***** , has been a resident for 15 years during which time she has received excellent care and attention and is very happy there. I understand that she was very upset at the prospect of having to move to another residential home. I would therefore ask you to consider the effect it could have on someone of 85 years of age with a history of psychiatric problems. I await the result of the consultation process with interest and concern.</p>	<p>Carer</p>
<p>Dear Sirs, RE - PROPOSAL FOR PENSALL HOUSE BEING USED FOR LEARNING DISABILITIES AND RESPITE CARE INTO PRIVATE SECTOR.</p> <p>On reading your proposal it seems fair but thinking about it I have many doubts. Pensall house always seemed to be fully occupied; I had to go into Poulton House, Mendell Lodge or Feltree. Firstly, where these places situated for the respite? The popular places will be taken up so that I can't see there will be a choice for some. Surely, it would be more advantageous to increase the prices at Pensall House where patients know where they are going and what to expect. Feltree (still standing) is more suitable for the disabled having much more room for activities. It is centrally placed for people in Wirral having only spent £30.000 odd on it. Some paint on the outside would make it fine. I need this respite as my husband is 83 years old and he needs the rest. Yours faithfully,</p>	<p>Carer</p>
<p>Dear Sir, I am writing on behalf of my mother Mrs ***** regarding the Centre and the boys' future. We don't want the Centre to close the boys have come on well since attending there, made friends, have an outlook in life and the support given by the staff is outstanding, it would be a great shame to take away all this from all the students and staff. Keep it open.</p>	<p>Carer</p>
<p>Ref Lisa. My daughter has gained so much from going to Eastham Centre. Lisa has learned how to Line Dance which is a marvellous form of exercise for her. Sign Language.</p>	<p>Parent/Carer</p>
<p>Dear Parents, Carers & Friends. As you are aware, Wirral Council are nearing the final phase of the Consultation process of the care Services, Design & Viability Study. They therefore need your views and opinions to help develop the future direction of Social Services that obviously included Day Services. If you could find ten minutes to WRITE down you views and concerns regarding the service as suggested in the consultation paper we can then send them it in one block. Please remember this is a consultation paper and nothing in it is signed and sealed. Personalisation is designed to give the service user and carers a more personal choice and independence to meet their needs. Then consultation follows through the 'Valuing People Now' Strategy. Similar modernisation changes are taking place throughout Britain. We therefore need to ensure our views are registered to the service we require is the service that is put in place. Although services may well change it does not mean all Day Centres will close. If you could detail what your Son/Daughter/Ward gains from attending the Centre i.e. social interaction, skill development etc.</p>	<p>Eastham Parent / Carers Association</p>

<p>Please include the activities that they access. Please can you ensure that the information you provide is signed and dated & returned to Eastham Centre no later than Fri 23rd Oct 09. THIS MATTER IS URGENT. Yours sincerely.</p>	
<p>A group of 10 service users go out for lunch to the local bowling alley, they have a drink and a chat over lunch then go on to the 10 Pin Bowling lanes and support each other in a lane of 10 Pin Bowling. This costs them no more than £10. each as the group is staffed by one member of staff and one parent/volunteer, the centre provides transport there and back again. When we are there we often see other service users from the centre having a game with support. Most of the time, they choose to join in as they can see the banter and sense of togetherness that our group enjoys. Can anybody justify cutting our excellent service to replace it with a future where groups are disbanded in favour of service users having 1 to 1's and missing out on the social aspect of the session for a much higher cost in comparison to our 10 service users to one paid member? N.B. Eastham Centre has <u>3</u> 10 Pin Bowling Groups: 1 morning and 2 afternoon groups who dine out. Talking almost 30 service users.</p>	<p>A Group of 10 Service Users. (Eastham Centre)</p>
<p>As parents of a 37 year old with learning difficulties please consider our opinions and concerns in the current consultation regarding Day Services. It would be difficult for anyone reviewing Day Services for people with learning difficulties to fully understand their needs, reactions and behaviour and how important good quality Day Centres are. Our son, ****, has only ever attended Eastham Day Centre so that is the only one we can comment on. He has attended for 16 years now - much of it 5 days a week. It has been paramount in satisfying his basic need of socialising with his peers. Eastham Day Centre does much more though in enabling its service users to reach their potential in a huge variety of skills. It has used the community and nearby colleges to help **** gain valuable qualifications. **** self esteem grew as he received certificates of accreditation just like his brother and sister did at their colleges. We know of some, at **** centre this has enabled them to progress further in the community.</p> <p>I know Eastham Day Centre use all their means to provide opportunities and activities to suit all their service users and we fear this would not be easy in new smaller units. Eastham Day Centre is also big enough to have a good mix of personalities and the expertise to sort out any conflicts and change groupings. Moreover we know **** is safe there and can access his activities under professional eyes. The health and safety of service users and staff must not be jeopardised. People with learning difficulties are people first and Eastham Day Centre has always tried to meet their personal needs. Any good service would we hope, and if there are centres not working as well as Eastham then maybe Eastham Day Centre needs to be given more money to share its expertise.</p> <p>For the past couple of years our son has only attend Eastham Day Centre once a week due to his behavioural problems but they addressed the problem and he fits in to a couple of activities so that he can still have that social group context under professional guidance. Eastham Day Centre seems to be working well. Why change it? Yours faithfully,</p>	<p>Parent/Carers</p>

<p>****currently uses the transport service to take her from home to Eastham Day Centre 4 days a week. The Service is reliable and she has built good relationships with the staff and other students who all use the bus each day. She feels safe and secure with this routine. At the day centre, she enjoys going out and socialising with other students. She enjoys going out for lunch and bowling - this has developed her social skills and ensured she is out on the community. She has enjoyed learning sign language to help her communicate with deaf students at the centre. She has participated in Independent Living classes building skills to enable her to do more things for herself. Having one central place for her to go and socialise with friend is very important enabling her to build relationships in a safe, secure environment.</p>	Carers
<p>Good Morning. I read with much interest the Consultation document. I wish to comment on pages 26 to 28 re: Respite Care. I am a carer for my 96 year old father, whose best interests are not supported by the present system of not offering choice as to where he is placed for respite care. (completed document included).</p>	Carer
<p>**** rang me and requested Consultation & Easy Read documents, which she collected, from the Reception desk last week. However, **** has concerns about the confidentiality of what she may express, as she does not want to offend anyone. I explained that the whole idea of the consultation was to give people the opportunity to have their say. **** was so concerned about the matter, that I gave her Breda Dutton's phone number to discuss her fears. 28/10/09.</p>	PSS Volunteer
<p>The individuals we support have very complex needs and challenging behaviour. The Centre provides a service that allows them to interact and socialize within a group session also access to the community. These Individuals - without the Centre's support would not be able to access the community without a one to one or two to one support. Whereas due to the trust and relationship between staff and students at the Centre a group of possible eight regularly get supported out on a minibus with three members of staff. My fear is without the Centre the students we support would become very isolated and would have no access to the community. A lot of students I support have elderly parents who would be unable to assist them.</p>	Care Assistant, Eastham Centre
<p>What happens to the Shop Groups I support? I support two groups of four or five individuals to staff a craft shop. They use monetary skills and interact within the community. They produce craft items to sell at the shop; they hand out leaflets to the public and use a photocopier. When making a sale they use a cash register. The individuals who take part get a great deal of enjoyment out of this. They also take a great deal of pride in seeing items they have made being bought by the general public. All the different areas within the Centre contribute towards the shop, producing various items for sale i.e. bird tales, bird feeders, clay times, handmade cards, so running and maintain the shop is a collaboration of many individuals.</p>	Care Assistant, Eastham Centre.

<p>Thank you for sending us the Consultation papers. We have looked at them but find they are above our understanding. Therefore we will not be able to make any comments. The main concern for us is for ***** to have the same level of care that has been given to her at Girtrell Court for many years. Once again thanks and Best Wishes. Yours sincerely</p>	<p>Carer</p>
<p>A bit belated, but I have concerns about how the proposals will affect respite care for the under 65s. The group I am concerned about are those with multiple disabilities. There will be no provision in Wirral for those who require care, apart from nursing / residential homes. As these cater for older people, I am unsure of the legality of placing younger people in them. It would be helpful if we could have some clear information about the proposals for this group as soon as they are finalised. You are probably aware that a proportion of the people we deal with fall into this category, and we would like to be able to give reassurance where necessary.</p>	<p>Beb & WW - OT.</p>

jenny reckett
adult disabled officer
social services
Westminster House
Birkenhead Wirral ch41

2nd November 2009

hello Jenny

I write you a letter regarding the matters of one centre per area for all disabled people can I just explain the difference of being together all disabled persons.

a person with physical disabilities can either be one with out on the other. [interpretation of with the other is] whatever the other is, is! On the other hand we could have the hand. "ONE WITH ANOTHER,." can be one were the pace of communication is another issue. because many people in the minority are put together with profound disabilities the [ones] whom will and can find the moving around quiet disturbing,.

in most of the ATC`s there is working objects around them and they do a good job and it's a good job done well. if it's still done! that's if the ATC`s are still doing working objects. that`s all I know of the ATC`s its not known out of ignorance when I say that. -

I now wish to get to the point as Trish and Tony [highcroft]told me I can write and complain or whatever to you as I have my free agency to do so I told them I would let them have a copy of the letter when done and sent so you will get yours first I will see to that. They told me it is Aiden who is doing all the sending to highcroft so I would like you to know how I feel about that, that is to say that I feel it can be upsetting seeing an adult person with a mind of a child another is adults with behaviour problems and one has the whole place down with so much noise that`s made if they don't get their own way, another has to be taken away from the area of others whom

become frightened. In this consultation one has to be careful whom they put together with others in mind and the sort of centre it is to continue to be or the centre that will have different grouped people with one to one's and others in special needs groups as such into workshops so that they do not lose themselves or to bring the house down so to speak.

I am fully aware myself I cannot be too involved with people whom have mental health issues deep enough to make me depressed again they have the same needs but differ when it comes to workshops plus mental health really comes under the health bodies, so I do hope that is respected as it can bring people to their senses in full form again by their coherence alas with training also mentoring them back on the road to recovery, and not to be too unsecure of life again. even back to work employment and so forth.

it is a good idea to have everybody in one area or same area of abode but some of the areas have not got a centre for themselves to go to but do have a centre to go to now such as myself and a few more people living in moreton area's including Hoylake and West Kirby too.

it looks like you cutting down on staff then what are you going to do in order to help those people whom have needs, like communication abilities, also there has to be a raise awareness program for special needs program and how it will affect other people with physical and none physical disabilities to set up a program explaining the changes and how we can become involved more in communication skills in order for those that understand well enough to get to understand wellness of learning disabilities and how they affect people to people.

I personally will say this that if you are going to bring and mix you need the staff to do so. the other day for instance a staff member was busy doing a one to one with another client so much to the fact he needs a one to one all the time but to no avail I could not see my key worker and for notice the other co keyworker was not available at all that day she was simply not in. I needed the keyworker but could not have her yet that is one example of what is needed more staff if you move a day centre you need to move the staff too so they can be with them. if you can't move the staff or still employ the staff then I need to speak to the cabinet myself as it takes one to know one.

I am fully aware that there are staff yet to leave this end of the year and I do feel the cabinet need to hear from a disabled person themselves and to fit into the category I would invite them to go to a day centre i.e. highcroft people centre. as is with

themselves also to take on board what it is like to come and use a wheelchair for a day and see how they feel after their session in a wheelchair.

I would also like to raise awareness of staff being impolite with clients. for example I was spoken to via a staff member as to say "too fast", "too fast",. no name given not for the asking and being polite is just as nice as saying Kathy you need to turn down the speed controls please if I am spoken too like that again I will send an email to john web

We should all be helping one another and it is that we stopped the clocks stopped when our parents were alive everybody helped use out if it was a trip to Liverpool empire as to see the Sound of Music, it was doing your hair for you or a bit of sugar or even a shilling for the gas and you got a rebate from the gas bill etc.

Because I am much as involved with everybody else with this consultation how long will it be before we know of the outcome. today is my 58th birthday and my dad struggled to come and see me earlier on and with a big bunch of flowers beautiful they are really nice and one velvet rose oh so beautiful. All them years ago born disabled and yet not seen till aged one year old these days born with a disability they get all sorts and plenty of money as to blame it on individuals where money comes out of the pot it was not so hot for me, life is a struggle and will always be so. if I could change away the pain away it would help a loads full but to no avail, either way. I can` t run anywhere it would be a funny shot if I did,.

I would like you to know that if it were not for the long suffering of the staff this consultation would never of got put together it is by far the richest consultation as to the impact of changes here in Wirral. we all applaud their perseverance as to what the questions were for, to the explanations given to enable the clients to understand what is being asked, feedbacks and so forth it is with a great unanimous in favour for you and your staff who have worked their socks off in order for the consultation to be finalised and put before the governing body that it was compiled and put together. we like all things letters or whatever it may be the world is a funny place that`s why I am coming back as a cat so I can have nice lives and claw my way around, laughter and sunshine we are all the same only humans are allowed.

Have to finish otherwise I will be here for the night.. typing that is

Date 17th October 2009

Carer for son.

Dear Sir / Madam,

In reply to your changes directed towards Day Services we have a 35 year old son, ***** who has attended Dale Farm and Eastham Day Care Centre for quite a number of years. Our son has complex learning disabilities, challenging behaviour, Epilepsy, Dyspraxia and Autism. Our son loves his Day Centre he is able to be with other students, he is occupied each day with activities at the centres, and his day is structured.

Our son is in a routine daily, from the transport coming to collect him, to them bringing him home again. It is of paramount importance that our son *****, carries on attending Day Care Centres. Who knows what effect this would have on our son should his Day Centres be stopped.

Life for our son is difficult enough and for us as parents; with-out the thought of no Day Centres. We feel very strongly about this as parents. We want our son ***** Day Care at his centres to stay as they are and we will fight for this. The people involved with these changes need to just take time to think what it is like to have a son / daughter with complex learning disabilities to have some-one come along and try to change things the effect would be catastrophic. We await your reply.

Yours faithfully

**THE PROPOSAL TO COMMISSION INTERMEDIATE CARE WITHIN
LOCALITY BASED DUAL REGISTERED PROVISION IS NOT THE RIGHT
DECISION.**

Why do you want to replace a service that meets government policies to enable people to remain in their own home?

Poulton House has:

- 25 Intermediate care Beds
- 12 respite short term care beds
- 1 permanent client still living here and has been for the past ten years

The intermediate care beds at Poulton House are always fully occupied with community referrals and clients blocking local hospital beds awaiting a vacancy in our facility.

Poulton House location is suitable to serve all Wirral residents and has done for the past 35 years. The past 12 years involved in the commissioning of intermediate beds.

We offer a period of rehabilitation, assessment and support with the expectation that some people who might have otherwise gone into long term residential care, will be able to return home following an intensive period of enablement. We have prevented unnecessary hospital admissions helping clients regain their skills and confidence to return to their own home with support services and equipment in place following a thorough assessment.

We have a fully competent multidisciplinary team working together with shared objectives and goals with mutual respect and trust. Such a team takes time to build and is already well established within Poulton House. Our staff are capable of delivering safe and effective care for older people. They are competent with the right knowledge, skills and attitude and also a desire to care for older people. They are reliable, consistent, dependable, empat, compassionate and kind.

To close Poulton House would be to dismantle an excellent team.

Contrary to opinion Poulton House offers excellent value for money at this present time. On site we have fully trained managers and care staff 24 hours a day, physiotherapy and occupational therapy services with the support of a dietitian local GP's and Consultant Geriatrician. We fully support the plans to return care services in line with the government directives.

We feel we produce excellent care at Poulton House and we fully promote our

service.

We fully support people living in their own homes. We have reviewed complementary reports from service users, families, outside agencies, G.P.'s and district nurses etc.

We have received supportive complementary reports from care quality commission for the work we do.

Our only failing would seem to be the building, which we were promised would be refurbished.

The Director talks about personalisation and yes people should have a choice of diverse settings wherever care is provided for older people.

This consultation when completed should fully consider the refurbishment of Poulton House and the retention of the wonderful multidisciplinary work force here. Our services should not be provided in the independent sector. Yes, we have very serious concerns if Poulton and Pensall House no longer provide intermediate care, respite and short term care.

1. The independent sector is a profit making organisation.
2. The staff are not experienced in providing intermediate care, which fully involves a lot of enabling clients, providing the right care and support of a multidisciplinary team.
3. The majority of clients do not need a nursing care bed. We feel that by sending clients to this kind of environment and facility it will not encourage enablement. Clients in nursing home beds are usually quite dependent on the staff and are very poorly people. With our experience at Poulton House this is not the correct environment to stimulate and support clients to enable them to regain their skills and confidence.
4. Poulton House is a centre of excellence in the Wallasey community supported by all our local hospitals and amenities. As we provide a Wirral wide service. We have the full support of all hospital consultants and local GPs.
5. District Nurses and community matrons all professional health colleagues also fully support our service.

We provide an excellent care service to our Wirral wide community. As providers of care services, we provide a top class service which cannot be recreated within the independent sector.

These are all professional people making this statement, professional people who visit independent sector care homes.

A number of elderly people when they have an acute illness can be extremely unwell, as this does not necessitate a hospital admission, local professional

people can refer into Poulton House. We provide a caring, enabling environment to support our clients.

We have the experience and the support of the multidisciplinary team to enable clients to improve to regain their confidence and skills.

There are not enough dual registered homes to meet the 32 bed identified. We already have a well established nursing facility which manages IMC clients at The Grove, why change?

A new housing 21 complex is already underway at the back of Poulton House and we are in an ideal position to be able to offer and provide ongoing care and support to enable these clients to continue to live in their own homes. A lot of clients we have in Poulton House would not be able to be treated or managed in their own homes during this short period of illness as they have more complex needs.

The independent sector needs a comparison with D.A.S.S. to enable competitive tendering and ensure excellent quality of care is presented. When all D.A.S.S. units close the independent sector can put their prices up as there will be no comparison. Privatisation is not always a cost cutting proposal as the independent sector is a profit making organization.

People will not have a choice!

Who is going to care for our frail elderly?

Our elderly population deserves an excellent quality service which is already well provided and supported at Poulton House.

Why dismantle services which serve the Wirral people to the highest possible standards?

The HART service which is an enabling service does not have the ability and capacity to enable people with more complex needs to be managed in their own homes. Hospital beds would be blocked due to no movement in the independent sector.

The advantage of having a dementia Centre within Poulton House would be:

- There is already a well established service of professional staff within the Wallasey area already providing a linked service to Poulton House.
- There is good local transport links to and from Poulton House.
- Poulton House is already a well known established DASS facility.
- Poulton House has nice, pleasant, tranquil surroundings with a large garden.
- A new 52 bedded Housing 21 complex with bungalows for the elderly is being built at the back of Poulton House. The clients would be able to commission care and assessment if needed.
- There are not enough facilities to care for people with dementia.
- This facility would enable clients to have a thorough assessment of their needs working in partnership with the person, their family, carers and of course our colleagues.
- Carers would be provided with the professional care and support long overdue to the Wirral population.
- This centre would meet Government Guidelines.
- More people are developing this illness and this would be a centre of excellence.
- To improve care and develop high standards to support clients within their own environment.
- To provide care with a link to support.

As a staff group for DASS we are committed to equality and diversity, providing care in a non-discriminatory non-judgmental and respectful way. With the resources, staff and equipment needed to do the job well.

We feel Poulton House should continue to provide Respite Care/Short Term Care for elderly people.

Many clients come here due to the excellent care they receive.

We are very proud of our reputation and the developments we have achieved in Poulton House both Intermediate Care and Respite/Short Term Care Services.

The concerns raised from people who use our services are they feel their choice is being taken away from them, as they will not be able to access the service they would choose to.

Barriers.

The elderly people's services have been **cut** on a regular basis over the past 20 years.

The elderly population is projected to increase as people are now living a lot longer.

As stated in the past pages we fully support government policies but not at the expense of our frail elderly clients.

Many elderly clients who use our services do not have anyone to speak on their behalf.

Any other suggestions.

We feel plans put in place prior to the consultation should be to reconsider the refurbishment of Poulton House.

We really do believe it would be a huge mistake to commission all in house services for the elderly in the Independent Sector.

Please read and consider our response.

<p>Manager, Supported Living– 29 October 2009</p> <p>Re the proposal in relation to the changes in Supported Living. I would like to offer my professional and personal feedback. In relation to the Management Structure I feel that having one manager over the whole of the service would be extremely challenging and difficult. My view on this would be to divide the service into 2 and have 2 areas with 2 managers working closely together.</p> <p>In relation to the increase in level 3 co-ordinators according to my calculations this would have an increase in cost not only the salaries but we now pay wend enhancements and unsocial hours after 8pm. All level 3 co-ordination work 2/weekends, out of 3 and do lates and earlies. I have looked at the 2 co-ordinators salaries with enhancements etc and they pick up on occasion as much as a unit manager.</p> <p>In relation to the support workers level 2, we receive a grant for each of the service users, sorry don't have all the figures, however we wouldn't be able to claim this re the support hours being decreased. We would only be able to claim for the 400 hours.</p> <p>The last point is that enablers don't do sleep-ins, who would do the sleep-ins in the services (not enough level 2/3 to cover) and they don't administer medication which is a core task in support workers and senior carers role. In relation to supported living being a regulated service with CQC we have minimum standards that we are expected to achieve, a lot of paper work is involved in this and I feel we would have great difficulty maintaining this standard.</p>	
<p>I am writing to you regarding the consultation process into the future of care services, with the recommendation of de-commissioning of Poulton House, obviously myself, as a supervisor at Poulton House, I am biased! But could I draw your attention to the work we do at Poulton with the twenty five intermediate beds, taking clients from various hospitals not yet ready to go home but not in need of invasive hospital treatment. I believe a week in hospital can cost in the region of £1000, were as a week in Poulton costs in the region of £400. Were we, alongside the physios and OT, work with the clients to enable them in the vast majority of cases, to go home saving social services further money by avoiding permanent care, by enabling clients to reach their potential with mobility independence personal care etc. Jenny, look at our computer and see how many Wirral people we help. We have a massive turnover of clients with any empty beds soon snapped up by the hospital discharge team. I worry how can this service thrive in the private sector with emphasis on profit.</p> <p>In Poulton Jenny, we try with physios and OTs, Dr Turnbull and Somerville GP's to enable people to reach their</p>	<p>Staff Member</p>

<p>potential as soon as possible and get them home again. How can private sector try to get people home as quick as possible? When every week a client stays a further week they claim abither £400-£500 pounds. Surely they would have conflict of interest, wanting clients to stay as long as possible therefore stopping new referrals of clients and not having the turnover, you should and we certainly have. Also with our thirteen respite beds which could be re-located to the private sector what about clients choice? We have numerous regular clients who love coming to Poulton and see it as their holiday whilt the carers have their holiday. You only need to see our compliments book or thank you cards to see this.</p> <p>I look forward to your response. Thank you.</p>	
<p>Regarding Respite Care for Mrs *****</p> <p>I am writing on behalf of my wide in response to the contemplated changes in respect of respite care which my wife at present receives at Pensall House a number of times yearly.</p> <p>We are very concerned about the suggested change of use of Pensall House as my wife is very happy there as are a lot of people. We understand that it has been proposed that the private sector be used for respite instead.</p> <p>In conclusion if the change of use takes place we would appreciate being informed in detail as to what the alternative arrangements are.</p> <ol style="list-style-type: none"> 1. The name and location of the places for respite? 2. The weekly cost of these facilities. Do they offer the same on-suite rooms? 3. Is the amount of respite care offered for the same number of weeks per year as now. <p>With anticipatory thanks</p> <p>Yours faithfully</p>	<p>Carer</p>
<p>Dear Madam,</p> <p>Concerning the consultation paper, Options for Change on how social services in the Wirral might look from 2009-2012, I wish to ask your advice on the following points.</p>	<p>Parent/Carer</p>

<p>While I understand the need for cost cutting and the desire to provide choices to certain service users, I would prefer the Transport service that transport my son ***** to his day centre on a daily basis to Pensby Wood to remain the same. If you implement change will I still receive the same service?</p> <p>Likewise concerning the day centres e.g. Pensby Wood will my son still be able to attend this centre on a daily basis Monday to Friday if changes are implemented?</p> <p>My son is allocated six weeks respite spread throughout the year, in the light of proposed changes to Mapleholme will he still be residing in Mapleholme for these periods and if not where? Also could you please explain what a take a break voucher is?</p> <p>The present arrangement of transport and day care provision along with the allocated respite periods provided by social services fulfil my son ***** needs and I personally do not wish to see changes that may disrupt the present arrangements. I would be grateful for a swift reply to this letter. Thank you.</p> <p>Yours sincerely</p>	
<p>Dear Mrs Ricketts,</p> <p>Having just completed a second weeks respite care at Poulton House I was very distressed to hear that Wirral Borough Council are contemplating closing the facility. Poulton house provides excellent professional care t a mixture of seriously disabled people and older infirm residents, to give distressed relatives a chance of some respite from caring for relatives when they have dedicated their lives to looking after these people as best they can with inadequate facilities or training. Personally for example, my own circumstances were my elderly wife has had t fetch and carry for me since suffering a severe stroke in 1990 and a second in 2007. This includes supervising my washing and dressing, preparing meals as well as pushing me outside in a wheelchair. This extended trauma has led to abject despair and a threat to her health. <i>I cannot cope without her.</i> The facility of respite care at Poulton House has been a life saver for her and peace of mind to myself. Without it I am sure we would have 'gone under. I am sure that we are not an isolated case and a similar story could be repeated many times within the residents. Why don't Councillors visit and see for themselves the excellence of care there. Remembering <i>that one day they too will need care and the facilities of Poulton Houser and their professional people to look after them!</i> They cannot all fit in hospitals for care, there aren't sufficient staff or beds to cope. Poulton House is an absolute necessity in Wirral and Wallasey.</p> <p>For whatever reasons Poulton House must not close.</p>	<p>Service User</p>

From Stephen Hesford MP

Re ***** *****

I am writing on behalf of the above named constituent of mine concerning her mother, ***** *****

***** has contacted me, telling me that her mum uses Meadowcroft in Bromborough as a day centre and for respite care, but the Council plan to close it and move her to Poulton House in Wallasey. ***** further tells me that ***** is familiar with the staff and surroundings at Meadowcroft and if she has to go elsewhere it will be confusing and distressing for her. ***** is also concerned that transport is being outsourced and the staff are not properly able to deal with patients.

***** also questions the charges for support at home services which she tells me was increased on 19 October 2009 from £11.11 to £28.39 which she feels is excessive.

I would be grateful if you could look into these matters and let me have our comments please. Many thanks.

Yours sincerely
Stephen Hesford

**OPTIONS FOR CHANGE UNION STREET MINUTES OF MEETING ON 5th
OCTOBER 2009. HELD AT GRAVENEOR BALLROOM WALLISEY .**

PRESENT: A. Mitchell, D. Mitchell, R. Barlow, M. Cowie, B. Davies, T. Coates, P. Howarth, D. Massey, G. Canning, A. Creedon, W. Salisbury, S. Holmes, Barbara, Wendy, L. Ramirez, D. Watkinson, L. Whitehead, S. Sperring.
T. Coates, P. Howarth, D. Massey, I. Hayes, T. Lawrence, H. Ford, D. Broster,
N.Aylward, J. Freeman, P. Veste.

Tony Lawrence and Helen Ford from Advocacy were present in the meeting to answer questions.

Tony started the meeting by discussing pages 53, 56 and read out the paragraph regarding Union Street on page 54 first paragraph. Emphasising on "could be released for realisation of capital". Tony asked those in the room if they understood what this means. He went on to explain what this means. "possibility of closing both Union Street and Prenton, staff would be based at Beaconsfield Court. However staff will be still covering that area but will use community buildings.

Comments/ Opinions and Questions from those that use the service in Union Street with regards to the proposals.

Consultation Paper

Confusion over the way the paper is written including the response template.

Ladybird project

Les has put in for funding but will need to know if he can accept the funding if he gets it or if Union Street closes will he need to withdraw the claim for that project? He has got to the end of October to withdraw the claim. Les asked where will the group move to and who will cover the costs of moving the equipment? How long would Union Street have before it's proposed closure? A year? Couple of years? Les is unsure whether to accept the funding. Deb asked Les to discuss this with Adam from Grassroots. A suggestion was made to rent the garden if they could funding for it? Les spoke about the aim of the group and how it has helped those in the group to be able to go into various employment statuses and college. Allotment has been applied for but it could take years as it is a very popular area.

Buildings

Teresa from C.M.H.T said "Union Street is like a Sanctuary of having a place for all to go as a safe haven. She feels Mental Health will suffer and deteriorate."

- "If Union Street closed and the venues are different it will increase anxiety."
- "Environment is safe which builds up confidence where as being in a different building all the time makes it feel strange and not safe."

Meeting 20/10/09 Fernleigh
Carers and service users views 39 People attended meeting

* “This place is vital to us when we are ill, we form a group like a community where we share views, and offer each other comfort. We need this place for peace of mind. The staff here are fantastic, everyone knows the staff “

*” This community cannot be broken, if that was to happen the suicide rate would be sky high. The respite care provided is vital for both the service user carers and families, Councillors need to understand this is peoples lives”

*” Stigmas come from mental health, this place is like a community and a family where we can chill out and get away from the outside world. People need this to remain in the community”

* “Because of the problems with beds at the weekend when people ring up they should be encouraged to come in the week instead”

* “Surely it costs more for people to be hospitalised for six to twelve weeks than it does for them to have a bed for a few nights here, people come here because they are so ill”

“I have nearly been in the Mersey, this place has saved me on many occasions, Fernleigh is vital for recovery and well being, and prevents hospitalization, the service user has a break and so do the carers”

* “You cant substitute money for this kind of service, it is irreplaceable to us, we would rather have this place than the money, Prenton and Fernleigh keeps my wife out of hospital”

* “Why not divert money from hospitals and social services. If people aren’t happy with homeless people being here instead of people with mental health issues, cant services such as the Ark pay for some beds?”

* “ I was discharged from Prenton, because of this I spent six weeks in hospital this problem will not go away and we will end up with a lot of unwell people who will be at risk”

*” Everyone needs to be here, vital it stays open, shouldn’t be allowed to close, don’t make money more important than people”

* “Before Fernleigh my wife always became more ill usually spending six to twelve weeks in hospital, my wife can usually manage on just respite. It is a lifesaver, when its hospitalisation it’s a nightmare for the family”

*” People should come and see for themselves how Fernleigh works before judging. The staff do a wonderful job. One service user referred to Fernleigh as a life boat, when people go down Fernleigh rescues them and stops them from sinking”

*” Fernleigh provides a rest for everyone when times are bad, and takes people away from the stress and provides a safe haven for users”

* A service user told us if it wasn’t for Fernleigh she would have died, the staff noticed she wasn’t eating and she was very ill, they took her to Clatterbridge where they found she had kidney failure “If I was on my own I would have died”

* “Respite is more important to me, respite stops crisis from happening”

* “Personalisation is not wanted and will not work”

* “ Fernleigh is vital to my wellbeing, we know what’s going on, they need to know we are not stupid, stop playing with our lives, we are important too and we will not take this lying down. just by the turnout shows the strength and feeling for this place”

6th November 2009 feedback to consultation in form of letters – Prenton Day Service.

- 41 Feel comfortable and settled at Prenton. Staff great support. Doing voluntary work at Royden Servery. If centre closed would not go anywhere else and would become isolated and health would deteriorate, 'leave it there for you to ponder over'
- 43 Before attending Prenton was unable to go out or hold conversations with people. Have taken advantage of the many group and one to one opportunities at Prenton. Many people depend on Prenton and the staff are excellent. There are many groups during the week and a well-supported breakfast group on Saturday mornings that people look forward to. Please do not close this centre as without it many people will stay at home and become lost in the community.
- 46 My consultant recommended I attend a day centre. I have been at Prenton for 5 years. We have many activities and I am making many friends. I am doing very well with my mental illness and my confidence is improving each day.
- 47 Strongly object to proposed closure, we are very involved in Prenton as client and carer/volunteer. Staff committed, lots of activities which in turn stop people needing to go into hospital.
- 48 My fears are that if Prenton closes people's health will be adversely affected. If people become mentally ill, where will they go, with a ward closed – no mild to moderate care available.
- 49 I have attended Prenton Day centre for 6 years, it is a good centre and the staff are very good. It has a good atmosphere and it would be a shame to see it close.
- 50 Will we be located elsewhere and will we be together or split up or what else will happen?
- 51 How will the closure of Prenton affect my benefits. Part of the criteria for setting my incapacity benefit and D.L.A. is because I come to the Day Centre 3 to 4 times a week. My psychiatric doctor prescribed me to come to the centre.
- 52 I love the centre and would be heart broken if it was closed down. There is a terrific sense of opportunity here at Prenton and there are lots of activities.
- 53 Breakfast club on Saturday, fellowship and friendly meeting. Staff help me once a fortnight with house tidying, all that would be stopped.

54 I am a carer of a person who goes to Prenton Day Centre. It was with incredulity that I heard of the proposal to close the centre. The Centre has a broad range of therapies and learning strategies to help the most chronically ill people. The team of professionals at Prenton possess an intimate knowledge of the symptoms every client experiences that enables them to offer a greater degree of support.

The centre is not just a drop in, it is a community. Prenton's role is to prevent deteriorations in mental health and is considered a treatment plan, delivered in a professional environment. I do not feel that the decision to close Prenton can be justified on economic or moral grounds.

When my mentally ill relative is not with me I know his needs are being catered for at Prenton, I know when he is there and he is safe at all times. I would ask Wirral Council to re-consider this proposal and would like to know how the after care provision for those with Mental illness will be delivered in the future.

56 I was disappointed in the Council's Area Forum website contact; I am most concerned about the possibility of closure of Prenton Day Service where I receive service 3 days each week. I have been in touch with Councillor Holbrook and met a member of his team, however situation still far from clear as apparently, councillors like staff are not really able to get too involved in council decisions. A statement has now been issued saying that the centre will not entirely close however, its future role is far from clear which is very unsettling as we are a community.

57 Copy e-mail to Councillor Holbrook referred to in Number 56 above.

58 I was recently informed of the proposed closure of Prenton Day Centre and like the other 60 service users was devastated. The service at Prenton helps people feel safe, accepted and encouraged. I understood that it was policy for mental health services to be more community based and that at least one ward at Clatterbridge was closed. It was felt that hospitalisation was not the best way forward for many patients. I have used Prenton for 3 years and have had only positive experiences. Every member of staff is special and they all go the 'extra mile'. Prenton is a lifeline to many people, I feel that Prenton is a success story for social services and NHS – **'if it ain't broke – don't fix (destroy) it.'**

59 I have heard that Prenton Day Centre may close my son goes there and it took along time to get him to go and he is very happy. He will not go out by himself and the staff have helped him a lot, if the centre closes, it may send him back to how he was before. I also get some respite when he attends the centre. I am very grateful for what the staff do for my son and I hope the centre does not close for the sake of him and others who go there.

- 60 I attend Prenton every Thursday, it takes 2 buses to get there but I do not mind. The staff are very understanding and can pick up on when you are not feeling well. It would be a shame for it to close down as they are like one big happy family. Please look again at the proposals.
- 61 I attend Prenton regularly and find the possibility of closure a disaster for this close-knit community. It is on a regular bus route and therefore very accessible for people who do not have any transport. Prenton provides a caring and friendly environment with caring staff. You feel very welcome there; people come to the centre to get themselves well. I would ask the people involved to think strongly about what is involved and not play with people's minds.
- 62 Letter dated 30th September from composer of 56 and 57 above. Day Care costs less than hospital or residential care. People can lead pretty full and independent lives with the support of a Day Centre and it professional staff. We are a happy family at Prenton and it is vital that this is not broken up. I note a reference to capital realisation in the report and wonder would this be used to further the Welfare of the present service users at Prenton or would it just disappear into a black hole.
- 64 Further copy of 58 above.
- 65 I attend the centre 3 or 4 days each week and it plays an important part in my life. I take part in art and craft classes and am a member of the swimming group; I am also learning computer skills. Prenton for me is a safe place, if it closes I will be lost, I do not want to become a vegetable with nowhere to go. I am also concerned that the centre could re-locate which would mean more travelling; I can just manage the half hour on the bus now.
- 66 I depend very much on Prenton Centre and the activities that take place there. I am in the middle of doing a CLAIT course and obviously want to complete this. I have benefited from the support of staff and I am in much better health as a result. I feel that there is no discrimination between people at the centre; I find that especially helpful. The present location of the centre is very convenient for me, presenting no transport problems.
- 67 I am writing to say that Prenton should remain open; it is an established centre and a focal point for all users. It is a hub for activities and interests and a meeting place for many. It is a strong place for support and stability to all. All activities originate from the centre that also has a large garden that has provided learning opportunities for us. We have grown fruit and vegetables as well as flowers. There have been other reductions in the mental health services, the services have been penalised enough and if anything,

more money should be put into the care of the most vulnerable and needy people.

68 Whether you call it a day centre or a resource centre, it is a complex place for its size with a big agenda. It is not the building that makes Prenton the wonderful resource that it is for a large number of people.

You can have the building and the land but you must listen to us, and re-locate Prenton to some other building, (of which there are many available and standing empty) so that the Prenton spirit is not extinguished by mindless bureaucracy. I would like to make a serious comment about what the result of this act will be: Many people are helped to stay out of hospital; if you destroy the spirit of the centre as well as the building, it is my firm belief that people will require hospitalisation in much larger numbers. In your wisdom, you have closed a mental health ward, so where will people go. Surely its time to listen to people who are involved in this travesty.

69 I am concerned about the proposed cuts in mental health department. For 44 years, I have depended upon mental institutions both for a lifeline and for giving respite to my family. Instead of closing places, such a Fernleigh there should be more places opening, similar to Fernleigh to cope with patients like myself. I have generally been treated with love, compassion and understanding and have met many people who know me and I know most of them very well and I know I am in safe hands.

70 Letter to Advocate: I am very concerned that as part of the cost cutting measures Prenton Centre may be closed. My brother uses the centre and one of the staff takes him out regularly. Without this facility, he would be even more socially isolated that he already is now. I do hope that you will do all in your power to fight the closure for those who are just not able to do it for themselves. Thank you for all you do on our behalf.

Feedback to consultation in the form of Individual responses from people who use services at Union Street, Wallasey.

12 I am a service user, moving on, and I am writing on behalf of Union Street services users. Union Street is developing into enterprises, if this was stopped a lot of confusion and stress would develop. Our Manager is an excellent person for the job and to loose her would be a step back. Many service users have found meaningful activities outside the centre, I cannot name through confidentiality but may ex-service users are now employed by social services in very important positions and self help groups. Please do not close down a much-needed centre.
Moreover, to finish, I have suicidal tendencies and that is why I need a base like Union Street, I go there to work not drink tea, coffee, and smoke all day, which I can do at home.

<p>13 Union Street has great potential for my colleagues and I, nobody wants the centre to close. There is a beautiful garden at the back of the building and the key workers are definitely needed to keep an eye on us while we are learning and enjoy gardening. We want our building not knocked down because we want to keep the office upstairs. We do not have people in wheelchairs coming to the centre. The centre is our lifeline, we grow fruit, vegetables, and flowers, and we have a reading group on a Monday. In addition, we need you to find activities that are beneficial to us; we need Union Street saved for the future. We have lost Withens Lane College, we do not want Union Street to close, please listen to our cause.</p>	
<p>Dear Sir,</p> <p>I have recently stayed for 1 week's respite in Pensall House and was very distressed to read the report proposing the closure of Pensall House and Poulton House as residential respite homes for the elderly. It is an absolute disgrace that this service for the elderly should be withdrawn completely.. Both staff and clients were very distressed about it. Old people will <u>die</u> prematurely if this policy is carried out.</p> <p>I cannot register my protest strongly enough. If I was able to, I would march with banners to try and stop this happening. I repeat it is disgraceful that the freedom of choice of whether to stay in a local authority home or a private home is being removed. On average local authority homes are cheaper and better than homes in the private sector. It is obvious that it is all down to money again. No one cares about poor sick old people anymore – the most vulnerable section of society, who have the least power to fight for themselves. I repeat, old people will <u>die</u> sooner if this policy goes ahead.</p>	<p>Service User</p>

Consultation Questions

1. Do you think that some day services should have the opportunity to develop into Social Enterprises?

Yes, I think that this would be a very positive way forward, but I think that this would have to be done in a carefully planned way, with maximum involvement from people who use services, people who may potentially use services, Carers and staff at all levels. Appropriate business expertise would need to be brought in and Commissioners would need to have a very clear idea about how the market needs to be shaped and what financial support would need to be offered to this Social Enterprise (and any others in the market place)

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?

Absolutely not in my opinion - I think that this segregation of people into services according to their diagnosis is not beneficial and one of the reasons that we have tried to move away from this over the past three years. There is plenty of research out there to show that there is a high proportion of people with learning and physical disabilities who are also likely to have a degree of depression, which is often not recognised or managed appropriately by 'single diagnosis' professionals. In addition to this, there are plenty of people who have a mixture of MH and other disabilities and the previous system of putting them into a single diagnosis service was not helpful at best. This type of segregation moves away from the social model of support, which recognises the person, rather than the diagnosis, and of course, because of financial restrictions, makes people use Centres some distance away from their localities in some instances, which is at odds with localisation.

3. Is the conclusion about refocusing Mental Health Services the right one?

Absolutely not – see above.

More specifically, the conclusions about Working Life are based on misguided speculation – no-one from Working Life was interviewed or asked for their opinions, so, sadly, the review is very flawed from this perspective. There is no logic in 'amalgamating Working Life into the MH services' – it did not come from MH, and has provided an excellent service for people with all disabilities, so to restrict it to MH (where there is already a CWP supported competitor) seems a ridiculous conclusion.

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 appropriate?

This seems a much better way of progressing, either with a view to an independent social enterprise or keeping

Service Manager

this as the final product. Care would have to be taken not to retain the worst problems associated with being a big bureaucracy whilst limiting the creativeness and spontaneity that can thrive with a Social Enterprise.

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 ?

I'm sure that there are and the introduction of Personal and Individual budgets is supposed to enable these services to evolve as people purchase services that help them and ignore those that don't – the market will take on a new shape as a result of this initiative, regardless of what happens to in-house services. We have no idea what the future will bring (other than change), but we can learn from history that 'slash and burn' may bring quick fixes, but future generations may regard the passing of the 'Municipal Spirit' as a bad thing.

6. 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?

Yes. It is all very well expecting society to accept people with differences into welcoming communities, but in reality this is often not the case. Currently, although some facilities are far from perfect, people with disabilities do have somewhere to go where they know that they will be accepted and their unusual behaviours not present too much of a barrier to socialisation. We don't yet have a widely welcoming community, so I'd be reluctant to see the current 'safe' places wiped out overnight, leaving people with any kind of difference without a safe place to socialise, unlike everyone else in the community.

7. Are there any other views or suggestions you would like to be considered with respect to these services?

Having spent eight years working within these services and trying to implement progress within them (which I think was recognised in the report on page 256 '*Mental health day services demonstrated the highest degree of community activities i.e the highest number of activities taking place in 'ordinary' facilities i.e community centres, or 'shoulder to shoulder' with the general public.*') obviously I am concerned about their future, both for the people who currently use services, people who will use them, Carers and staff.

I think that the report contains some sweeping statements, presented as facts, and which don't appear to be evidentially based – assertions that unit costs are higher than other comparable providers, for example, when there is no evidence of what the Daytime Services were compared to. I don't think that there are any like for like comparisons to be made, are there ?

The assertion that '*The service models presented within the document will not result in a reduction of the level of service for any people currently using services and will continue to meet assessed need.*' is a bold and sweeping statement, and does not appear to be based on any facts – currently a service is offered to people in their nearest locality, regardless of their main diagnosis or their secondary diagnosis (often ignored when services were categorised according to their user's main diagnosis). If services are split into LD and MH, for example, people with both a LD and a MH need will fail to have some of their needs met and will presumably have to receive a service

away from their own locality in some cases, and so reduce their local social networking options. (Page 256 appears to recommend more local services to which people could travel independently, but re-introducing specialised services, unless there is to be a huge amount of financial input, will necessarily mean greater distances between specialised services.)

Similarly, (p225) implies that currently there are *'large scale ... employment schemes'* which is not the case, and may be because the review did not engage with Working Life, but it adds to the impression that this was a review with a predetermined expectation of services almost regardless of its findings.

Again, reference to *'Supporting people who use services in their own homes for longer, with individualised support'* makes it sound as though this hasn't been the agenda for the last four years, whereas it has – it is lack of resources that precludes this – it clearly takes more funding to provide individualised services to people rather than providing a standard service to a group of people in a Centre. It is interesting to note that this change in Daytime services has almost exclusively been carried out by the providers, often in the face of strong opposition from Commissioner and Care Managers, whereas this report makes it sound as though providers are having to be told that personalisation is a good thing, which is irritating to say the least.

Page 227 asserts that *'provision of Council in-house services is generally not integrated with other services, although there are examples (such as intermediate care) where there is joint working across health and social care'* – in fact, in the MH Day Services, there has been integration between Health and DASS since 2000, a service that has led the field in supporting people in their own homes and minimising the use of Centres where people congregate, and which the report praises, and this again raises questions about the level of understanding of services as reported on so authoritatively in the document.

Again, on 227, *'This project has not specifically sought people's views about integration: however, national work on user experience consistently highlights the importance of effective integration delivering seamless services on the ground, and of appropriate information sharing to minimise the risk of duplication (multiple assessments, form filling) and to avoid people 'falling through the cracks' between services.'* I can't help asking why the project hasn't asked for views on integration, as that is what Aidan and I have been doing with the full co-operation of all the staff for the past four years, in the face of opposition from Commissioners and Care Managers. As far as I can see, despite commending integration, the proposal recommends disintegration.

References to the *'traditional, in house model'*, seems to fail to recognise the shift towards a much more innovative model that we have been aspiring to and which has been driven by providers and reluctantly acknowledged by Care Management at times. The danger, of course, is that these same Care Managers are the front runners to become Support Brokers in the new world.

In a similar vein, P228 rightly identifies that *'There has been no regular system of dialogue between commissioner and provider colleagues to review performance, set objectives and drive future service development'* – again, this has not been for want of trying by the providers, and begs the question, 'What confidence can people who use services and Carers have in the Commissioners and Care Managers to shape the market in innovative ways when they have been singularly lacking in innovation and creativity in the recent past?' This to me is a vital point.

<p>Commissioners and Support Brokers will be charged with shaping the market and this can only happen with an intimate knowledge of what people want and what is already out there.</p> <p>A fragmented, disparate group of providers, competing with each other for vulnerable people's Individual Budgets is unlikely to provide beneficial services and is the strongest single argument for a Trading Company that encompasses all aspects of provision, locally, in ways that people need and want and committed to supporting people to move towards inter-dependence.</p>	
<p>Hi Nick</p> <p>In the meeting last week at Union St you talked about the Social Service review and consultation period - which I think you said finished at the end of October.</p> <p>We talked about the managers making some type of response to the consultation. I can't help myself here - but I've put a small paper together outlining my ideas about one possible way forward.</p> <p>I thought it may be something the day centre managers could discuss. Its easier to talk about something if its concrete rather than just abstract ideas. I don't hold any great hopes for it - but if you don't try!</p> <p>I know its not your role - except it is pushing the idea of creating meaningful and engaging activity - is there any chance of getting this to managers for them to discuss. And then taking whatever conclusions/proposals they come to, to the consultation.</p> <p>I don't know who else to send it Nick.</p> <p>Thanks</p> <p>PS - At the meeting we also discussed the problems we are facing with assessing care need and taking people out on visits (with specific ref to the Photography group) You said you would discuss it with ****. Any feedback from this?</p>	<p>Staff Member</p>

Social Services – Venues and Creative Activity

This paper outlines ideas that would benefit users of Social Service venues. It is intended as a discussion document.

1) Context.

It is recognised that Social Services provision is in a period of change. This change is being driven by a number of factors such as:

- A move to individual devolved budgets so that people can decide how to spend their care allowances for themselves.
- A need to strategically review the amount of property and venues that Social Services uses and pays for.
- A need to cut costs and save money
- A need to review the way roles, responsibilities and jobs have developed in this sector.
- A need to modernise and strategically review the way Social Services operates.
- A need to look at the type and quality of care and opportunities that are being provided for service users.

It is surely a given that, taking into account the above, there will be some closure of venues and a reorganisation of delivery within Social Services. Whilst all this may be perceived as a threat and destabilising time for many employees and service users alike, it could also be a time of opportunity and possibility – if new ideas and possibilities are also being proposed.

Historically:

It seems that each centre (mental health and learning disability) has historically attempted to offer all things to all of its clients all the time. Acting as mini colleges/ social clubs /therapy centres /advice centres/ their roles seems to have developed into attempting to provide clients with a 'closed society' of activity, that in some instances individuals have been attending for decades.

The problem with this approach (apart from isolating people) is the vast duplication of resources. As each centre attempts to provide everything from computers, classrooms, arts and crafts equipment and materials, offices, therapy rooms, activity rooms, cooking facilities, counselling rooms etc. It would seem this is one of the primary

issues the current review is attempting to address.

The move to devolved budgets means that service users are going to be able to 'buy' whatever services they want. However, the corollary of this 'choice' is that they will obviously be limited by what is actually on offer. Service users will only be able to 'buy into' provision/activity if it is on offer to them in the first instance.

In the past – quality of the provision/activity offered might be seen to have been limited or even sacrificed for quantity. It may not have been specialist staff delivering the activity and they may not have had access to any decent equipment – but enough activity was provided to fill each week for every client.

If this model is now being challenged, perhaps the best strategic way forward for Social Services would be to cluster activity and create an environment where a range of meaningful, purposeful and engaging activities could be provided. An environment where specialist equipment and materials would mean that service users would receive a high quality, professional and engaging service – they would actively seek to buy into.

Creative activity – in all its guises – offers service users the possibility of engaging in a wide range of diverse activities that work on a number of levels. It offers the possibility of enabling people to design and make products to sell - whilst also enabling people to become involved with a personal creative process that can issue based, enabling them to develop personal/social/ and cultural skills.

The type of activity envisaged could range from:

Ceramics – Casting
Ceramics – modelling
Ceramics – handmade products

Jewellery making – beading – silver clay – wire work
Card making
Calendar making

Scrapbooking

Soft Furnishing
Dressmaking
Printing – art
Printing - commercial (T-shirts etc)

Painting

Sculpture (large scale)

Sculpture (table scale)

Digital manipulation

Digital cameras

Digital Video

Animation

Woodwork – furniture

Woodwork – sculpture

Woodwork – carving

Woodwork – repair

Drama / performance

Music – playing, recording, performing

The problem with creative activity is that it needs space. Space for equipment – materials – the activity itself – and storage of the products made. However, clustering such activity into one central environment, would not only address the issue of space but also offer a large number of benefits, such as:

- Equipment would be made available that smaller centres could simply not hope to provide. – it would therefore be more efficient, cheaper, and could be a resource that can be developed over time.
- Equipment could be added to as it becomes available from the closure of schools and other borough venues.
- Equipment and materials could be used in settings appropriate to their use.
- Materials could be bought cheaply – in bulk
- Suitable storage space would be available.
- Space would be available to display work (products) produced.
- It would be environmentally friendly – as in recycling equipment and materials – and also in terms of savings on utility bills etc
- The range, scale and scope of the activities would be enhanced – making them – worthwhile, professional, meaningful, purposeful.
- The quality of the activities would be greatly enhanced – people would want to buy into it.

The crossover of activities would mean that the whole environment would become bigger than the sum of its parts: For example a simple project like Carnival / Festival may pull together people from music, dressmaking, circus, design, woodwork, sculpture, digital photography, film and video, painting, sculpture etc.

Other skills would also be offered and practiced: Office skills, organising, use of telephone, ordering, mentoring etc

Such an environment could so easily be developed. A café. Gallery Space, Market - selling products made in-house – and other complimentary products (Wirral's Saturday Fair Trade Market?). Rent a craft stall and sell your own products – Wirral's Sunday Craft Market? Once a month - licensed venue for local bands. Specialist theatre venue etc. Fair trade – Environmental projects – Recycling – partnership with groups such as LA21 (Local Action network – Wirral Green network etc) In other words such an environment offers possibilities for various revenue streams.

At present Social Services operates a number of disparate projects such as Star Design, Masque Theatre, Handcart Ceramics. All of which are standalone and thereby not as cost effective as they might be. Each of these projects maybe successful in its own right, but is limited – in terms of how they might develop crossover possibilities from one activity to another.

The Idea of clustering activities offers many advantages (see Harvard professor Michael Porter's book: The Competitive Advantage of Nations). The idea of Social Services pioneering one central creative environment not only offers many quality advantages for the users of its service, but because no other such environment exists on Wirral, it is a space that could be offered back to all Wirral residents – e.g. evening and weekend art classes. Leisure Learning. Wirral Lifelong Family Learning courses. Studio Space for hire. Handcraft markets etc

It is not hard to envisage that such an environment could become a productive hub of activity – which individuals would want to but into. The idea would be *not* to offer service users a fulltime timetable but rather offer specific specialist activities that they would want to access and buy into.

In the longer term it means that Social Services are only ever having to resource one environment that offers multiple and resource heavy activities. This means that the 'lighter' one-stop-shop idea of a room or two at each library would be complemented. i.e. that the one –stop classroom based facilities is not the only thing on offer – and environment does not thereby restrict activity.

It would also mean that partnership projects with other organisations such as education: Lifelong Learning.

Wirral Met College (FE) 6th Form College. Health: PCT Trust. Community Health. Mental Health etc would be easier to develop - and more sustainable. This means that the possibilities of bring more money into the borough – specifically for service users to access – is greatly enhanced.

A Venue?

Whilst any specific venue identified at this stage is almost pointless. Identifying some basic principles may help:

Schools tend to be low level buildings – for ease of access.

Wirral has an over abundance of schools at present – and is in the process of closing some. Schools are available.

Schools have playgrounds – that offer parking space. As well as performance and display space.

Schools have halls – suitable for a number of activities: Theatre, performance, large sculpture etc.

Schools have kitchens and cooking facilities – café, eating etc

Schools have multiple classrooms that offer the possibility of various activities taking place.

A venue central to Birkenhead would be most accessible to most people of the Wirral.

St Laurence's Schools (close to Europa Pools) may be available in the near future and might be worth considering. Other schools in the central Birkenhead area are also under review.

The Alternative?

At present the alternative to this proposal seems to be to offer service users a number of small scale – clean (carpeted etc) - classroom environments in libraries and community venues across Wirral. Surely it needs to be asked how these facilities are going to enable, inspire and enthuse service users into 'buying into' such resources - apart from a response based on a negative conclusion – i.e. because there is no alternative, and people don't want to sit at home, isolated, day in day out.

Cost

In the reorganisation of Social service provision, the closing of a number of under used centres will save a great deal of money. Redeploying a small amount of those savings into a strategic investment for the future – that will benefit all their service users regardless of age ability, disability etc – will surely be a cost effective and efficient use of limited resources. Equally, it would create a resource that can be added to, developed and built up over a period of time