

SUPPORT PLANNING CONSULTATION

1. WHAT ARE WE CONSULTING ON

2. NATIONAL CARE ACT 2104: PUBLIC CONSULATION

3. PERSONAL BUDGETS

Overview: The Council provides support by means of a personal budget, which is the amount available to fund services agreed in the support plan that meet eligible needs identified following a social care assessment. The personal budget is made up of contributions from the Council and from the person themselves, with the person's contribution being determined by a financial assessment. In the majority of cases there are contributions from both parties but in a few cases the Council contributes 100% and in some cases the person contributes 100%. Services can be arranged by the Council or by the person themselves, using money paid to them as a Direct Payment, subject to the agreement of the Council. Proposal 1: The funding available for the personal budget will be based on the most cost-effective option for meeting eligible needs identified following assessment and delivering positive outcomes, even if the person wishes to use their personal budget in a different way. Example A: Swimming and gym membership both meet an eligible need for physical exercise. Swimming is cheaper than private gym membership. The person would prefer gym membership, because they are only a novice swimmer. Adult swimming lessons are available from the swimming pool to build confidence and improve technique. The personal budget could be set to include a 10 week course of lessons and then be reduced to reflect that this additional level of support was no longer needed. Overall this would still be more cost-effective than gym membership and the person would have improved their swimming and would be more confident in the water. The personal budget would therefore be based on the option of swimming including an allocation for the 10 weeks swimming lessons, rather than gym membership. Example B: Following assessment, it is agreed that a 24 hour, seven day a week service is required to meet a person's eligible needs. Two organisations that have experience and skills in meeting the needs identified in the assessment are able to offer a place to the person. The service offer from Organisation A focuses on meeting the specific eligible needs of the person in the most cost effective way possible. The service offer from Organisation B is more expensive due to the type of activities that they use to meet needs for example horse riding rather than walking for physical exercise. Although the person and their family would prefer Organisation B, the Council can confirm Organisation A as the way that they would meet the person's needs and confirm the personal budget as being the cost of this service. To what extent do you agree that the personal budget should be based on the most cost effective option for meeting eligible needs identified following a social care assessment?

			Response Percent	Response Total
1	Strongly Disagree		14.10%	11
2	Disagree		32.05%	25

3	Agree	<div></div>	33.33%	26				
4	Strongly Agree	<div></div>	11.54%	9				
5	Don't know / Unsure	<div></div>	8.97%	7				
Analysis	Mean:	2.69	Std. Deviation:	1.12	Satisfaction Rate:	42.31	answered	78
	Variance:	1.26	Std. Error:	0.13			skipped	0

Please add any further comments in relation to this proposal below: (45)

1	18/01/16 12:44PM ID: 28470330	This is too prescriptive and black and white. In example A, there is no point paying for swimming lessons if the person doesn't want to swim. Their budget must be used in the best way as well as the most cost effective way. The best way would be to get the best outcome for the most reasonable price. You must factor in getting a good outcome or you will be wasting money
2	18/01/16 4:09PM ID: 28486446	There needs to be a safety net for those who have reasonable arguments against the determined proposal; Or there may be an option for the funding to equal the cost of the determined proposal but be supplemented by a contribution from the original. Determining best value needs to consider other features than just cost, as the health or wellbeing benefits provided by the more expensive option could result in lower costs in the future
3	19/01/16 3:01PM ID: 28562000	Support plans should be more personalised to take into account people's interests, needs and wishes. Preferences or reasons why are not always articulated clearly and I would be concerned that people are always placed on a lower cost plan which is rather short sighted. In example B, walking is cheaper but there are benefits other than exercise to horse riding - such as learning new skills, being able to do the activity inside during bad weather, more exciting and novel than walking, developing empathy and understanding towards animals, meeting new people riding and feeling their personal choice is important and others will listen to it.
4	20/01/16 10:04AM ID: 28633177	people should get the best value care not a gold plated service there needs to be the same offer across all client groups.
5	20/01/16 3:55PM ID: 28664718	during financially strained times, looks like this is the way it is. perhaps involve the voluntary and charitable sectors?
6	20/01/16 5:01PM ID: 28671022	This does not take into account personal choice and would limit their potential to improve their life skills.
7	21/01/16 12:57PM ID: 28736495	I find it hard to believe that this is not already the basis of calculating the personal budget.
8	27/01/16 12:27PM ID: 29194893	Reasonable accommodations should be made for the person's individual choice, because this builds their sense of empowerment and confidence which benefits their mental health. For the gym / swimming example, perhaps using a "Pay-per-go" model of using the gym brings the cost more in line with the costs of swimming. Even after the lessons, the person will have to "pay-per-swim" to use the pool, and so this doesn't seem much different to using the gym. Personal choice and a sense of agency is an important piece of the puzzle and shouldn't be underestimated in support planning.
9	27/01/16 7:22PM ID: 29222774	Disability is expensive.

10	02/02/16 7:15PM ID: 29667305	<p>On the first example, it very much depends on the service users circumstances. I have spoken to a fully trained lifeguard who assures me only 10 swimming lessons would be of very little use in improving a novice persons swimming ability. Resulting in more lessons being required and the cost increasing.</p> <p>On the second example, I would agree that the personal budget should be used in the most cost effective way.</p>
11	03/02/16 3:43PM ID: 29713824	I am concerned that recipients will not spend their budget allocation on the eligible needs identified by social services. It is too easy for the person to use it on other things, possibly giving money to their children or even taking a taxi down to the local pub, or even just banking it, instead of spending it on day care or other needs proposed by the social care worker. Money allocated should go directly to the relevant organisation
12	04/02/16 9:56AM ID: 29791491	Do Not agree with personal Budgets as they are open to abuse of the system and will effectively be giving money away which the Council provides for specific purposes They should be used for those purposes only and be made accountable for those services. Wouldn't all infirmed Elderly people love to have money for extras. which they can not afford, for free eg taxis etc.
13	05/02/16 4:47PM ID: 29906183	If everything was cost effective for the individual then more people could be help
14	07/02/16 5:53PM ID: 30024494	Social services say that all care should be 'person -centred' and best fit for that person. In this instance forcing them to swim is not right, especially as they may be afraid of the water. This decision goes against person centred care.
15	08/02/16 11:28AM ID: 30069366	I agree with this statement as long as 'cost effective' is not only about money, but also takes into consideration issues such as maintaining a lifestyle that will reduce or delay the need for further support in the future. Cheapest now may be more expensive in the longer term. This should be an intrinsic part of the assessment and therefore the definition of 'cost effective'.
16	08/02/16 2:39PM ID: 30088311	REMOVES CHOICE - what happens to Choice and Personalisation?? Unless the person can make up the shortfall, which in most cases is unlikely.
17	09/02/16 10:13AM ID: 30157378	However, the most cost effective way of meeting needs isn't always in the best interest of individuals
18	11/02/16 11:47AM ID: 30368818	If the person wants to attend a gym and it is considered an effective form of intervention then this would be the most client-centered form of practice. Of course funding and providing the most support to all is a high priority but there is a fine line between making money more of a priority than the client's interests and offering a good service! The Francis report has many lessons for all health care providers where pragmatic reasoning was deemed more important than putting the client first!
19	12/02/16 11:15PM ID: 30518221	When considering the effectiveness of the personal budget the Council should weigh how likely the outcomes are to be achieved. In the first scenario the swimming may not be a cost effective option as it does not appear to be an activity that the person would actually engage in. It is important that the principles of self directed support are maintained and that service users and carers are treated as experts in control of the support that they receive. There is a risk that this model removes control from individuals with professionals making decisions about support planning, this is not in the spirit of the Care Act.
20	14/02/16 2:26PM ID: 30635608	No freedom of choice
21	14/02/16 2:42PM ID: 30636894	<p>I am frightened of water, you should be able.</p> <p>Why was this not advertised it was hard to find.</p>

22	14/02/16 3:07PM ID: 30637879	I think the council should ask the individual what they want and then advise them what they can have....as if we really have a choice.
23	14/02/16 3:43PM ID: 30640766	Some people may hate walking long distances so would benefit from riding on a horse.
24	14/02/16 4:10PM ID: 30642533	Should not go for cheaper option, the benefit should also be taken into account
25	14/02/16 4:25PM ID: 30643145	If a person is supported to do their first choice they will likely be more engaged and so the benefits will be greater. This will provide better support, and if the engagement is better their may be more health benefits. this may save money in the long run
26	14/02/16 4:37PM ID: 30644319	Your questionnaire is worded in such a way as making it rigged
27	14/02/16 5:08PM ID: 30645493	I suffer from autism and mental health problems. I have problems dealing with change and may find I would find it too stresful to change to a different activity and may not take part at all.
28	14/02/16 5:44PM ID: 30646657	I think it is very important for people to have a choice and not "told" what they can or can't do simply because it is cheaper. Certainly there is a responsibility on the council to use money well but not to make people feel like second class citizens.
29	14/02/16 5:48PM ID: 30648638	I like to choose
30	14/02/16 6:04PM ID: 30649405	I would like to save money
31	14/02/16 6:22PM ID: 30649902	I do not want to do anything I do not want to do
32	14/02/16 6:26PM ID: 30650683	I think you will choose cheaper options to save money it won't be best for me
33	14/02/16 6:31PM ID: 30650901	I want the things I do now
34	15/02/16 9:12AM ID: 30692379	<p>I strongly believe that vulnerable people should be supported in finding meaningful activities according to their preferences: in most cases the activities chosen are the only opportunities of socialisation these people have, therefore it is extremely important that they feel comfortable in these environments. In Example A the client is happy to do physical activity in a Gym, which is already in my experience a big step forward to social interactions and physical wellbeing. The reasons why he/she would not totally appreciate the swimming option are not well explained. There are people who may feel extremely uncomfortable in a swimming pool with strangers.</p> <p>In example B, again, there is choice made by the client, I believe that when assessing the suitability of an option rather than another, it must be taken into consideration the overall development and wellbeing potential, rather than financial effectiveness only. Moreover we have to remember that meaningful activities are beneficial to individual development and independence: by learning new skills or just building their confidence because they participate to a more expensive service, they may be able in the future to be more independent and even increase their employability or voluntary work ability.</p> <p>I worked in social care for many years and I still do believe in the person centred plan as the only suitable way to support the most vulnerable people in our society and to support them to exercise their freedom of choice is paramount. I would think that it is cost effective in the long run to give people the</p>

		possibility to improve their lives and independency, their skills and confidence, their social inclusion and ability to build social relationship in the community. I do understand the issues related to the financial affordability for the council, but I believe that the social policies should aim to build a strong community in which people are free to fulfil their needs.
35	15/02/16 9:24AM ID: 30693887	These examples do not reflect the services provided by the vast majority of personal budgets and so are not relevant. Hence a 'Don't Know' answer. In fact this question could be seen as quite misleading. Any member of the public reading this question might think that everyone with a social care package gets gym membership and/or horse riding. It would be interesting to see a percentage of packages that include either. More realistic services should have been used in the examples based in frequency of use.
36	15/02/16 9:34AM ID: 30695077	<p>The problem with the term 'cost effective' is that it is not specific enough about the definition in context. For example, although a given agency claims it can offer the same quality of service cheaper, we are continually being asked by local families to intervene when said agency turns out to be vulnerable to problems with appropriately qualified staff as well as recruitment and retention. It becomes even more of a problem where agency staff, despite health and social care NVQ's, do not have the right blend of 'soft skills' ie attitude, communication skills, compassion etc and more importantly, are not required to problem solve and trouble-shoot as part of their role. By comparison, where families recruit their own personal assistants through shared interests, personal recommendation and local networks we see a much more 'cost effective' match to individual needs, longer term relationships and prevention input, especially when supported by either voluntary agency advisers, Council staff or independent support brokers who have had training and practical experience in community development and solution focused interventions. It is the specific skill mix inherent in these two approaches that help to define what it really meant by 'cost effective'.</p> <p>Cambridge County Council has been made very aware by us, local families and other agencies that CCC staff apply variable interpretations of what 'cost effective' has meant in the past – the Care Act legal definition of 'wellbeing' must be taken on board as part of the work CCC needs to do to define what 'cost effective' means in practice and how any decision by Council staff is backed up by hard evidence. Any assumption that the County Council and its staff know what's best for disabled people and local families (outside of the realm of statutory child protection, short term mental health sectioning and safeguarding for vulnerable people who formally lack capacity under the MHA) must be resisted at every level of policy making.</p>
37	15/02/16 9:43AM ID: 30696080	Only a financial consideration is being made without applying the "the wellbeing principle"
38	15/02/16 10:27AM ID: 30697241	In some cases the less expensive option may well fit the need but in a lot of cases I am involved with it would not. It also takes away personal choice and options which negates the argument of "Transforming Lives!"
39	15/02/16 10:44AM ID: 30630536	Only a financial consideration is being made without applying the "wellbeing" principle.
40	15/02/16 10:44AM ID: 30627544	<p>I strongly believe that vulnerable people should be supported in finding meaningful activities according to their preferences: in most cases the activities chosen are the only opportunities of socialisation these people have, therefore it is extremely important that they feel comfortable in the environments.</p> <p>in example A the client is happy to do physical activity in a gym, which is already in my experience a big step forward to social interactions and physical wellbeing. The reasons why she/he would totally appreciate the swimming option are not well explained. There are people who may feel extremely uncomfortable in a swimming pool with strangers.</p> <p>In example B, again, there is a choice made by a client, I believe that when assessing the suitability of an option rather than another, it must be taken into consideration the overall development and wellbeing potential, rather than financial effectiveness only. Moreover we have to remember that meaningful activities are beneficial to individual development and independence: by learning new skills or just building their confidence because they participate to a more expensive service, they may be able in the future to be more independent and even increase their employability or voluntary work ability.</p>

		I worked in social care for many years and still do not believe in the person centered plan as the only suitable way to support the most vulnerable people in our society and to support them to exercise their freedom of choice is paramount. I would think that it is cost effective in the long run to give people the possibility to improve their lives and independency, their skills and confidence, their social inclusion and ability to build social relationship in the community. I do understand the issues related to the financial affordability for the council, but I believe that the social policies should aim to build strong community in which people are free to fulfil their needs.
41	15/02/16 10:46AM ID: 30331011	It suppose to be based in what the person choice! We must give personal centred care. And that is the choice of the disable person. Otherwise it would be discrimination and not respecting service user wishes.
42	15/02/16 10:48AM ID: 29841884	Motivating people to exercise must be linked to their preferences. In the example given there might be many personal factors that would inhibit a person being committed to/enjoying swimming. Can't the County or the organisation delivering the service collectively negotiate beneficial rates for the more expensive, but possibly more rewarding activities? The previous 'selling point' of personal budgets was the element of choice.
43	15/02/16 3:13PM ID: 30726732	I think that the contracts for care companies is not fit for purpose. ie, if an appointment does not take place the care companies still get paid regardless, even when the company can't provide a carer they still get paid.
44	15/02/16 3:28PM ID: 30728243	It would depend who decides what meets the people's needs. ie. the user, council, health professional? As in my opionthe service user and the health professional would be better place to decide.
45	15/02/16 3:52PM ID: 30729638	Poeple are individuals and to successfully engaged in an activity and each their potential they need to feel comfortable and get a sense of satisfaction.

4. RECOGNISING THE CONTRIBUTION OF SUPPORT OFFERED BY FAMILY, FRIENDS AND THE WIDER COMMUNITY

Overview: The range of informal community support services being offered is enormous, immeasurable and often undervalued. It tends not to be centred on single issues, but responds to all needs. Support from family carers, for example help with getting up in the morning and going to bed at night is recognised in support plans. Where this support is meeting eligible needs, the funding from the Council is focused on meeting other eligible needs. However, the support from friends and neighbours is not always included in the same way, for example, shopping or sharing a meal with the person. Likewise, if the person regularly visits the local pub when they have cheap lunches for pensioners, this type of community support is not routinely reflected in the support plan, but could be meeting an eligible need.

Proposal 2: The Council proposes to be more explicit in including the contributions of the person's family, friends and the community around them in the support planning process. Where this support is meeting eligible needs, the personal budget allocation will be based on any eligible needs that are not being met. For example: If someone has an eligible need for support with preparing a main meal each day of the week and their neighbour provides them with a main meal three times a week, the personal budget allocation would include support for meal preparation on four days of the week. Do you agree that support from family, friends and the wider community should be fully recognised and taken into account when developing support plans to meet eligible needs?

	Response Percent	Response Total
--	---------------------	-------------------

1	Strongly Disagree		20.78%	16
2	Disagree		28.57%	22
3	Agree		32.47%	25
4	Strongly Agree		14.29%	11
5	Don't know / Unsure		3.90%	3
Analysis			Mean: 2.52 Std. Deviation: 1.09 Satisfaction Rate: 37.99	answered 77
			Variance: 1.18 Std. Error: 0.12	skipped 1

Please add any further comments in relation to this proposal below (39)

1	18/01/16 12:44PM ID: 28470330	The type of support you describe here is likely to be provided on an ad hoc basis. You will also find that where people are being made to be part of a formal support plan, they will withdraw or hide their support. Unless the support is formally and continually offered, it cannot be made part of the plan. To attempt to do so, may reduce the support offered.
2	18/01/16 4:09PM ID: 28486446	but there needs to be a safety net if the support from others breaks down (holidays, need for break because of other issues that arise). The value of community support is underestimated anyway so beware of undervaluing it more by refusing to give back up when needed
3	19/01/16 3:01PM ID: 28562000	Agree but councils need to take some responsibility for the welfare of these unpaid carers and supporters. There should be provisions for them and a monitoring to make sure that, should these carers be unwell, there will be support in place to take over. However, free social groups or pub lunches are a good way to think about how to meet other social needs in a less formal setting and help to bring people into their local community.
4	20/01/16 3:55PM ID: 28664718	I think this approach would need to be assessed on a case by case basis. people's needs change and family/friends/wider community's ability to provide reliable, constant, long term support is very variable. so, unless an individual's circumstances are constantly monitored to ensure continuity of support, this idea is rather dangerous.
5	20/01/16 5:01PM ID: 28671022	This source of support could not be relied on, it could place unreasonable pressure on friends and neighbours to provide support.
6	21/01/16 12:57PM ID: 28736495	Support from friends may not be reliable. If you go down this route you need to have a quick fall back position if the situation changes.
7	27/01/16 12:27PM ID: 29194893	Providing there is contingency for if the neighbour is unable to prepare a main meal for some reason and / or becomes unwell themselves.
8	27/01/16 7:22PM ID: 29222774	What if that neighbour or family member is unwell, does that mean that they will starve on the days where support will not be given. Ugly cost cutting. Support must be more flexible.
9	02/02/16 7:15PM ID: 29667305	A friendly neighbour cannot be relied upon to provide a meal. Should they wish to go out themselves/ take a holiday/ become ill, a replacement would need to be put in place at short notice, and the service user may not have funds available to pay for this. How long will it take for Social Services to carry out a review to increase support back to 7 days per wk? The same problems occurs when a service user attends a day centre 2 days per wk, if the service user becomes ill and cannot attend the day centre, they need their care provider to give them a lunch call. Again will the service user have funds to cover the cost of this extra call or will a review be needed and how long will it take?

10	04/02/16 9:56AM ID: 29791491	these are not set in stone and can not be relied on to be a permanent arrangement therefor the person may be left high and dry with out support if the good will of the person giving the support removes it for some reason.
11	05/02/16 4:47PM ID: 29906183	Support is needed but there's an awful lot of people with out family. What happens then they don't ask to be disabled
12	07/02/16 5:53PM ID: 30024494	In this example, for the days that say the neighbour supplies lunch, and the client has no money for that day, if the neighbour is ill or on holiday, then the client has no money to buy a meal from a care agency - they will then go hungry!
13	08/02/16 11:28AM ID: 30069366	The overall budget required to meet the needs should not be reduced on the basis of free care being provided by family and friends. The personal budget identified as necessary should remain in line with the full assessment of need, not the assessment of need after the informal care has been taken into account. If informal carers are for any reason unable to provide the support, those costs still have to be met and the personal budget needs to be available to meet those costs. The 'spare' money which is freed up by using informal carers can be used to enhance other aspects of the individual's life.
14	08/02/16 2:39PM ID: 30088311	The goodwill and / or availability of friends, family or neighbours cannot be guaranteed, what safe guards or provision will be built in for when this goodwill has other plans?
15	09/02/16 10:13AM ID: 30157378	This then means the person is very reliant on their neighbour's good will. What happens if that neighbour suddenly decides not to do this any longer or is unable to do so? This person could then be unsupported until such time it is noticed or reported to adult social care and another assessment is done. This could be months down the line and that person's health might have deteriorated by then.
16	10/02/16 3:31PM ID: 30285470	CARE MUST BE TAKEN TO ENSURE FAMILIES/NEIGHBOURS/COMMUNITY ARE NOT ULTIMATELY PLACED IN A POSITION WHEREBY THEIR INPUT BECOMES THE MAIN FOCUS OF THE PERSON'S CARE AND THEY IN EFFECT BECOME UNPAID CARERS I.E THE EXPECTATION WILL EVENTUALLY BE THAT THE FAMILY/COMMUNITY UNDERTAKE THE BULK OF THE CARE NEEDS WHICH THEY BE UNWILLING TO DO
17	11/02/16 11:47AM ID: 30368818	<p>I view the proposal as a way of taking advantage of others who may not always be able to provide the level of care that they do and provide it on a voluntary basis. What do you then do if their neighbour goes into hospital, is ill, goes on holiday, loses their employment or just is not longer able to provide a meal that week?</p> <p>Carers are often unrecognized and in many cases not compensated for the sacrifices they make. It is understandable to included support given by a family member with whom they have regular contact who is considered their main carer, but expanding this to neighbours and friends is not something I consider to be morally appropriate or a sound strategy!</p>
18	12/02/16 11:15PM ID: 30518221	It is important to recognise the impact that the caring role may have on carers. The Care Act makes it clear that councils must consider whether carers are willing and able to continue in their caring role. It is important that carers receive the proper recognition, assessment and support including breaks from their role and that contingency plans are in place.
19	14/02/16 2:26PM ID: 30635608	This would put undue pressure on family members and/or members of the community who are helping out, also creates further problem if the family/community support is removed due to external factors, creating further anxiety and may result in delays for the individual concerned. I believe it completely inappropriate.
20	14/02/16 2:42PM ID: 30636894	People need support whether free or not. What happens if the neighbour is ill?
21	14/02/16 3:07PM ID: 30637879	But family or friends should be rewarded this will still be cheaper than using professional organisations.

22	14/02/16 3:43PM ID: 30640766	We all need friends family + the community keep us on the to straight wide and narrow
23	14/02/16 4:10PM ID: 30642533	Needs to be closely monitored if using friends. Must ensure support is reliable.
24	14/02/16 4:25PM ID: 30643145	Family friends or community support is variable - can stop or change. The financial burden on family and friends can be high. Supporting someone can put strain on an individual. There maybe elements of support that friends and family etc are unawre and untrained about.
25	14/02/16 4:37PM ID: 30644319	How does one resolve the possibility of the neighbours being on holiday?
26	14/02/16 5:08PM ID: 30645493	Although i receive support from my family, they work full time and regular support could not be relied on. In addition it is important for me to remain as independent as independent as possible. It could also put udue pressure on elderly parents for example.
27	14/02/16 5:44PM ID: 30646657	it is not predicatable nor enforceable. relies completely on goodwill. Takes no account of the fact that people get ill, have family issues, cannot always be available and as replacement as there would with structure health plan.
28	15/02/16 9:12AM ID: 30692379	<p>I believe in the importance of having a social network, especially for the most vulnerable. I do not believe though that by making these net of support the only providers to meet their needs, even for only 3 days per week as in the example, we will change the meaning of these spontaneous gestures that happen in civil societies. People help people and they build a functional community by giving each other help, support and attention, but the wellbeing of vulnerable people is a responsibility of our society as a whole, we cannot give it only to the close relations around them, ultimately because it would be the easiest way to alienate those relations as well as the rest of the community.</p> <p>There are other concerns related to this proposal such as: 1) Vulnerable people do tend to have health related issues in which the diet and hygiene control are extremely important. In case of food poisoning, or unbalanced diet leading to health concerns, who is going to be accountable for the risks taken by the client? 2) We all unfortunately are aware that most abuses happen by the hands of people close to the victim. Is there going to be any sort of control regarding the people granted access to the private property of the client?</p>
29	15/02/16 9:24AM ID: 30693887	<p>Community and informal support is vital for people with support and care needs. However, formalising an informal arrangements in essential areas, such as nutrition, is very dangerous as informal care is not 100% reliable. Informal support should only be set out in care plans for 'supporting' activities, such as socialising, not basic care and the essentials of life.</p> <p>Who would monitor a neighbour coming into to cook for someone? There is a very real risk that people could be left for days without eating if that neighbour falls ill or just goes away for a few days, which they would be quite at liberty to do if they are not being paid and there is no contract of obligation.</p>
30	15/02/16 9:34AM ID: 30695077	<p>Recommendations to include all available resources in a support plan have been in place since at least 2004 with the In Control and CSIP self-directed support pilots and are systematically built into the accredited National Brokerage Network Support Broker training programme through the use of the '9 stage resource review' and 'Citizenship Funding Model' (www.natonalbrokeragenetwork.org.uk or www.nbneast.org). We have logged many examples from families in the region who receive no practical information, advice and guidance from Council staff on these critical areas with the result that it just appears that the Council is desperate to save money rather than genuinely work creatively to meet needs – it comes across that the onus rests with the family (where one exists) to do as much as it can with dwindling support despite clear legal rights to individual assessments regardless of existing resources (1990 NHS and Community Care Act and Care Act 2014). If the Council's proposed policy is really to expect families to take on the responsibility for caring for adult disabled relations as their primary carer throughout their lifetime it will be acting illegally under the Care Act and fundamentally undermining the principles of the National Health Service. If true, it would be more honest for the elected members of the council to declare this as a planning principle and deal with the resulting backlash head on.</p> <p>The use of support plans to identify all possible resources including all Government Departments is made much more systematic when matched with the</p>

		tools to do the job – the NBN Citizenship model assumes only 50% of a persons 'wellbeing' will ever be funded through the Department of Health (inc social care) with a guideline model that expects 25% through community resources and networks; 10% from the Uk grants market and 15% from all other Government Departments eg housing, employment, sports, leisure and culture. If either Council staff or other aeancy advisors do not have this kind of information base to hand, their advice will be of little use to a struggling family and the Council will continue to be seen as a repressive gatekeeper rather than a facilitator.
31	15/02/16 9:43AM ID: 30696080	All support provided by family, friends or wider community makes them carers in some form. This should work provided a carer assessment has been done with regard to sustainability, their needs and practical support. ie. The neighbour may need a break or not be able to provide meals at times or to fund this out of their own pocket indefinitely.
32	15/02/16 10:27AM ID: 30697241	Most people receive help from their family and friends and support within the community - this is taken for granted by most people. However people with disabilities can often need a lot more people and support and it is only fair that family, friends and the community get additional help with that support. Removing access to that extra support might save money over the short term but there will undoubtedly be severe issues brought about by this over the long term and end up costing SO much more as individual have to be taken into care (away from their families) as their families buckle under stress brought about by potential cuts.
33	15/02/16 10:44AM ID: 30630536	All support provided by the family, friends and wider community makes them carers in some form. this should work provided a carer assessment has been done with regard to sustainability, their needs and practical support. ie. the neighbour may need a break or not be able to provide meals at times or to fund this out of their own pocket indefinitely.
34	15/02/16 10:46AM ID: 30331011	The person who helps perhaps one day is ill and can't support the service user. Who will feed the service user that day if they do not have someone to meet the eligible need????
35	15/02/16 10:47AM ID: 30312215	I agree family should be acknowledged but I think including the wider community eg neighbours, can be a risk. People cannot always continue with what they promise, for various reasons; motives can be questionable & commitment lacking. What about vulnerability & if this informal care package collapses, how quickly can the client be reassessed.
36	15/02/16 10:48AM ID: 29841884	This can only be implemented if there is flexibility to put into place full support should the efforts of family and friends cease.
37	15/02/16 3:13PM ID: 30726732	Help from family friends or neighbour is not garantied so if the persons budget is cut, what happen when a person can't or doesn't want help anymore. The person will only be able to eat 4 time s a week.
38	15/02/16 3:28PM ID: 30728243	Less money should not be given to those in need, depending on the help volunteered by others. As often this helps although volunteering still requires funding in respect to travel/activities costs.
39	15/02/16 3:52PM ID: 30729638	Although there should be clearer contingency plans as this help is not guaranteed. Also if the help places strain financially etc, on the friend / family member, , this should be recognised and compensated. I agree in principle as some people have no support from their community so it would free up funds for those in most need.






5. MANAGING RISK AND KEEPING SAFE

Overview: Part of an ordinary life is managing risk independently to help inform your own choices. Support plans are designed to set out what help someone needs to live an ordinary life, including any help to manage risks. Avoiding all risks tends to restrict people's freedom and choice, so ordinarily people will balance the risks they take with what they want to do and how they want to live their lives.

Proposal 3: Currently support plans work to minimise risks as much as possible. As well as including interventions to reduce the possibility of the risk, they often include funding that would be needed if a risk arose. This is particularly a feature of support plans where people may present behaviours that are challenging, but most of the time these behaviours are not present. We propose to take a different approach that focuses on interventions to reduce the risk, with a clear contingency plan that can be activated if the risk emerges. In this approach, the Council would be promoting greater independence for people and tailoring responses more specifically around situations where the person needs additional support.

Example A: A person's package was increased by 5 hours to provide a support worker to accompany them on shopping trips each week because there had been an incident in a supermarket to which the police were called. The increased package was put in to manage the risks associated with shopping. The person always shops in the same shop and is recognised by the staff, so instead of continuing with the increase in staffing the shop manager will be approached, with the agreement of the person, to see if the shop staff could offer some assistance, if the person is struggling to cope whilst in the shop.

Example B: A person who has a support worker visiting three times a week to help manage money and to shop cannot read and becomes very anxious if official looking letters arrive through the post. If this happens on the days when the support worker is not expected, this can lead to angry outbursts with the person breaking items in their home and walking down the street threatening people. Instead of providing more staff or the person moving into accommodation with staff available every day, the local social care team work with the person to agree that he can take any letter either to their office or to the local library for someone to read the letter with him. Do you agree that the Council should look for different ways to manage risk by focusing on reducing risk and using contingency plans to respond to risks whilst promoting independence?

						Response Percent	Response Total
1	Strongly Disagree					16.22%	12
2	Disagree					18.92%	14
3	Agree					40.54%	30
4	Strongly Agree					13.51%	10
5	Don't know / Unsure					10.81%	8
Analysis	Mean:	2.84	Std. Deviation:	1.17	Satisfaction Rate:	45.95	answered
	Variance:	1.38	Std. Error:	0.14			skipped

Please add any further comments in relation to this proposal below: (32)

1	18/01/16 12:44PM ID: 28470330	Only if that support is available, offered and accessible. The need will not be met if this support is not available to the person as expected and described. I am concerned about reliance on services such as libraries when these services are being cut.
2	20/01/16 10:04AM ID: 28633177	need to be careful that we are not over using the community facilities though and losing goodwill.
3	20/01/16 3:55PM ID: 28664718	as long as nobody's health, safety and security is adversely affected. this would have to be done on a case by case basis, and be thoroughly and regularly assessed/evaluated to make sure all health, safety and security issues are being addressed.
4	20/01/16 5:01PM ID: 28671022	In certain circumstances risks can be reduced by changing a persons routine, with contingencies in place. I can however, see problems with the shopping example, as most people with these difficulties would need to know a certain person was available to help them and I doubt many supermarkets would commit to this.
5	27/01/16 12:27PM ID: 29194893	Part of the support worker's role should be about helping to develop strategies for when they are not there e.g. building relationships with the staff in the store; going with the individual to get help to read a letter together so that the individuals know what to do when the support worker isn't there.
6	27/01/16 7:22PM ID: 29222774	More personal budgets for people with mental ill-health.
7	02/02/16 7:15PM ID: 29667305	<p>I cannot imagine that many shops have enough staff to be able to accompany service users around the supermarket. The manager pays his staff to work, not to be available to help our social services with their cut backs. If an incident occurred with the service user the shop assistant would not be trained in how to handle the situation, Causing more distress to the service user.</p> <p>Many local libraries are closing down, and the service user would become upset and angry sat waiting at the council office for someone to read the letter. Staff would not be sat around waiting to read letters to distressed service users the moment they arrived, and the service user would probably be sent away and asked to return at a later date.</p>
8	04/02/16 9:56AM ID: 29791491	without a trained person to accompany them It could be dangerous to the public in some instances if they become out of control.
9	05/02/16 4:47PM ID: 29906183	Whilst thus sounds good in theory the risk as I see it is that we do not live in a nice society disabled abuse on the rise would you be a lot guarantee safety .
10	07/02/16 5:53PM ID: 30024494	In your example, even if the supermarket agreed that one of their staff can assist with shopping, they would have NO training or experience with how to cope with someone who has mental health problems and they would not be insured.
11	08/02/16 11:28AM ID: 30069366	This is very sensible as long as the response time is as close to immediate as possible. If there is a delay in resolving the emerging risk, this could easily put pressure on otherwise overloaded systems such as voluntary organisations or the NHS. More needs to be said on how rapid responses will be activated.
12	08/02/16 2:39PM ID: 30088311	You cannot farm care out to shops. You cannot 100% guarantee the staff will be the same or they will take seriously or understand what to do in the event of a crisis. It also doesn't take into account the value of the social interaction the person is also getting with the support worker to go shopping which may be some of their only contact and be reducing their social isolation and loneliness. Perhaps these are just poor examples but neither are realistic.
13	09/02/16 10:13AM	As with any new process, one can doesn't fit all. This will work with some individuals and won't work with others

	ID: 30157378	
14	10/02/16 3:31PM ID: 30285470	AGAIN, CARE MUST BE TAKEN TO ENSURE THAT 'NON-CARERS' ARE NOT BECOMING CARE-GIVERS. NOT EVERY 'MAN IN THE STREET' IS EITHER ABLE OR WILLING TO HELP SOMEONE WITH SPECIFIC NEEDS WHETHER PHYSICAL, MENTAL OR BEHAVIOURAL. DISABILITY DOES NOT CONVENIENTLY TICK A BOX, NEEDS CAN CHANGE ON A DAILY BASIS AND SITUATIONS ARISE WITHOUT WARNING - WITHOUT ADEQUATE AND CONSISTENT SUPPORT FROM A COMPETENT PERSON WHO UNDERSTANDS THAT PERSONS PARTICULAR NEEDS AND IDIOSYNCRASES, A MORE DIFFICULT AND NON-COST EFFECTIVE SITUATION COULD ARISE
15	11/02/16 11:47AM ID: 30368818	This depends on how far away the facilities are and transport options available in example B As for example A good luck with that one!
16	12/02/16 11:15PM ID: 30518221	There is a risk that a reduction in the support provided to individuals who need care will result in family carers undertaking even greater responsibility for supporting the person they care for. Any review of need and support must include family carers so that they are able to work with the care for person and professionals to identify the best approach to risk management. Again it is imperative that family carers are consulted, assessed and supported as the additional caring role could impact negatively on their health and well being, employment, education, access to the community and family relationships and the Care Act makes it clear that they should be supported to have a life alongside caring.
17	14/02/16 2:26PM ID: 30635608	this may work as an alternative but it may just be moving the of an angry outburst to a different location. It could be trialled on a case by case basis.
18	14/02/16 2:42PM ID: 30636894	Why can't you do both?
19	14/02/16 3:07PM ID: 30637879	I think the government and council has a duty of care but should use the most economical method. Stop wasting money on surveys that don't alter the fact that you have got to make cuts
20	14/02/16 3:43PM ID: 30640766	Yeah as independence is important and people not having resting on other people chaperoning them about
21	14/02/16 5:08PM ID: 30645493	I cannot be assumed that staff in the agencies can deal with the issues of person with complex needs, or that someone will always be available.
22	14/02/16 5:44PM ID: 30646657	The examples you give are bizarre. We are talking about vulnerable people here. staff change, get fed up, would be (XX) justified insaying now their problem. Again, utterly relying on goodwill and the person's capacity (confidence or able to ask for helpwhich is (XX) questionnaire.
23	14/02/16 5:48PM ID: 30648638	I need support
24	14/02/16 6:22PM ID: 30649902	I would like support from a support worker. I'd worry that members of the public wouldn't know how to help me.
25	15/02/16 9:12AM ID: 30692379	The members of the public in both examples supposed to support the clients are neither trained nor have undergone a DBS check, therefore are not suitable to offer support to vulnerable clients. With this proposal e seem to underestimate the work that from one hand Health and Social care workers do, and from the other hand the work that the people in supermarkets or in the library do.

		<p>Food shopping requires a wide range of skills, and the aim of the support given by care workers should be aimed at doing it independently, therefore not relying on help from the staff in the supermarkets. Of course, it does take time for individuals to become able to this independently, but in the person centred plan, that should be one of the objectives. The risks involved with food shopping are several and I do not see how they can be so underestimated: there can be health conditions which the staff in the supermarket are unaware of (allergies, ongoing health concerns, diabetes etc) and also mental health related issues (communication skills issues, challenging behaviour, tendency to addictions, eating disorders, depression and therefore lack of appetite, etc). Unless the supermarkets or the council will be willing to train the staff regarding these and many more issues, (and consequently raise their wage for taking on more responsibilities), I don't see how this proposal would be doable.</p> <p>Also I wonder who will be taken accountable in case that the clients go in anaphylactic shock for buying the wrong food, lose or get his money stolen. About the support by members of the public in reading personal correspondence, I do not see how could be this happen according to the current Data Protection legislation. Once again, if training will be provided, formal agreements signed, than maybe it could be an option, otherwise I believe that the support worker have to keep doing what they do.</p>
26	15/02/16 9:24AM ID: 30693887	<p>It is sensible to encourage people to understand their own risks and to work through alternative solutions. Also to help other people in the community to understand them too. This would be a good way of increasing awareness of disability issues and promote knowledge of what is out there to help. Some concerns about the capacity and availability of local libraries and offices to do this however. Many villages do not have libraries, if they do they are open very limited hours. Will the staff and volunteers in the libraries and offices be trained to understand risks and needs? People should have it clearly explained where to go and how to get there, the travelling should be reasonable and within the person's capabilities. Library policy and procedure needs to cover all eventualities.</p>
27	15/02/16 9:34AM ID: 30695077	<p>This section shows a distinct lack of understanding of the realities of the situation. The first priority is to ensure that all agency staff and personal assistants work to enskill the family or disabled person to become as independent as possible – with a clear focus on building circles of support and community networks to create the kind of 'natural support' cited in the example. Where this is not happening already, the Council needs to review its contracts with provider agencies immediately. The example chosen obviously only works for people where the particular needs around community access are defined as mild or moderate under Fair Access to Care guidance. Where the needs for support are clearly evidenced as substantial or critical, one to one support will always be the only way of meeting the Council's duty of care. Whilst this one to one support does not always have to paid hour for hour, there is always a need for instant back up so savings (if any) in this area would be very modest indeed</p> <p>An example of the problems with this approach if undertaken by unskilled staff can be seen in several Realife projects. As we don't get any funding from the County Council, all of our projects are run by and for disabled people and non-disabled colleagues on a mixture of shared interest, goodwill and earned income. We get a large ammount of requests from staff from other projects who are paid to find volunteering opportunities, including local authority social workers and other staff, for people to come to us to help out. This is fine if the person is fairly self-motivated and actually interested in what we do. In the worse scenarios, we are expected to offer opportunities to people for free with no support offered where the person clearly needs focused support to engage in any meaningful way</p> <p>Secondly, a good support plan should never minimise risks – the term used in the support brokerage world is that of 'safe strategies' – pages of detailed risk assessment are required to provide evidence of need and to produce a care plan that presents as a detailed briefing to any PA, agency worker or family member/friend who gets involved with the person. You are possibly referring to the widely held belief amongst poorly trained staff at all levels to make support plans appear to be mere person-centred profiles – an almost impossible task if you stick to the 7 key paragraphs recommended nationally and still present on the Councils own website.</p> <p>The idea of people happily going to a social services office to get one of your staff to read every letter or talk about every thing that bothers them is laughable under the current social care 'culture'. The idea of drop ins and designated independent 'Wellbeing Centres' is something we have been modelling since at least 2004 and generally work well though it must be recognised that this still need to be staffed with trained and supported volunteers/paid workers who must be able to offer follow up support to address problems as well as provide basic information and advice. There also has to be a clear link back into the assessment process so that the person or families rights to a more comprehensive, needs led, package of support are</p>

		protected.
28	15/02/16 9:43AM ID: 30696080	What happens when these loose arrangement go wrong? Eg. The public providing assistance are sick/on holiday. You will be relying on public good will and good weekly ongoing communication, who will manage this?
29	15/02/16 10:27AM ID: 30697241	Of course it is important to give an individual choice through some level of risk, however, who determines, for each individual, what the "ordinary" level of risk is? Also, who is going to advise the librarians, shopkeepers and other individuals involved with managing these risks and support them? To a great extent this happens already for a lot of people but it simply isn't enough without additional support. It is a major concern that many individuals will fall by the wayside. Those who even now have support but still feel basis daily tasks a huge challenge are possibly not able, long term, to ever improve their skills and confidence in certain areas to a feasible level to be able to rely on people in the community or be able to pick up the phone and call a social worker for help and advice. This is a scary proposition!
30	15/02/16 10:44AM ID: 30630536	What happens when these loose arrangement go wrong? Eg. the public providing assistance are sick/on holiday. You will be relying on the public good will and good weekly ongoing communication, who will manage this?
31	15/02/16 10:48AM ID: 29841884	A difficult question. Independence is key, but regular contact and support from staff also tackles social isolation, as well as managing/minimising risk. Relying on the kindness of others (first example) and the tolerance and understanding of staff in other offices/ services may only partially address risk and may, in the second example given, provide no immediate follow through of any issues raised by the reading of a letter, leading to possible outbursts/incidents.
32	15/02/16 3:52PM ID: 30729638	I don't think you can protect people constantly and it is important to promote independence and empowerment, yet there needs to be very robust and clear back up plans. Can the person follow these plans independently?

6. LIFE SKILLS

Overview: Life skills development provides specific activities that enhance the ability of a person to live as independently as possible. Skill development activities can include training in budgeting and financial management, use of public transport and general mobility, daily living skills like washing and dressing, self-esteem and assertiveness, home and community safety, and use of assistive technologies. Proposal 4: The Council proposes to increase the focus on the development of skills using short-term interventions to achieve progress towards further independence. Expectations of progress and the timeframe will be clear in support plans and linked to a reduction in personal budget if goals are achieved. If it is not possible for a person to develop the skills with the time limited intervention, an ongoing level of support may be agreed but this would be expected to be a lower level of support than the intensive short term support because it will be about maintaining a level of skill rather than developing a new skill. Example: Someone has an identified need that will be met by attending an activity in the nearest town. The village where they live has a bus service that the person is not confident with using. Their care package currently contains support to travel to the activity. Instead, a short-term package of travel training would be put in to support the person to be more confident and able to use the bus independently. After an agreed period of training, the support for travel would be removed as the person is now more independent and able to travel on their own. To what extent do you agree that the

Council should focus short-term interventions on developing skill, with the funding allocated for this skills development being removed at the end of the agreed timeframe?

							Response Percent	Response Total
1	Strongly Disagree		<div></div>				16.44%	12
2	Disagree		<div></div>				15.07%	11
3	Agree		<div></div>				39.73%	29
4	Strongly Agree		<div></div>				16.44%	12
5	Don't know / Unsure		<div></div>				12.33%	9
Analysis	Mean:	2.93	Std. Deviation:	1.21	Satisfaction Rate:	48.29	answered	73
	Variance:	1.46	Std. Error:	0.14			skipped	5

Please add any further comments in relation to this proposal below: (35)

1	18/01/16 12:44PM ID: 28470330	Only after an assessment that the skill has been developed and the need no longer exists
2	18/01/16 4:09PM ID: 28486446	<p>this may be addressed later, but many people are disabled further by the support they are given - care does things for people, rather than enables them to care for themselves. Home based exercises for elderly people administered by generic care workers would take longer and cost more in the short term, but would often reduce the need for as much care in the future as mobility, balance and strength are improved. There would be reduction in health care costs as well with reduction in falls and general fitness.</p> <p>So as well as developing skills, improve maintenance of previous skills and ability would be important</p>
3	19/01/16 3:01PM ID: 28562000	Agree - although time limited intervention should also include longer interventions as learning and holding on to skills is often a task accomplished over months rather than weeks.
4	20/01/16 10:04AM ID: 28633177	but the person and family need to be clear that this is short term piece of work so they don't complain when it is stopped.
5	20/01/16 3:55PM ID: 28664718	this is an important aspect of 'independence'. if you skimp on this, the individual will require longer term, more intense support as they do not have a stable, solid foundation to work from. you would be setting things up for problems in the future.
6	20/01/16 5:01PM ID: 28671022	This could work in certain circumstances, but would need close monitoring as any problems may mean that the person may stop attending the activity and this could lead to social isolation.
7	27/01/16 12:27PM ID: 29194893	Travel training requires very specialist skills and an understanding of the transfer of risk.






8	27/01/16 7:22PM ID: 29222774	This may not work with anxiety or depression. It would depend entirely on the individuals needs and should be more flexible. Support when it is not possible to leave the house.
9	08/02/16 11:28AM ID: 30069366	Adults who have reached the age of majority without having achieved expected independence are unlikely to benefit from 'short term interventions' as suggested. An assessment plan should take into account the long and short term needs of an individual, not what works best for the provision of the service. The example above implies that being able to cope with a particular bus journey to a particular place implies the ability to use bus services in general. That is not a universally appropriate extrapolation.
10	08/02/16 2:39PM ID: 30088311	I believe in skills training but not with the arbitrary removal or reduction of support after a time limited period regardless of if the person can actually now do those things independently, surely there needs to be a comprehensive assessment of if they can now achieve those things independently before support can safely be taken away.
11	09/02/16 10:13AM ID: 30157378	What happens if after the short term interventions the individual is still not ready or confident enough to travel independently? A contingency needs to be put in place to extend the short term intervention where necessary.
12	10/02/16 3:31PM ID: 30285470	HOWEVER, NOT ALL PEOPLE WITH NEEDS WOULD BE ABLE TO LEARN A NEW SKILL THAT WOULD MEAN THEY WOULD NO LONGER REQUIRE THE SUPPORT THEY HAVE HISTORICALLY HAD. WHILST ONE DOES NOT WISH TO DEVELOP A CLIMATE OF OVER-DEPENDENCE, MAINLY PEOPLE WITH SPECIFIC NEEDS, BY NATURE OF THEIR NEEDS, ARE NEVER GOING TO ACHIEVE THIS DEGREE OF INDEPENDENCE WHICH IS WHY THEY HAVE HAD CARERS IN THE FIRST PLACE
13	11/02/16 11:24AM ID: 30367156	I think there would be scope for targets intentionally not be achieved if these skills were being met by a paid provider that would lose the individual once goals are met
14	11/02/16 11:47AM ID: 30368818	I agree but there would need to be an expert assessment e.g. a person with brain injury is likely to require a longer package of care. A practitioner with none or little training in brain injury is likely to make goals with unrealistic timescales as many impairments are invisible!
15	12/02/16 11:15PM ID: 30518221	Where individuals can be supported to learn new skills and gain independence this should be supported. It is important to acknowledge that for many people such as those with dementia this may not be possible and to ensure that those living in Cambridgeshire's rural communities are not further isolated. There is already pressure as a result of reductions in discount travel schemes and bus passes. Again it is important that the additional burden of providing and paying for the transport does not default to family carers who are likely to be disadvantaged financially as a result of this and may struggle with the added pressure that fulfilling this role would create. This could impact their ability to maintain work etc.. Again it is essential that family carers are engaged in these discussions and decision making.
16	14/02/16 2:26PM ID: 30635608	if as you say the skill was not acquired you are proposing to reduce the funding, however there has been no improvement therefore it shouldn't be funding for maintaining a skill, it should still be funded to develop the skill by another means.
17	14/02/16 2:42PM ID: 30636894	We need to be as independent as possible.
18	14/02/16 3:07PM ID: 30637879	Nobody is going to learn skill if they are going to be penalised financially
19	14/02/16 3:43PM ID: 30640766	Some people need extra time and support as they may still suffer from continuous anxiety
20	14/02/16 4:10PM ID: 30642533	Only for people who can improve after training

21	14/02/16 4:25PM ID: 30643145	I agree but training for independence should not be defined as short term - it should for as long as necessary.
22	14/02/16 5:08PM ID: 30645493	It may be possible or impossible to learn new skills as in the example when someone has had support for many years, it could result in the person choosing not to take part and therefore lead to social isolation.
23	14/02/16 5:44PM ID: 30646657	of course people should be helped to become more independent but relying on my daughter as an example: she is autistic so everytime she does something - shopping, travelling on the bus etc - unlike the first time, She doesn't have less or gain confidence from experience. I hope the people who make decisions about the service users like my daughter, have the knowledge and experience to make them.
24	14/02/16 6:22PM ID: 30649902	As long as i did not feel rushed and felt safe.
25	15/02/16 9:12AM ID: 30692379	Yes, I strongly agree that this would be beneficial to the person's independence. Although, I am also sure that a full risk assessment and full personal history have to be done before propose this the client. It cannot be only because it is the best option financially, but it has to be realistically achievable by the client.
26	15/02/16 9:24AM ID: 30693887	Need to take account of those people who do not have the confidence to do this. This should not be taken too fast and have regular review and safety net in place that people can come back to a 'refresher' in skills development. A clearly understood emergency contact that the person knows should always be available.
27	15/02/16 9:34AM ID: 30695077	<p>Given the need to ensure all workers (from team managers, social workers, care agency managers, care staff and PA's) are skilled at empowering families and disabled people to take control of their own lives, the emphasis has to be on training, induction and mentoring rather than arbitrary time limited skills training for the focus person.</p> <p>The strengths and weaknesses of the re-ablement process are well documented but a recent case serves to illustrate the point – following a double stroke, the person and their partner received support at home three times a day. At an arbitrary time following a prescribed number of visits, one £7 per hour care worker mentioned in passing to their manager that the stroke patient was doing well and this was taken as evidence that support was no longer needed and would be cancelled without a review and re-assessment. We were contacted by the partner in a state of panic but managed to explain that if she contacted the social care team immediately, they would carry out a review and re-instate support if the need was clear. Credit to the County Council team, this was what happened. However, it illustrates the danger of introducing a system that has time limited intervention and no guaranteed review – this case particular would clearly have a failure of duty of care if we had not been there to offer advice at the right time. Please note that we do not have a contract with the Council to offer this kind of support.</p>
28	15/02/16 9:43AM ID: 30696080	Training is good but it depends on the person's abilities. Many of our service users require on going and lifetime skills maintenance or prompting to undertake tasks/activities. eg. We work with a person who has had a lot of training on walking to and from home but will regularly still steps in front of traffic without looking.
29	15/02/16 10:27AM ID: 30697241	This is a good thing as long as those who do need longer term support do get it and those who are identified as not being able to "learn2 such life skills continue to get the additional support they need. It states that "new" skills will not be taught but if someone has never used a bus before is going to be taught to use one, isn't that a new skill?
30	15/02/16 10:44AM ID: 30630536	Training is good but it depends on the person's abilities. Many of our service users require ongoing and lifetime skills maintenance or prompting to undertake tasks/activities. eg we work with a person who has had a lot of training on walking to and from home but will regularly still steps in front of traffic without looking.

31	15/02/16 10:47AM ID: 30312215	Provided the new skills/activities are monitored & contingency plans put in place
32	15/02/16 10:48AM ID: 29841884	Sounds sensible but must have the flexibility to put more support in place if and when the need arises, after the initial, apparently successful short-term skilling up. It is essential to assess a person's vulnerability alongside their capability of carrying out a task.
33	15/02/16 3:13PM ID: 30726732	I think that there should be a meeting/assessment in order to establish whether or not that person will be safe on their own.
34	15/02/16 3:28PM ID: 30728243	I strongly agree, however, the decision that someone no longer needs support should involve the opinion of the person being cared for.
35	15/02/16 3:52PM ID: 30729638	People can become reliant on support workers. A focus of working towards independence is a good idea.

7. GROUP AND 1:1 SUPPORT






Overview: Sometimes it is necessary to provide 1:1 support for a person to meet an eligible need. However, there will be people with eligible needs where this level of support is not required to meet those needs. In these circumstances, it is important for the Council to make best use of group situations, including group activities and group living arrangements, to meet people's needs in a cost-effective way. Proposal 5: The Council will only fund 1:1 support where there is a specific requirement for this to meet an eligible need or where it is necessary to develop specific skills through an agreed short-term intervention or where it provides a cost-effective way of preventing the need for more intensive long term services. At all other times, where group or shared support can meet the eligible need, this option will be reflected when drawing up the support plan. This approach will apply to people using Direct Payments and people where the Council arranges the services. For example: A person with disabilities has a Direct Payment and wants to attend art activities. There is a regular group that they can attend at a local college. The person does not need 1:1 support to attend and take part in this group and so the cost of the group activity would be reflected in their personal budget. To what extent do you agree that the Council will only provide 1:1 support in the circumstances described in the proposal above, and will use group activities or shared support to meet other eligible needs?

			Response Percent	Response Total
1	Strongly Disagree		5.48%	4
2	Disagree		6.85%	5
3	Agree		56.16%	41
4	Strongly Agree		17.81%	13
5	Don't know / Unsure		13.70%	10

14	14/02/16 3:07PM ID: 30637879	People who don't need 1:1 support should do without it so that people who really need it can get it
15	14/02/16 5:08PM ID: 30645493	Sometimes I could not take part in group activities without 1:1 support to get there interact in the group
16	14/02/16 6:22PM ID: 30649902	I need a 1:1 support to do a work placement
17	15/02/16 9:12AM ID: 30692379	I agree with this proposal, however I hope that this will not discourage private care companies to support their client to join group activities and this will affect their income, and also I wonder how will the client be assessed as not needing 1:1 support in the group activity and wonder if this will affect his/her applications. Also I wonder if this would be a further step back to "day care" realities which in the past have been proven not beneficial to the clients as much as person centred plans.
18	15/02/16 9:34AM ID: 30695077	<p>We can agree with the principle here but only if the Council ensures coherent assessment standards across all members of staff. 1 to 1 support will almost always be required for people with critical needs at critical periods and ditto for any comprehensive assessment of substantial needs if the Council is to meet its duty of care under the new prevention requirements of the Care Act. In many social and leisure situations, a one-one paid relationship can be supplemented with unpaid family/friend/volunteer support but not always replaced.</p> <p>Again, the emphasis must be on coherent and replicable assessment by Council staff. Our work in social work training and running a social work student unit plus my own role as a practice teacher over the past 25 years has made me aware from our own work and from published research that no two social workers are trained to be capable of assessing the same person for the same needs over a short time assessment period unless assessing for existing limited resources under that local authorities guidance procedures eg. no-one get more that x days per week; direct payment rates are limited t x; xshire County Council's policy is to offer group support etc etc.</p> <p>We have seen many examples of pre-social model of disability model practice where it is assumed that disabled people with the same diagnosis or condition must benefit from being in a group with other people with the same condition. This is a particularly damaging assumption for many people with ASD who may find group activities alongside other people with unusual behaviour extremely distressing. Where it is the persons preference to be amongst people with similar conditions, groupwork can have many advantages.</p> <p>The other problem of group assumptions is that the people who facilitate that group can tend to become limited in their outlook, adopting working patterns that draw on outdated assumptions about people's potential. At Realife we do not distinguish between colleagues who are someone else's so-called service user and colleagues who are professional or are family carers and non-disabled people. This lack of distinction between 'us and them' needs to be carefully thought through and discussed openly so that issues like confidentiality, dependency, stress management and all other considerations are aired.</p>
19	15/02/16 9:43AM ID: 30696080	It may be prudent to have an extra person in the art group to provide 1:1 support to the whole group. 1 person running the group of 6 to 8 may struggle when 1:1 is required. The person may contribute/ split the cost of 1:1 support with the other members of the group.
20	15/02/16 10:27AM ID: 30697241	<p>Currently I see individuals with 1:1 support in group situations and don't see the reason for it. Some individuals may need support getting to and from a service but not for the duration of the service/activity when there are other staff members and support workers who can "manage" that individuals needs for the duration of the session.</p> <p>As long as individuals needs are able to be met by staff, for example at the day service, without the staff having to take on a lot of extra work with some individuals which takes them away from time with others in the group, then this should be ok.</p>

21	15/02/16 10:44AM ID: 30630536	It may be prudent to have an extra person in the art group to provide 1:1 support to the whole group. 1 person running the group of 6 to 8 people may struggle when 1:1 is required. the person may contribute/split the cost of 1:1 support with the other members of the group.
22	15/02/16 10:48AM ID: 29841884	Again, this can only be effective if there is the capacity to reassess quickly should the needs/capability of the individual change. Also need to consider the motivation factor in providing support. Going to an activity WITH someone at least for the first time may be the only way to ensure someone has the confidence to attend on their own in the future.
23	15/02/16 3:13PM ID: 30726732	Needs clarity of what is considered as short term ie. how many days/weeks
24	15/02/16 3:28PM ID: 30728243	As long as the council and the user believe the group activity caters their needs in the same capacity as a carer could.

8. MAKING THE MOST OUT OF 24/7 SERVICES

Overview: Some people require services that are 24 hours a day, seven days a week (24/7). Where the Council funds these services, they are expected to meet all the eligible needs identified following the social care assessment. Proposal 6: Where someone has a 24/7 service, the Council will reinforce the requirement that the eligible needs of the person are fully met through this arrangement and will not agree to services in addition to the 24/7 service, unless there is an agreement to reduce the funding required for the 24/7 service. For example: A person lives in 24/7 supported living and the support workers provide a range of meaningful activities for them and the other tenants both within the house and in the community. To what extent do you agree with this proposal?							
						Response Percent	Response Total
1	Strongly Disagree					9.59%	7
2	Disagree					23.29%	17
3	Agree					31.51%	23
4	Strongly Agree					9.59%	7
5	Don't know / Unsure					26.03%	19
Analysis	Mean:	3.19	Std. Deviation:	1.31	Satisfaction Rate:	54.79	answered
	Variance:	1.72	Std. Error:	0.15			skipped
Please add any further comments in relation to this proposal below: (28)							
1	18/01/16 12:44PM ID: 28470330	It is not very clear what is being proposed here. I would have thought that a fixed amount for the care of a person and their needs 24/7 is best. Trying to cut some money here and there will be time consuming and costly. Would there really be saving here?					

2	18/01/16 4:09PM ID: 28486446	personalised budgets would allow the person to determine what care support they could dispense with in order to pay for other support they would value more
3	19/01/16 3:01PM ID: 28562000	Often don't seem support workers using community activities or planning support in ways that takes people into the community and can give them a social experience with other people who are not either their support workers or housemates. More needs to be done when checking support plans that these needs are being filled in reality.
4	20/01/16 3:55PM ID: 28664718	but only just. in financially strained times access to extra-curricular activities may have to be reduced. as long as some do take place. why not involve the voluntary/charitable sector in providing support? perhaps the council could initiate dialogue with various providers?
5	21/01/16 12:57PM ID: 28736495	I'm not sure I understand the proposal.
6	27/01/16 12:27PM ID: 29194893	There is a lack of choice. Within a group supported living environment there aren't necessarily enough staff to support everyone to meet their goals. E.g. someone has a hospital appointment,, which means that another resident isn't able to get the support they need to access their employment or volunteering opportunity. There may be a need for some additional funding to have the staff in place for specific individuals to be able to leave the home to meet a regular engagement - every single week, not just when there are staff available.
7	05/02/16 4:47PM ID: 29906183	I'm getting the feeling as I go thru this questioner that the government wants any body that's not capable of working there's elves to death for minimal wages to be out of sight as far as I can see we are going backwards
8	08/02/16 11:28AM ID: 30069366	It is not clear what 'additional' needs are being referred so it is difficult to comment on this.
9	08/02/16 2:39PM ID: 30088311	Removes choice. the person is limited to the opportunities in their house and the whims of others - they should have the choice to do different things.
10	09/02/16 10:13AM ID: 30157378	<p>You are assuming the activities provided by this 24/7 services is meaningful to the individual. How about those who has aspirations and dreams of wanting to achieve more, something that their 24/7 support doesn't offer.</p> <p>This limits individuals achievements to what their 24/7 service can provide. This is definitely not fair to those who have higher aspirations. Services who offer 24/7 services should be made to offer the option of tenants making their own choices. This type of service with no alternative is designed to maximise on profit and not particularly in the best interest of tenants / clients / users of the service.</p> <p>I can see where choosing such a service is the easiest option for an assessor, however it will not always be in the best interest of the client.</p>
11	11/02/16 11:24AM ID: 30367156	Great if the relationship between the service users is a very positive one
12	11/02/16 11:47AM ID: 30368818	I don't agree as there may be additional services that are important and beneficial to the client that cannot be provided by the 24/7 care. They may also require a support worker/carer to accompany them who has specialist skills that the regular care provider doesn't have This is very common in the case of clients with brain injury. There may be times when the person can't attend the additional service (Funded out of their 24/7 care plan) e.g. due to illness, so do they go without their 24/7 care for that time frame because they were scheduled to be somewhere else?
13	12/02/16 11:15PM ID: 30518221	If the needs of the individual and family carer can be met in this way and their choice is being supported this would be appropriate. They should also be supported to access universally accesible services within the community to meet need via the transforming lives approach but it is important to recognise that there may be some outcomes that cannot be delivered through 24/7 care services and where this is the case alternatives should be

		considered, again the impact upon the family carers if this is withdrawn must be considered.
14	14/02/16 2:26PM ID: 30635608	If eligible needs have been provided through an assessment, I don't understand why there would be a need for additional services in any case? Why are the council being asked to provide additional services. This example doesn't explain why this scenario would happen therefore unable to agree.
15	14/02/16 2:42PM ID: 30636894	It would be good if they could go out occasionally to different group.
16	14/02/16 4:25PM ID: 30643145	This will create isolation for the service users. It is not normal for being to spend all the time + activities with the same people. This sounds like people will become imprisoned in their home + in their support team.
17	15/02/16 9:12AM ID: 30692379	I strongly believe that the support workers are meant to facilitate their clients to be independent, healthy, active part of their community, especially when in 24/7 supported living.
18	15/02/16 9:24AM ID: 30693887	This example does not give enough detail to ensure full understanding but the suggestion appears to be a reduction in 24 hour care for people who require it and so it cannot be safe. Unless it is explained better.
19	15/02/16 9:34AM ID: 30695077	<p>Agreed in principle only. In the last few situations we have been involved in like this, we have been very aware that there are a number of serious gaps in the Councils awareness, competence and current assumptions in this area. For example, recruitment if this area is a particular problem given the high price of accommodation and low rates of pay for care work. We are also aware that the Council preferred provider process is flawed with contracts awarded on 'paper' promises that do not reflect day to day practice. The preferred provider process also works against the principle of self-directed support as it is assumed that a given agency can provide an equal but cheaper service, with the burden of proof and counter argument left to the service user. In many cases it is only after the failure of the agency to provide the service that the Council returns to the negotiating table.</p> <p>There are also a number of technical and legal considerations around minimum/living wage; 24 hour live in support rates; sleeping/waking nights; workplace pensions etc that are still to be worked out in detail with wide variations between local authorities in the same region.</p> <p>Finally, whilst the principle might be sound, the legal right to an accurate individualised assessment must always trump general guidance on payment rates. These cases tend to go through to judicial review as local authorities tend to take the view that the legal process may prevent (or create) a precedent and this rather cynical approach needs to be kept to a minimum in favour of support based on evidence of need.</p>
20	15/02/16 9:43AM ID: 30696080	<p>This may restrict the person's access/choice to other services, like eg. day services/getting out, because all their funding is tied up with the 24/7 support. Very often funding may even be insufficient to meet the full cost of 24/7 support. We already see this with some care homes arguing over or not being prepared to fund transport or other activities out of the money they receive.</p> <p>Our organisation do not recover the full cost of providing services and supplement the cost of services through fundraising by a third as do other charities providing services.</p>
21	15/02/16 10:27AM ID: 30697241	<p>My concern over this is that many individuals will be kept inside their home environment 24/7 without exposure to the community which would give them a better quality of life. This proposal, as I understand it, reeks of institutionalism to me - are we going forwards or backwards?</p> <p>of course if the individual is being funded to access activities with the community and /or day services where they get the opportunity to socialise and interact with people other than their own staff and gain a wider range of life experiences then the cost of this, which should include (should they need it) 1:1 support from a support worker, should be included in the care package and not be in addition to it.</p>
22	15/02/16 10:48AM ID: 29841884	This proposal can only be applied if it is proven that all needs/activities for that individual can be met by the 24/7 support. If there are specialist exceptional areas that cannot be provided on a logistical basis, there must be the capacity to fund them, without affecting the overall viability of the 24/7 service provided.

23	15/02/16 2:11PM ID: 30722084	This sounds a bit confusing
24	15/02/16 2:23PM ID: 30723240	Confusing, example and proposal itself
25	15/02/16 2:29PM ID: 30723866	Its confusing, I do not know.
26	15/02/16 3:13PM ID: 30726732	All Headway service users have very different needs and abilities this needs to be dealt with in a way that won't send people into panick mode.
27	15/02/16 3:28PM ID: 30728243	Services supplied by an organisations are often essential to a users development/recovery though.
28	15/02/16 3:52PM ID: 30729638	Much of te time the only respite 24/7 carers get is whilst the client is attending a service. Also, specialist services are not normally provided by 24/7 carers.

9. PEOPLE USING THEIR OWN MONEY TO PURCHASE ENHANCED SERVICES

Overview: When the Council agrees the support plan to meet the person's eligible needs following assessment and confirms the personal budget allocation, it can take resources into account when considering the options available to meet the person's eligible needs. Some options may be more expensive than others and some options may include additional services that are not required to meet the eligible needs. The Council will also undertake a financial assessment to determine the contribution from the person towards the personal budget i.e.the cost of implementing the support plan agreed by the Council. If the person and/or their family want a more expensive option that the Council agrees meets the person's eligible needs or an option that offers additional services, they could agree with the Council to make an additional regular contribution in addition to the overall funding agreed by the Council for the support plan. Proposal 6: People receiving social care and their families might choose to use their own resources to commission additional or more expensive services over and above those that have been agreed in the support plan and are part of the personal budget. Example A: A person who has an eligible need to increase their level of physical exercise would prefer to have private gym membership rather than go swimming. The swimming option is in their support plan and funding is included in their personal budget. They decide to use some of their own money to add to the personal budget so they can purchase gym membership and get their exercise that way. Example B: A person moving into a residential home to meet their eligible needs would prefer to have a room with direct access to the gardens of the home. This is not required to meet their eligible needs and there is a higher charge for rooms with this access. The person or their family choses to pay the additional cost for this, and secures a room with the access to the garden. To what extent do you agree that people who choose to use their money in this way, can agree with the Council to add to their personal budget allocation to receive a more expensive service that meets their eligible needs or to receive additional services that are not required to meet the eligible needs?



	Response Percent	Response Total
--	---------------------	-------------------

	ID: 30088311	would it not be better to have an average of the different options being the basis for the value of the care package with any underspend then being clawed back by the council if they do go for the cheapest option, but thus allowing people a bit more choice. Of course if people can afford to pay more then fine but the reality for most is that they can't so will have no choice or control of how their eligible needs are met.
12	11/02/16 11:47AM ID: 30368818	I think this is very person centered and offers people who have the funds the opportunity to upgrade the services they receive.
13	12/02/16 11:15PM ID: 30518221	Individuals should have the ability to purchase private services where they chose to do so but it is important that a two tier system is not created. It is also important that advice and support is available to all irrespective of savings or income as many family carers are left without guidance and advice when it comes to finding the right support as they are turned away at the point of referral being told they are over threshold. It is important that there is not an expectation or pressure upon family carers to subsidise the costs of care for their loved ones as this would create financial pressure and a great deal of stress and anxiety for carers.
14	14/02/16 2:42PM ID: 30636894	People should get what they want.
15	14/02/16 3:07PM ID: 30637879	Very few of us have the means to pay for extras. why did we pay pension and national insurance all our working lives? Change the government!
16	14/02/16 3:43PM ID: 30640766	Yes because if they want to do another thing they enjoy they should be entitled to.
17	14/02/16 3:55PM ID: 30641897	Looked obvious anyway
18	14/02/16 4:25PM ID: 30643145	This is difficult due to inequalities - wealthy people would be going to the gym + having garden access, less wealthy people will not.
19	14/02/16 4:49PM ID: 30644718	if they could!
20	14/02/16 5:08PM ID: 30645493	As Long as they can afford to do so. This could lead to a two tier system.
21	15/02/16 9:12AM ID: 30692379	Example A: no for the reasons mentioned above. Example B: no because I do not think it is fair that somebody should get a privileged choice not according to his or her needs only because his or her family will pay an additional cost for it. I will repeat myself saying that I believe that the wellbeing of the most vulnerable people in our society is a shared responsibility of our community as a whole. The treatment of each individual should not be affected by his or her family's means, but because of real needs that have to be met, including emotional and mental wellbeing.
22	15/02/16 9:24AM ID: 30693887	Providing that people's eligible needs are fully met and that a change of circumstance is accounted and planned for this appears to be acceptable.
23	15/02/16 9:34AM ID: 30695077	Two comments here:

		<p>The self-funding market is part of the overall picture and under the Care Act the local authority should up its game in giving a profile to agencies like ours who have always helped self-funders to get the most out of life. We are able to undertake work for free for lots of local people and families because others pay us for our work.</p> <p>Secondly, the messaging needs to be clear – self-funding is an important part of the picture only AFTER the individual's eligibility for services and financial contribution have been assessed following a request for support. The clear danger here is of poorly trained staff telling local families that 'there is a recession on and we have been told to tell people there's no money available' to quote one local family and to paraphrase comments from a large number of others who come to us.</p>
24	15/02/16 9:43AM ID: 30696080	<p>Example A: This has already been mentioned in question 1- Only a financial consideration is being made without applying the "the wellbeing principle". The person may hate swimming.</p> <p>Example B: Is "the wellbeing principle" being applied? However if the person can supplement the cost this should be done. On the other hand beggars can't be choosers.</p>
25	15/02/16 10:27AM ID: 30697241	<p>Of course, as long as an individual has the finances to pay ADDITIONAL support that is fine and there is no extra pressure put on carers and family to fund it.</p> <p>It's about what a person needs to live a "normal" life, one where risks are manageable in order to avoid term issues arising that could end up costing much more.</p>
26	15/02/16 10:44AM ID: 30630536	Like the council, we are also reducing our costs to provide cost effective services. Very often we can meet the council half way in finding solutions, it is not always a case of all or nothing. We are now treading a fine line between the complete collapse of services and survival. Rowan is currently supplementing the provision of services by the amount of £100000 per year, roughly a third of the cost of providing services.
27	15/02/16 10:48AM ID: 29841884	This touches again on choice and quality of life. It raises the issue of providing a service that meets the immediate assessed need as opposed to planning for a quality our come. Lack in income/capacity to contribute should not mean you are only receiving the most basic provision rather than one which will enhance your life.
28	15/02/16 3:28PM ID: 30728243	As long as the service user needs are still catered for.
29	15/02/16 3:52PM ID: 30729638	Unfortunatunely we are not living in a climate where someone personal preference can be funded for.

10. HAVE YOUR SAY





Are your day-to day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? Include problems related to old age. (Please tick one box only)				
			Response Percent	Response Total
1	Yes, limited a lot	<input checked="" type="checkbox"/>	30.43%	21

2	Yes, limited a little		28.99%	20
3	No		40.58%	28
Analysis			answered	69
	Mean: 2.1 Std. Deviation: 0.84 Satisfaction Rate: 55.07		skipped	9
	Variance: 0.7 Std. Error: 0.1			





Please add your comments below: (7)

1	26/01/16 10:38AM ID: 29104839	not applicable; survey completed by service provider
2	27/01/16 7:22PM ID: 29222774	Long-term mental health illness from age 11 to present day at 34.
3	03/02/16 3:43PM ID: 29713824	I am about to have a knee replacement operation. And are obviously limited in my current activities (indoor bowls)?
4	04/02/16 9:56AM ID: 29791491	I work part time at 72
5	05/02/16 4:47PM ID: 29906183	Wheelchair user so limited as to where I can go with them
6	08/02/16 2:39PM ID: 30088311	I work for Cambs DUPLO.
7	14/02/16 3:07PM ID: 30637879	I am a stroke survivor

Do you look after, or give any help or support to family members, friends, neighbours or others because of, long term physical or mental ill-health / disability or problems due to old age? (Please tick one box only)

			Response Percent	Response Total
1	No		55.07%	38
2	Yes, 1-19 hours a week		26.09%	18
3	Yes, 20-49 hours a week		4.35%	3
4	Yes, 50 or more a week		14.49%	10
Analysis			answered	69
	Mean: 1.78 Std. Deviation: 1.06 Satisfaction Rate: 26.09			

	Variance:	1.13	Std. Error:	0.13		skipped	9
Please add your comments below: (9)							
1	21/01/16 12:57PM ID: 28736495	I am the Director of a charity that supports such people.					
2	26/01/16 10:38AM ID: 29104839	not applicable; survey completed by service provider					
3	27/01/16 7:22PM ID: 29222774	Making meals, shopping for cancer sufferer, social media support for fellow mental ill-health sufferers.					
4	02/02/16 7:15PM ID: 29667305	I work in a Day Centre.					
5	03/02/16 3:43PM ID: 29713824	Chairman of Day Centre which requires a lot of time in management activity but not hands- on with any of the actual clients.					
6	04/02/16 9:56AM ID: 29791491	I am employed to look after the elderly in a professional capacity					
7	05/02/16 4:47PM ID: 29906183	Two people in household disabled 1 physically disabled and in wheelchair 2 person with severe learning disabilities care manager allocated for the 2 nod but still awaiting a caremanager for wheelchair yser 6 years waiting I feel I save the country a lot of money in what u do (not looking for thanks) but help respite etc for both					
8	08/02/16 11:28AM ID: 30069366	I care for my severely disabled mother who has recently moved in with us					
9	10/02/16 3:31PM ID: 30285470	TWO PEOPLE AS WELL AS A FULL-TIME JOB					

What is the most important thing that the Council Care service provides for you? (Please tick all that apply)				
			Response Percent	Response Total
1	Homecare		2.90%	2
2	Day Care		10.14%	7
3	Community Equipment		2.90%	2
4	Transport to access Day Care Services		2.90%	2

5	Sensory Services					<div><div></div></div>	2.90%	2
6	Mental Health Service					<div><div></div></div>	1.45%	1
7	Other (please specify)					<div><div></div></div>	76.81%	53
Analysis	Mean:	6.04	Std. Deviation:	1.88	Satisfaction Rate:	84.06	answered	69
	Variance:	3.52	Std. Error:	0.23			skipped	9
Please add your comments below: (22)								
1	18/01/16 12:44PM ID: 28470330	n/a						
2	18/01/16 4:09PM ID: 28486446	residential care for my mother						
3	19/01/16 3:01PM ID: 28562000	Appropriate day care that recognises choice and interests as well as avoiding moving people from day care where they have established a supportive peer network.						
4	20/01/16 10:04AM ID: 28633177	no services						
5	20/01/16 3:55PM ID: 28664718	council care does not provide me with anything.						
6	26/01/16 10:38AM ID: 29104839	not applicable; survey completed by service provider						
7	26/01/16 2:44PM ID: 29125702	Blue badge parking and bus pass gives me independence						
8	27/01/16 12:27PM ID: 29194893	Personal budget to access a support worker to help with daily living activities						
9	27/01/16 3:14PM ID: 29208169	I do not receive council care						
10	27/01/16 7:22PM ID: 29222774	Nothing. Didn't even know they provided any support in terms of mental health. It would be nice for GP's to tell you or mental health services for example. I have been in the system since 2007.						
11	27/01/16 8:57PM ID: 29228804	Physiotherapy						
12	02/02/16 7:15PM ID: 29667305	Our service users would not be able to attend the centre without transport. However the Centre is just as important to our service users as the transport.						
13	03/02/16 3:43PM	Not applicable see note to question above						

	ID: 29713824	
14	04/02/16 9:56AM ID: 29791491	I work in Day care for a Charity supplying this service
15	05/02/16 4:47PM ID: 29906183	Nothing for person in wheelchair But we get day care for learning disability person and transport to get there etc wouldn't let me tick box
16	08/02/16 11:28AM ID: 30069366	Nothing!! We get no support from Council Care as my mother's savings take her outside the financial limit to get support. Her income is limited, so we are eating into her capital. Her care bills, on top of the support we give for free, comes to £3000 per month. The state contributes nothing apart from her attendance allowance.
17	08/02/16 2:39PM ID: 30088311	List only let's you tick one box at a time.
18	10/02/16 3:31PM ID: 30285470	A PERSONAL BUDGET TO PAY FOR CARERS TO HELP ME BE INDEPENDENT AND LIVE A LIFE LIKE OTHER NON-DISABLED PEOPLE
19	11/02/16 11:47AM ID: 30368818	A good standard of service for my clients.
20	15/02/16 9:12AM ID: 30692379	Cambridge & District Volunteer Centre
21	15/02/16 9:24AM ID: 30693887	Healthwatch
22	15/02/16 10:27AM ID: 30697241	Care Professional

How would a change to the way the Care services are provided have an impact on you? (Please tick below)

							Response Percent	Response Total	
1	A lot					<div></div>		69.57%	48
2	A little					<div></div>		4.35%	3
3	No difference					<div></div>		26.09%	18
Analysis	Mean:	1.57	Std. Deviation:	0.88	Satisfaction Rate:	28.26	answered		69
	Variance:	0.77	Std. Error:	0.11				skipped	9

If the changes will have an impact on you or someone you care for, please tell us how (Please explain below) (10)		
1	20/01/16 3:55PM ID: 28664718	the council provides no support for me or my partner. we are already trying to manage by ourselves.
2	21/01/16 12:57PM ID: 28736495	It would impact on our service users but not directly on our service which is free. The reply here should be not applicable.
3	26/01/16 10:38AM ID: 29104839	not applicable; survey completed by service provider
4	27/01/16 7:22PM ID: 29222774	I'm not getting any.
5	03/02/16 3:43PM ID: 29713824	Great concern about funding the DayCentres.
6	04/02/16 9:56AM ID: 29791491	If the block booking system is changed we would not be able to provide the Day Care service, as we could not afford to have the fully qualified paid staff that we do now, which we need as the vast majority of our clients need physical and mental attention on a regular basis If given a personal budget many clients who use our service would choose to supplement their income with the extra money provided rather than come to the centre and have to pay . They believe that they get the service for free at present as they do not understand that we are supported on a block booking service from the Council.
7	08/02/16 11:28AM ID: 30069366	As we get nothing from the council, these changes will make no difference.
8	08/02/16 2:39PM ID: 30088311	It will remove and lesson people's choice and control of their own care, which stands in complete opposition to the personalisation agenda.
9	11/02/16 11:47AM ID: 30368818	It will impact on my clients quality of life and impact on their anxiety and mental health, they will also struggle to understand the changes and how they affect them so I will need to add this to my current service
10	12/02/16 11:15PM ID: 30518221	I work for Carers Trust Cambridgeshire, the impact of reducing choice and control in the way that support is provided is likely to create greater need for carer support as family carers shoulder even greater responsibility.



Do you have any other comments you wish to make on the future of the Care Services? (Please explain below)									
							Response Percent	Response Total	
1	Yes					<div></div>	26.09%	18	
2	No					<div></div>	73.91%	51	
Analysis	Mean:	1.74	Std. Deviation:	0.44	Satisfaction Rate:	73.91	answered	69	

	Variance:	0.19	Std. Error:	0.05		skipped	9
Please add your comments below (18)							
1	18/01/16 12:44PM ID: 28470330	I am concerned that there will be a shift to using generic service providers for a wide range of need. I would hope that specialisms, such as working with looked after children, will be protected in these changes					
2	18/01/16 4:09PM ID: 28486446	please ensure that decisions are integrated with the health system; we need integration and shared budgets to avoid reduction in resource on one side that results in increased cost on the other,					
3	20/01/16 3:55PM ID: 28664718	please do not be 'short termist'.					
4	27/01/16 7:22PM ID: 29222774	More flexibility in care.					
5	02/02/16 7:15PM ID: 29667305	I am very concerned about how elderly service users and their families would cope without Day Care. The benefits to both is huge. I am also concerned about service users being asked to use the direct payments system. most of my service users are not able to do this themselves. Involving family has risks. I have worked in care for 20 years and have sadly seen empty fridges in homes where someone else has been in charge of the finances. Will there continue to be a proper system in place for inspecting receipts, to ensure the money is spent on care.					
6	04/02/16 9:56AM ID: 29791491	As stated previously I strongly disagree with personal budgets as I am aware, that these funds are financially unregulated and people who receive them often do not spend them on the services that they are given for. They are not financially accountable and are or will, in the future cost the Council far more than the services provided and regulated by the Council. This will impact on the whole community and whilst possibly be cost effective for Councils staffing levels it will encourage wastage of financial resources in the long term.					
7	05/02/16 4:47PM ID: 29906183	Why oh why can things not be joined up and centralised my sister has a care-manager (learning disabilities) My husband although we have been waiting 6 years but when we get one it will be a different department Why can't one care manager do both if they live in same household People should be made to be valued not hidden away that is so nazi					
8	08/02/16 11:28AM ID: 30069366	As well as being a carer, I am also a Parish Councillor in a village (Grantchester) where we have a disproportionate number of elderly people, some of whom live in sheltered accommodation. Over the last five years they have seen their services eroded dramatically. There is now no warden overseeing the housing development, just someone who comes round periodically to test the alarms are working. Family, neighbours and the local Car Scheme provide a significant amount of services that used to be provided by the council. I am all too aware that the council is between a rock and a hard place in respect of providing care services - the needs keep going up and the money keeps going down. There is a point, however, (and we have just about reached it) where the combination of lack of services, bureaucracy, time lags between need identified and met, lack of suitably trained and available staff, and lack of money is placing our residents in potentially life-threatening circumstances.					
9	10/02/16 3:31PM ID: 30285470	A FAMILY MAY HAVE SPENT MANY YEARS CARING FOR SOMEONE WITH SPECIFIC NEEDS. THE FAMILIES MAY NO LONGER BE WILLING OR ABLE TO CONTINUE WITH THIS CARE (IE ILLNESS/OLD AGE/A NEED TO RETURN TO FULL-TIME EMPLOYMENT) AS A CONSEQUENCE OF EITHER GIVING UP WORK OR TAKING A POORLY PAID JOB IN ORDER TO CARE FOR THAT PERSON, THEY THEMSELVES ARE NOW IN FINANCIAL DIFFICULTY AND HAVE COMPROMISED THEIR OWN PENSION ETC THE AIM WOULD BE FOR THE PERSON NEEDING CARE TO HAVE AS INDEPENDENT AND FULFILLED LIFE AS POSSIBLE WHICH WOULD MEAN LIVING AWAY FROM HOME. BOTH THEY, AND THE FAMILIES WHO HAVE CARED FOR THEM FOR MANY YEARS NEED THE KNOWLEDGE AND REASSURANCE THAT THE BEST LEVEL OF CARE IS AVAILABLE TO MEET THIS NEED AND PROVIDE SAFETY AND SECURITY. IF THIS HAS BEEN ACHIEVED, TO EXPECT THAT FAMILY TO BEGIN TO PROVIDE A DEGREE OF CARE OR SUPPORT IN ORDER					

		<p>TO MAKE COST SAVINGS TO THE SERVICE IS ACTUALLY GOING TO COST MORE IN THE LONG-TERM E.G. MENTAL HEALTH ISSUES RELATING TO THE TIME SPENT AS A CARER - THEY MAY HAVE FINALLY STARTED TO CARVE THEIR OWN LIFE OF INDEPENDENCE AND WORK AWAY FROM THE PERSON NEEDING CARE/INCREASED WORKING HOURS/TAKEN HOLIDAYS ETC. TO BE EXPECTED TO GO BACK TO A ROLE OF CARER FOR HOWEVER SHORT A PERIOD OF TIME, COULD BE CATASTROPHIC BOTH FOR THEM AND FOR THE ONE NEEDING CARE WHO MAY HAVE REACHED A STATE OF CONTENTMENT BY BEING ABLE TO LIVE A LIFE AWAY FROM THEIR FAMILY. PHYSICAL HEALTH NEEDS OF THE CARER COULD ALSO BECOME AN ISSUE E.G. A CARER DEVELOPS BACK PROBLEMS FROM YEARS OF CARING. THE CARE FOR PERSON NOW LIVES AWAY FROM HOME INDEPENDENTLY AND WITH CARE. THE CARERS BACK PROBLEMS BECOME LESS. THE PROBLEMS WILL RETURN IF PUT BACK INTO THE CARING ROLE - EVEN IF ONLY FOR A NUMBER OF HOURS PER WEEK.</p>
10	12/02/16 11:15PM ID: 30518221	It is very important that family carers are treated as expert partners when these difficult decisions are being made so that the most pragmatic solutions can be found, they have a unique perspective upon strengths and community networks which professionals cannot replicate. It is also important that they are not disadvantaged.
11	14/02/16 4:25PM ID: 30643145	Almost all these proposals would verge upon abuse!
12	14/02/16 4:37PM ID: 30644319	the questionnaire is rather loaded and not really objective!
13	14/02/16 5:08PM ID: 30645493	Uncertainty about the future is increasing my levels of anxiety.
14	14/02/16 5:44PM ID: 30646657	But they must be helped to understand the implications ie. less money for other things
15	15/02/16 9:12AM ID: 30692379	<p>I really do hope that the proposals in the plan will not be taken further.</p> <p>I would like to add though that the Council may consider, in order to reducing expenses and being more cost effective, to renegotiate their partnerships with some private care companies that charge a very high hourly amount, of which about only a third actually goes to care workers. The low wages of care workers in Cambridgeshire has become a very important issue to be addressed as always less qualified and experienced people decided to carry on working in the care sector and opt for other career paths better remunerated. Cost effectiveness means to have the best staff at the best cost, which is not what is happening right now in the region. On the other hand, the hourly price requested by most care companies is appalling. I think that the council should rule more actively about the gaps between price paid and wages of the care workers.</p>
16	15/02/16 9:24AM ID: 30693887	<p>It is clear from many of these questions that the Council will be reducing packages for people with care needs. Healthwatch Cambridgeshire is very concerned about the decreasing support available for people with high care and support needs and, whilst understanding the Council's financial position, wishes to highlight the inherent risks to people's safety and wellbeing. These reductions need to be carefully thought through with each person and their family and carers.</p> <p>We welcome innovation in thinking about packages, there are huge opportunities to work across the different silos of social care. However, burden of care must not be transferred to people who have their own needs and vulnerabilities. Direct payments in particular should not be seen as a way of shifting responsibility for care. The arrangements can be managed by the person and their carers, if able, but the Local Authority at all times retains legal responsibility.</p>

17	15/02/16 9:34AM ID: 30695077	<p>To make sense of the realities of the financial situation and the potential of the Care Act, Cambridge County Council has to enlarge it's current range of planning assumptions and invest in coherent startegic models that have a proven practice based with vigourous academic and economic pedigrees. We suggest starting with Assett Based Community Development and Support Brokerage, both of which are being largely ignored as development models in favour of piecemeal approaches taking some of the interventions in both disciplines out of context (eg timebanking; information, advice and guidance, support planning; community development; user leadership; peer support) and the wondering why there is no ongoing development.</p> <p>For reasons that are not clear to us, the County Council does not appear to recognise the role and potential of Support Brokerage despite its existance as a national model and the presence of the National Brokerage Network Eastern Region in the area, based at the Realife offices, for at least the past 10 years. We have been asked to present sessions at training courses and conferences organised by the County Council, CAIL and Pinpoint over the past 6 years and support approx. 120 local families and disabled people directly, most of whom are self-funders or part of our pro bono work. This is either a major oversight or a deliberate policy – neither position makes any sense to us, particularly in the light of 2014 Care Act.</p> <p>Social Work education and in particular, placement opportunities and practice teaching need to re-focus on the core competence area of 'Rights, Justice and Economic Wellbeing' in the HCPC standards of proficiency for social workers and their inter-relationship with the Professional Capabilities Framework. The Council has a lead role to play in making sure that new social workers have the knowledge and skills to address all the community development and empowerment areas cited in this review as well as providing independent training and mentoring for managers and frontline staff in keys strategic lessons learned in both Assett Based Community Development and Support Brokerage. It will be at least a 5 year strategy to training the workforce needed to build problem solving; development and empowerment skills into the skill mix in both local authority and voluntary agency work cultures.</p> <p>As part of a major complaint procedure last year, we made the offer to the County Council on behalf of several disabled people or family carers who are already on partnership boards to contribute directly to workforce development on improving competence in IAG, support planning, task based casework; support brokerage; community development and user leadership. This offer has never been actively taken up despite positive noises and we are happy to make it again in the light of this consultation exercise – with the one proviso that we won't keep offering something for ever if the Council can't be bothered to respond or is actively deciding not to work with us. Either way we will continue to do our best to support the County Council in its role through Transforming Lives and the implementation of the Care Act, from a distance if necessary.</p>
18	15/02/16 9:43AM ID: 30696080	Like the council, we have also reducing our costs to provide cost effective services. Very often we can meet the council half way in finding solutions, it is not always a case of all or nothing. We are now treading a fine line between the complete collapse of services and survival. Rowan is currently supplementing the provision of services by the amount of £100,000 per year, roughly a third of the cost of providing services.

Are you involved in a project that you think we should know about that could help us better deliver our strategy?

			Response Percent	Response Total
1	Yes		15.94%	11
2	No		84.06%	58
Analysis Mean: 1.84 Std. Deviation: 0.37 Satisfaction Rate: 84.06			answered	69

	Variance:	0.13	Std. Error:	0.04		skipped	9
If "Yes", please tell us more about the project in the space provided below: (9)							
1	18/01/16 4:09PM ID: 28486446	retired GP working with health system to increase sustainability of GP care and CCG OPACS project (linked to Better Care Fund)					
2	21/01/16 12:57PM ID: 28736495	You are already aware of the services of Cambridgeshire Hearing Help which works to help people manage their hearing loss. Critical to the preventative agenda by improving well being.					
3	26/01/16 10:38AM ID: 29104839	Centra Support, Circle Housing					
4	26/01/16 2:44PM ID: 29125702	Various research projects on loneliness and provision of services in the community					
5	27/01/16 12:27PM ID: 29194893	<p>You Can Bike Too provides volunteering opportunities for people with a range of disabilities. Part of personal budgets could be used to help this and other similar projects cover the costs of additional support required by those volunteers with disabilities, particularly learning disabilities. This additional support includes increased levels of communication, printed communication rather than emails, on the job coaching and training to ensure the person learns their task and sticks to it appropriately. The volunteers benefit from both a social activity, making a difference in their community, and gaining confidence and skills.</p> <p>Some volunteers have already had to stop volunteering because there aren't enough staff in their supported living environment to help them to access the opportunity. This reduces an individual's sense of agency and their sense of wellbeing.</p>					
6	27/01/16 7:22PM ID: 29222774	Make, Do and Mend					
7	03/02/16 3:43PM ID: 29713824	Only what I have stated above					
8	12/02/16 11:15PM ID: 30518221	CCC are fully aware and funding support through Carers Trust Cambridgeshire.					
9	15/02/16 9:12AM ID: 30692379	If the Council wants to save money being more cost effective, the only way it can be done in the care sector is by employing well trained and experienced people who can support vulnerable people in becoming more independent and active in the community: it may cost even more to begin with, but in time it will pay back every single penny spent.					

11. ABOUT YOU

Please tell us a bit more about you by ticking the appropriate box. This will help us make sure we have considered the views of a wide range of people. If you are completing this as family carer, please provide the details of the person you are caring for. Which of the following options best describes you? Are you replying as:

							Response Percent	Response Total
1	An individual						82.35%	56
2	An organisation						17.65%	12
Analysis	Mean:	1.18	Std. Deviation:	0.38	Satisfaction Rate:	17.65	answered	68
	Variance:	0.15	Std. Error:	0.05			skipped	10

Are you...





							Response Percent	Response Total
1	Service user					<div><div></div></div>	44.12%	30
2	Local authority					<div><div></div></div>	1.47%	1
3	Carer					<div><div></div></div>	10.29%	7
4	Care provider					<div><div></div></div>	2.94%	2
5	Health and social care professional					<div><div></div></div>	13.24%	9
6	Voluntary organisation					<div><div></div></div>	16.18%	11
7	Other (please state below)					<div><div></div></div>	8.82%	6
8						<div><div></div></div>	2.94%	2
Analysis	Mean:	3.38	Std. Deviation:	2.41	Satisfaction Rate:	34.03	answered	68
	Variance:	5.79	Std. Error:	0.29				skipped

Comments: (14)

1	18/01/16 12:44PM ID: 28470330	volunteer
2	20/01/16 3:55PM ID: 28664718	I would be described as a service user if the council provided a service that I used. I have needs, but they are not being met by the council.
3	26/01/16 10:38AM ID: 29104839	Registered provider of social housing

4	27/01/16 12:27PM ID: 29194893	Friend of service users
5	27/01/16 3:14PM ID: 29208169	Received survey via patient participation group
6	27/01/16 8:57PM ID: 29228804	Old age pensioner
7	02/02/16 7:15PM ID: 29667305	postcode provided below is where I live. I work in St Neots Cambridgeshire.
8	04/02/16 9:56AM ID: 29791491	I work for a Charity which provides Day Care
9	08/02/16 11:28AM ID: 30069366	I completed this primarily as a carer, but am also a parish councillor and Chair of our local volunteer Car Scheme
10	12/02/16 11:15PM ID: 30518221	Carers Support Team Manager, on behalf of Carers Trust Cambridgeshire.
11	15/02/16 9:24AM ID: 30693887	Healthwatch
12	15/02/16 9:34AM ID: 30695077	Realife Trust/National Brokerage Network
13	15/02/16 9:43AM ID: 30696080	Rowan
14	15/02/16 2:37PM ID: 30724456	Scope

Are you...


			Response Percent	Response Total
1	Male		38.24%	26
2	Female		52.94%	36
3	Other		0.00%	0
4	Prefer not to say		8.82%	6

Analysis	Mean:	1.79	Std. Deviation:	0.83	Satisfaction Rate:	26.47	answered	68
	Variance:	0.69	Std. Error:	0.1			skipped	10





Please provide your age:

							Response Percent	Response Total
1	Under 18						0.00%	0
2	18-24					<div></div>	8.82%	6
3	25-34					<div></div>	19.12%	13
4	35-44					<div></div>	13.24%	9
5	45-54					<div></div>	17.65%	12
6	55-64					<div></div>	17.65%	12
7	65-74					<div></div>	7.35%	5
8	75+					<div></div>	7.35%	5
9	Prefer not to say					<div></div>	8.82%	6
Analysis	Mean:	5.12	Std. Deviation:	2.05	Satisfaction Rate:	51.47	answered	68
	Variance:	4.22	Std. Error:	0.25			skipped	10

How would you describe your ethnic background?

				Response Percent	Response Total
1	British			86.76%	59
2	Irish			0.00%	0
3	Gypsy & Traveller			0.00%	0

4	Other		0.00%	0				
5	African		0.00%	0				
6	Caribbean	<div></div>	1.47%	1				
7	Other		0.00%	0				
8	White and Black African		0.00%	0				
9	White and Black Caribbean		0.00%	0				
10	White and Asian		0.00%	0				
11	Other		0.00%	0				
12	Indian		0.00%	0				
13	Pakistani		0.00%	0				
14	Bangladeshi		0.00%	0				
15	Chinese		0.00%	0				
16	Other		0.00%	0				
17	Any other Ethnic Group		0.00%	0				
18	Prefer not to say	<div></div>	11.76%	8				
Analysis	Mean:	4.56	Std. Deviation:	6.77	Satisfaction Rate:	16.18	answered	68
	Variance:	45.86	Std. Error:	0.82			skipped	10

Are you..					Response Percent	Response Total
1	In education (full or part time)				2.94%	2
2	In employment (full or part time)				27.94%	19
3	Self-employed (full or part time)				1.47%	1
4	Retired				7.35%	5

5	Stay at home parent / carer or similar	<div><div></div></div>	2.94%	2				
6	Prefer not to say	<div><div></div></div>	55.88%	38				
7	Other (please specify):	<div><div></div></div>	1.47%	1				
Analysis	Mean:	4.53	Std. Deviation:	1.87	Satisfaction Rate:	58.82	answered	68
	Variance:	3.51	Std. Error:	0.23				
Other (please specify): (1)								
1	27/01/16 7:22PM ID: 29222774	Disabled						