

Consultation – Analysis of Responses for the FACS Consultation

1. Summary

The majority of respondents opposed the proposal and the main concerns were:

- a. The Council is targeting the most vulnerable members of the community
- b. The proposals will lead to increased costs to the NHS and council in the long term, as the needs of service users affected will increase
- c. The Council should reduce costs in other ways, e.g. by reducing high salaries or cutting staff numbers
- d. The Council should make attempts to raise revenue and increase the level of central government grant
- e. Community Care budgets should be increased to avoid an implementation of the proposals at the expense of other council budgets
- f. The proposals will increase the burden of care for carers, some of whom may need to stop working or may be unable to maintain their caring role
- g. Simple and easy to understand information is needed about how the 'critical' and 'substantial' categories are defined and assessment decisions made
- h. The need for speedy reassessments for those with changing/deteriorating needs and for the council to ensure there are enough staff to achieve this
- i. The need for some services to be made available to those that would lose their current services such as respite care, outreach services and support for domestic and personal care

2. Methodology

Once the proposals were drawn up potential respondents were made aware the public consultation was taking place through the following:

- Press adverts were placed in the Harrow People council magazine (January and May 2007), Harrow Times, Harrow Leader and the Harrow Observer, announcing that the consultation was taking place and subsequent adverts also provided information about the public meetings.
- A number of posters were placed in all Harrow libraries, and on council community notice boards, as well as in the civic centre & all people first sites. Copies were also sent to GP surgeries and directly to local organisations to place on their notice boards. Subsequent posters also provided information about the public meetings. Local organisations were also sent information and a request made for them to include this

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information in any relevant documents being produced for dissemination.

- The Harrow Council website was used to advertise the consultation with links to the PDF documents of each proposal, as well as copies of the adverts, posters and information about the public meetings. There were 191 'hits' on the Spring 2007 public consultations homepage for FACS and Day Centre charging.
- Consultation packs were sent out to 4,135 current, recent and potential service users, 2,000 carers, 693 local organisations and the 63 councillors. Free return envelopes were provided for completed feedback sheets. Council staff also attended a number of specific user group meetings arranged by local organisations to encourage feedback and to answer questions about the consultation. Audio tapes were also available for people who required an audio copy of the document.

The service users were made up of:

Service Area	Number of Service Users
FACS	3625
Mental Health service users	350
Direct Payment users	160
TOTAL	4135

In addition some 2,000 carers were sent a consultation pack in partnership with Carers Support Harrow.

Carers	Number
Carers	2000

The local organisations were made up of:

Organisations	Number
Community, voluntary and faith groups	256
Providers of residential and domiciliary care in Harrow	156
Supporting People contractors	73
Schools	69
GP surgeries	39
People First sites	31
Home care provision providers	21
Mental Health Partnership	19
Harrow Resident and tenant associations	18

Harrow Libraries	11
TOTAL	693

In order to encourage feedback, potential respondents were able to choose from the following methods to express their views.

- By post using a free return envelope (to send back feedback sheets)
- Calling the dedicated telephone consultation line (feedback sheets were filled in by council staff)
- Via email to the dedicated consultation email address
- By taking part in the three public meetings organised by Harrow Council as well as attending the Public Question Time Meeting (attended by 46 people)
- By taking part in the meetings/workshops organised independently and specifically to feedback into the consultations. Three meetings organised by Harrow Mencap (three meetings attended by over 100 people of which 76 were people with learning disabilities and their families and carers), the Harrow Users Group (19 people), Milmans Day Centre service user group (37 service users), The Bridge Service Users Group meeting (37 service users), The Young Carers Project, Harrow MS Society and the Partnership for Older People (POPS) panel, Older People's Reference Group and Harrow Strategic Partnership.

Participant response - numbers

426 individual responses (feedback sheet, written response, telephone or email), the following table breaks down respondents for each consultation.

Respondent	No.	%
Service users	296	69.5%
Carers	108	25.4%
Other e.g. councillor, member of public	12	2.8%
Organisations	10	2.3%
Total Number of Responses Received	426	100%

Some 97 people attended the public meetings, of whom 20 were deemed to be from a visible ethnic minority background. Participants in each public meeting identified themselves as a mix of service users (38%), carers (49%) and voluntary organisation representatives (12%) and a GP (1%).

The following table provides a breakdown of respondents, who stated their ethnic origin when responding by completing a feedback sheet, or who called the consultation telephone line.

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Ethnic origin of respondents (as stated on feedback sheets)	No	%
Asian or Asian British Bangladeshi	3	0.8%
Asian or Asian British Indian	67	17.6%
Asian or Asian British Pakistani	5	1.3%
Asian or Asian British Other	9	2.4%
Black or Black British African	3	0.8%
Black or Black British Caribbean	9	2.3%
Black or Black British Other	1	0.3%
Chinese	0	
Mixed White and Black African	1	0.3%
Mixed White and Black Asian	1	0.3%
Mixed White and Black Caribbean	1	0.3%
Mixed Other	4	1.0%
White British	246	64.7%
White Irish	13	3.4%
White Other	17	4.5%
TOTAL	380	100%

3. Consultation analysis of FACS proposals

Written, telephone or email responses to the consultation document and meetings/workshops

The following is an analysis of the response to the feedback sheets contained in the consultation document and comments received from all of the meetings/workshops.

Respondents were given the opportunity to comment on the following proposal. "Owing to the increasing numbers of older and disabled people and the financial consequences outlined in this document, the Council is making the following proposal: In the future, the Council's social care services will only meet needs that are 'critical'. The following comments were made

No.	Comment	Response
1	What is critical, how is it defined and by whose definition?	The criteria, set nationally by the Department of Health (DoH), define 'critical' for all Councils.
2	The council's idea of 'critical' and a carer's idea are different.	It is noted that there are differences in the way service users and carers take to mean critical and substantial and the national guidelines which all councils must apply.
3	Our needs vary, at times we think they are critical and other times they are substantial, because our condition changes at different times/it feels that substantial and critical overlap.	The criteria is set nationally by the Department of Health (DoH), Changing needs are considered at reviews/reassessments. Service users may also contact the Care Management Team at any time if they believe their needs have changed significantly.
4	The proposals will create a situation where people with "substantial" social care needs become "critical" much quicker than would otherwise be the case.	Harrow proposes to change its local guidance to staff applying the DoH critical criteria to use a 12-week timeframe, so that service users who will deteriorate from substantial to critical in the next 12 weeks will continue to receive a critical level of services, to pick up this concern. See Cabinet main report 2.4, bullet point 4, options for consideration.
5	This proposal effects the most disadvantaged/vulnerable of people in our society, particularly older people who have	'Critical' covers the most vulnerable people and these will continue to receive council funded services. The criteria will apply equally to all adult social care groups, so in that sense older people will be treated

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	contributed through taxation over many years and will now be denied any services needed.	no better and no worse than anyone else. However, more older people are likely to be affected, simply because there are more people aged 65 and over who use social care services than there are in any other group. The equalities impact assessment (EIA) provides more information.
6	Will service users/carers be able to appeal if they do not agree with the decisions made in a reassessment?	There is no appeal process against the determination of eligibility criteria - the 'assessment'. Service users/carers are able to complain to the council and can ask for help through the local advocacy services with making a complaint. It is noted that many people want an appeals process.
7	Will there be speedy access to reassessment if a person's condition deteriorates further?	The risk of deterioration if support was not provided is one of the factors considered when assessing the level of need. People can request a reassessment at any time and if their needs change rapidly, this can be done quickly. Also see point 4.
8	Will people with substantial needs receive any service?	Most of the individuals whom we currently support are likely to have a mixture of critical and substantial needs but only their critical needs will be met. Also see point 4.
9	This action will be unfair for those whose needs are less than critical.	Noted. People will be able to request a review of their needs if they believe they have changed significantly. Also see point 4.
10	Critical must come first but every effort must be made to support substantial for those who cannot afford the cost.	See Cabinet main report 2.4 bullet points, options for consideration. Additional support services which might be run with other voluntary services are being considered.
11	The proposals are very worrying and I do not know how I/the person I care for will be affected or how we will manage.	Those with critical needs will continue to receive help and support. We will work with local voluntary, community and faith groups to identify and encourage the development of other informal sources of support. For domestic support within the home the expectation is that people will make use of their attendance allowance (current lower rate £41 per week) for the purpose intended, such as housework, laundry and shopping services.
12	It may jeopardise elderly and disabled people's ability to live independently within the	See Cabinet main report 2.4 bullet points, options for consideration.

	community in line with the current government guidelines. It could further compromise people's ability to rehabilitate themselves back into work and off benefits, effectively strengthening the "benefit trap".	
13	This council should have planned for this, it is not a new issue, we are an ageing population.	This is a national issue. Many councils are struggling with increasing demands from a growing elderly population and people with increasingly complex disabilities which exceed current levels of government funding. Without additional resources the council is considering whether to focus resources on those most in need and modernising the way we provide services for vulnerable people.
14	A perfectly reasonable course of action, considering the reduction in funds/reluctantly I agree.	Noted.
15	The council cannot rely on voluntary organisations to bridge the gap that will be created.	The Council and voluntary organisations in Harrow have agreed a Compact, which provides a framework for working together. The council operates a system of grants to voluntary organisations and has established relationships providing services and facilities through partnerships. The council would continue to develop it's partnerships with voluntary groups in order to maximize opportunities and services for Harrow's residents. See Cabinet main report 2.4, bullet point 3, options for consideration.
16	Does this eliminate respite care? There is a basic need for 'respite care' for all people so that a 'normal' family life can be maintained.	No. Respite can be one aspect covered in an assessment of need. Where it is assessed as a critical need then it will continue to be funded by the council. Other voluntary and private providers also provide options for people to self-fund, as now.
17	Is there a disabled person involved in the decision-making process of the proposals?	The council's cabinet will make the final decision. They are all councillors elected by the people of Harrow. No current cabinet member has a registered disability. This consultation provided the opportunity for people who do have a disability to influence the cabinet's thinking. The equalities impact assessment will inform

	councillors for their July Cabinet meeting.
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Respondents were asked to if the proposed change would affect their life and made the following comments.

No.	Comment	Response
18	I/the person I care for will not be able to afford unsubsidised care and this will have an impact on the quality of our life.	See 15 above.
19	I/the person I care for would have no-one to socialise with.	See 15 above.
20	If services are withdrawn there is a chance that service users' health and wellbeing will be affected.	See 4 above.
21	I am unable to manage some basic domestic manual tasks such as ironing, cleaning, changing light bulbs, etc.	Some support and prevention services already exist for example mainly through services provided by the voluntary sector, which may be partly council funded. We would work with other service providers and the voluntary, community and faith sector to see how they might develop other informal support services they provide. Examples include the fall prevention service and the healthy living centre. Through this approach one care agency is now approaching a private shopping service at a cost of £8 per shop. The voluntary sector also provides a range of valuable services to residents. The most recent service commissioned is a floating support service from Willow Housing to assist and provide former occupiers on any issues which might prevent them from continuing to live at home. Also see point 15 above.
22	Care for personal hygiene, confidence, dignity may suffer.	
23	My immediate relatives live about 100 miles away.	See point 12 above.

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24	Withdrawal of services will increase the burden of care on me as a carer and increase the stress Service users may become less independent, increasing the dependency on carers.	Noted. An equalities impact assessment, (EIA), partly informed by the consultation, is also going to councillors for them to consider at July Cabinet meeting. Carer groups contributed information to this. All carers are entitled to an assessment in their own right. If their needs are such that they cannot continue to care and meet the critical needs of the cared for person, then these will be met.
25	I am getting old too and being a carer is wearing. I am also suffering from a serious illness too.	
26	As a carer life is already hard, and now it will be even more difficult, particularly as I don't have help any more with cleaning and domestic help.	
27	Make sure alternative services are available to people before making changes and not to leave people without support.	See Cabinet main report 2.4, bullet point 3, options for consideration. If the changes go ahead we will explore how we might work with other organisations to develop alternative services in the community, as and when resources are available, to help support people who may no longer be eligible for specialist social care services from the council. Also see 15 above.
28	Not immediately, but it may in the future as I become less independent and able to cope.	Service users can ask for a reassessment if they believe there circumstances have changed.
29	I will still need care – but will I have to pay for all of it?	Substantial needs will have to be paid for after reassessment. Also see 4 above.

Respondents were asked to tick which of the following measures would make it easier for them, if the proposals were adopted and to list any others.

Measures that would make it easier for respondents if proposals were adopted	No.	%
Someone to assist you in deciding which services could best help you	254	60%
Giving you clear information during any reassessment and giving you a quick and clear decision on your eligibility	225	53%
A notice period before we change your service so that you can arrange alternatives	224	53%
Information about other services that could help meet your needs	201	47%
Advice about benefits to which you may be entitled	197	46%

Additional measures stated were that information should be available for a range of service users, i.e. larger print, Braille, appropriate foreign languages. Many respondents reiterated that they did not favour the proposals.

Respondents were asked if they thought that the Council has considered all available means of making council services efficient and value for money, 326 respondents provided an answer.

	Yes (96)	No (230)
Do you think that the Council has considered all available means of making council services efficient and value for money?	29.5%	70.5%

When asked to provide suggestions on how the council could make services more efficient and save money, the following replies were made:

- Cut back on 'non essential services' such as libraries
- Cut back on 'non essential expenditure' such as cycle and bus lanes, road works, translation
- Cut down on bureaucracy costs
- Reduce Members' allowances and expenses
- Cut the number of council staff, including middle management
- Do not use agencies if it is cheaper to run services 'in house'
- Renegotiate with the central government to increase the amount of funding given to Harrow
- Increase charges where possible, such as for internet use in libraries, car parking
- Combine services/buildings where possible
- Early preventative services – 'a stitch in time saves nine'
- Better forward planning
- Don't know/would need more information to provide an answer

Respondents were asked, what additional community-based support and/or prevention services they would want to have available, if the proposals were adopted, for future planning. The following services were stated:

- Respite care
- Support services from specialist organisations such as Mencap or Mind
- Drop in centres/support and advice groups
- Outreach or more resources for my Care home
- A range of day services
- Specialist doctors, respite care, adult day care
- Support for domestic and personal care
- Shopping services and laundry services
- More social clubs
- Sheltered activities/ voluntary supported work/ support paid work

Finally, respondents were asked if there were any other points that they wanted to inform the consultation, which are listed below.

No.	Comment	Response
a	The council is being unfair in taking a short-term view, when the financial position has improved will things change?	The council reviews its services regularly and changes are made to reflect its budget situation.
b	There is an air of despair and concern for people who may be affected. Without the mental stimulation and interaction, it will affect the quality of life of people.	The impact that this consultation may have on individuals is noted. This is a statutory consultation and by law, the council must provide information to people who may be affected by this proposal.
c	Changes will have a major impact on carers, many are struggling to cope and may have to give up work	Noted. The equalities impact assessment which will be sent to councillors for the July Cabinet meeting. All carers are entitled to an assessment in their own right. If their needs are such that they cannot continue to care and meet the

	less or give up work.	critical needs of the cared for person, then these will be met.
d	Community services helped me over a difficult period, I hope they are there for other people to benefit from in the future.	See 15 above.
e	I foresee real difficulties for service users with moderate needs.	See 15 above.
f	What other actions is the council considering to raise money or make savings elsewhere?	In 2006/2007 the council made £19 million savings across the authority in all departments, so it is not just adult social care that is affected.
g	Why not look at ways to increase funding for Harrow from central government, instead of adopting the proposals?	Harrow lobbied the government for extra resources, nil additional funds have been secured to date.

Analysis of the public meetings

The participants at the public meetings were asked to discuss their views to two questions on the proposals relating to FACS. These are listed below together with an analysis of the main points made in the three public meetings.

Q1	How do we best spend money for competing services – the choice is do we spread the adult community care budget more ‘thinly’ on a broad range of people with needs (who will receive ‘less’) or do we concentrate/focus on those with the most needs (who would receive ‘more’).
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- Do not concentrate to on some people at the expense of others.
- Look at the needs of people and then set the budget to match.
- Instead the council should look to make cuts elsewhere on other budgets or raise more funds so that the proposals are not adopted. The council should seek to increase the central government subsidy received by Harrow.
- More information is required about assessment procedures particularly about reassessments and reviews.

- A withdrawal of services for those with substantial needs would have a detrimental affect on users and carers. This could result in more members of the family requiring services in the long run.
- There was some confusion on the distinction in the criteria applied in judging who has critical rather than substantial needs.
- The question was perceived as being ‘loaded’ towards the proposals in the consultation.
- There is the need to increase the number of Assessment Officers at the council.

Q2	<p>If we target on those with higher/multiple needs how can we best help those who do not receive a service?</p> <p>For example, if there was a budget of say, £250,000 how could we best work with the voluntary/faith/charitable sector to make a difference?</p>
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- It was felt that the question is loaded/invidious. It’s encouraging people who believe individual needs should be considered.
- The voluntary sector can deliver greater efficiency in some situations rather than direct service provisions.
- Most people thought that the council should not ‘pass the buck’ to other organisation that have limited funds. Other participants thought that it was a good idea to work with organisations but the council would have to provide free premises and seriously look at the capabilities of other organisations to be able to deliver services.
- Some people thought that faith groups should be excluded as they would not be inclusive for the range of clients in Harrow.
- Some local voluntary groups have had to reduce their services due to lack of funding/council grant cuts.
- Employment services.
- Private sector care homes could be approached to see if they are willing to provide places for day care at a reduced cost to the council.

Q3	<p>Which particular preventative proposals/services do you think that the council and organisations in Harrow should consider developing?</p>
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- It is important if critical only needs are met, so that an early warning system is in place.
- Advocacy services will particularly help.
- Exercise classes, but to achieve this access to leisure centres and appropriate transport is required.
- Healthy eating education.
- Day centres are a preventative services so access should be retained for all current users.
- Develop user groups within day centres.
- Younger adults would benefit from activity centres, work experience and other initiatives away from their home.

- Independent living opportunities.
- Work opportunities/social enterprise firms/Choices 4 All.
- A 'good neighbour scheme' – a formal befriending service.