

NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

Social Services Health & Housing Cabinet Committee

12 MAY 2016

Report of the Corporate Directors

SECTION A - MATTER FOR DECISION

WARDS AFFECTED: ALL

Direct Service – Community Integrated Model

1. Purpose of Report

This Report follows an earlier Report to the Social Services Health & Housing Cabinet Committee on 26th November 2015.

That Report sought approval from Members to consult upon new Models for Day Opportunities provision.

This Report has been shaped by and reflects the Consultation which took place.

The scope of the Consultation was around a proposal to move from the existing model of premises-based provision to a community-based integrated model of provision.

In order to reflect the Consultation, Members are presented with more than One Option, than was set out in the November Report.

The purpose of this Report is to invite Members to choose one of three possible Options for the future of these services.

2. Executive Summary

The Council currently spends approximately £4.5m per annum (including £1.4m transport costs) providing day opportunities to a range of people including older people, people with disabilities and those with mental ill health.

There is an FFP efficiency saving across in-house direct services of £1m that has to be achieved by 2020. Remodelling of the services will assist in achieving this saving and improve responsiveness of services to users' needs. In addition to this, there are also financial savings in the FFP of £100k savings in 2016-17 against transport within the Environment Directorate that will result in a reduction of transport available for day services. There are in excess of £700k of maintenance repair works needed on a number of existing day service buildings over the next 5 years. The Council does not have the funds to meet these liabilities.

The current model of provision is very traditional. It relies upon premises-based provision where in many cases, service users are required to be transported to and from; in some cases, some distance from the communities in which they live.

The proposed drive to transform these services is informed by two necessities:-

- (a) To modernise these services and customise them better to service users' needs.
- (b) Because of the inescapable requirement for the Council to reduce its expenditure upon personal Social Services. In this context, no element of provision can be or has been excluded from consideration.

Remodelling of this provision is consistent with the new Social Services and Well-being Act. It seeks to:-

- Forge greater development and use of community-based provision
- Promote co-design and production of services
- Focus more specifically and individually upon each service user's well-being goals.

In order for this to occur there will need to be a much greater emphasis upon and deployment of capacity on Market Development. That is to say, to encourage the development of new, co-produced local provisions in local communities.

Direct Payments have a part to play in this endeavour, but they are not (a) a pre-requisite of provision taking place; nor (b) are they a pre-condition of receiving a service.

However, as experience elsewhere clearly demonstrates, available purchasing power is a pre-requisite of enabling local opportunities to become viable and develop. Direct Payments may by their nature, be a more expedient, rapid stimulus for growth of local opportunities.

3. Background

A report was presented to members on the 26th November 2015 which gave authority to enter into a 45 day staff consultation and a 90 day public consultation that proposed to move from a traditional dedicated building based day service model, to an Integrated Community Service model.

Consultation began on the 3.12.15 and closed on the 16.3.16. This included both a public and staff consultation period. The consultation was a robust and transparent process that included all relevant affected parties. (Please see appendix 2 – Communication and Engagement Activity)

The current model of delivery has not been significantly reviewed for many years. The services date in their current model from the early 1980s. Various independent reviews in the past identified our services as being “traditional”. The function of day services has been to meet the assessed needs of people considered eligible for Community Care Services. Although, under the new Social Services and Wellbeing Act access to managed care services is more circumscribed than in the past and other strategies for meeting needs, need to be considered before services are granted.

The Council provides day services to a wide range of groups, comprising older people, adults with learning disabilities, physical and sensory disabilities and people with mental ill health. Currently there are approximately 570 people accessing the Council’s day services. This is

made up of approximately 150 older people and 414 people with disabilities or mental health illness. The total number of support hours delivered by these services is approximately 5,000 per week.

The services are delivered from thirteen dedicated buildings, which are geographically spread across the borough. Twelve of the thirteen buildings, are owned by the council and one is owned by third sector residential service, COASTAL Housing (Ty Twyn Teg, Neath, hire charge £5 per day). Ty Twyn Teg provides day services for older people and of the thirteen dedicated buildings, five are used to provide day services for older people (aged 50 +) and eight support adults with disabilities (aged 16-64). (Please see Appendix 8 – Direct Services current structure)

For the avoidance of doubt, the following services are not in scope:-

- Work Training and Employment Service is a borough wide service and provides a range of vocational training and employment support to people with disabilities or mental ill health aged between 16 and 64. **(Not in scope)**
- Community Independence Service is funded by the Welsh Government's Supporting People Grant and provides one to one support to people to live in the community and maintain their tenancies. **(Not in scope)**
- Complex Health Needs services are specifically designed buildings which provide both social and health care for people aged between 16 and 64 years that have profound disabilities and complex health issues. These services have significant health professional input which includes Occupational Therapists, Physiotherapist and Speech and Language Therapists. There are three Complex Health Needs Services, two are located in Port Talbot and one in Neath. **(Not in scope)**

These services are in scope:-

- Older People's Day Centres are for people over the age of 50 who are vulnerable in terms of social isolation or who live independently and are supported by their families. There are 5 Day Centres geographically located across the borough and include Glynneath, Neath, Port Talbot, Croeserw and Pontardawe. **(In scope)**

- Care Services are building based day care services for people with mild to moderate learning disabilities aged between 16 and 64 years who require supervision and support. There are three of such services located in Neath, Port Talbot and Pontardawe and each operates on a catchment area basis. **(In scope)**

The 8 provisions affected by the proposals laid out within this document are:

Older Persons Services:	Located:	Owned & maintained by Council or rented:
Trem-Y-Glyn	Glyneath – Neath Valley	Owned by Council
Gelligron	Pontardawe – Swansea Valley	Owned by Council
Ty-Twyn-Teg	Neath – central Neath	Rented via COASTAL Housing
Rhodes House	Port Talbot	Owned by Council
Croeserw	Croeserw – Upper Afan Valley	Rented via NPT

Care Services:	Located:	Owned & maintained by Council or rented:
Patch base	Pontardawe – Swansea Valley	Owned by Council
Bronleigh	Neath – Neath Valleys, central Neath	Owned by Council
Rhodes	Port Talbot and surrounding areas	Owned by Council

This proposal to move a different model of provision would mean the closure of these eight services and the release by sale of any capital attached to the buildings owned by the Council. In the cases where we have rental agreements our Estates Department would be responsible for negotiating and ceasing these arrangements. However, Members are presented with other Options later in the Report.

For the purpose of this report it is worth noting the following:

Gelligron

This site has been shared by the previous Mental Health Rehabilitation Unit which is now closed and, currently with the Community Mental Health Team. These include Social Workers and ABMU teams. In closing Gelligron Day service the overall site would need to be considered. Estates have indicated that they have an alternative provision within Pontardawe that could accommodate the Community Mental Health Team. This would enable the whole plot at Gelligron to be sold. The site is considered “prime real estate development”.

Rhodes House

This site is a shared facility and encompasses Brynamlwg Complex Needs Service, Port Talbot Care and Support Service and Rhodes Older Persons Day Service. Within the last year 80K has been spent on this building to ensure it is fit for purpose. This year the Community Independence Service has also based itself from this service. The building in future will be factored into a complete review of our Complex Needs Services. This area will be the subject of future cabinet report at a later date this year.

Roles and functions of services

One of the most significant functions of day services is that they provide respite to carers. This is fully recognised and any service agreed will need to give due consideration to the needs of carers alongside, that of the individual. This would be reflected in formal carers’ assessments.

Traditionally social work assessments have resulted in people attending building based day services. For some people this can be up to 5 days per week. This is known as a “service led” approach.

A service led approach can mean;

- Limited choice and control over how you spend your time and where.
- Fitting into the designed parameters of a service.
- Sometimes being removed from your own community to attend the closest service.
- Having to consider the needs of a group rather than an individual.
- Transport at times and in ways that are effective for the services and their operational hours.

The Social Services and Wellbeing Act requires us to look at our assessments differently, to utilise community resources, to consider all

avenues of support. One of the key features of the Act is that of the “National Eligibility Criteria” for Social Services in Wales. This is to avoid what is often referred to as a “postcode lottery” and to ensure equity of services to all vulnerable adults. (Please see appendix 14 – National Eligibility Criteria)

To address the new statutory requirements, an operational change programme is currently underway within Care Management. This will equip social workers with the skills to fulfil their duties as required by the Social Services and Wellbeing Act.

All review of assessments undertaken now by our Social Work Teams need to reflect the following:

- What are the specific individual outcomes a person wishes to achieve?
- What are their skills in relation to personal independence?
- Can support be provided through 3rd Sector organisations such as Age Concern or existing community resources?
- What informal support is there for a person, family, friends and are they willing to assist in any way?
- If it is paid or formal support then a direct payment could be considered or a service provided by the Local Authority, dependent upon the person, their circumstances and preferences.
- In addition a transport assessment would be undertaken which could reflect, for example that, with support a person may be able to learn to travel independently.
- A carer’s assessment would be offered or re-visited to ensure that these circumstances are factored into any support for the future.

What is clear is that the current model of support is outdated and does not reflect the spirit and intent of the new Social Services and Wellbeing Act. A community based model based on individual assessments will ensure that services are undertaken with people, within their communities, which will as a direct result reduce the heavy reliance upon Social Service transport and overall service provision. As people become increasingly visible within their communities, naturally occurring relationships and support are more likely to develop.

To be clear, remodelled services would continue to address statutory requirements in meeting eligible needs as defined within the new Social Service and Wellbeing Act.

A move to Integrated Care Services cannot take place overnight. Alternative sources of provision will need to be identified, stimulated and allowed to grow.

This will require:

- Equipping service users and their carers to become aware of opportunities to meet their needs and feeling confident about articulating their choices about provision.
- New providers of local services being aware of the developing opportunities, being assisted to grow and feeling confident, with or without assistance to set up provisions in communities.
- Encouragement of service users themselves and their carers to become active partners in the development and shaping of new, localised provisions.
- Encouragement of Community Groups or Social Enterprises to become new, innovative providers of services.

In the above respects it is essential to recognise new provisions can only spring up and flourish if the funds are there to support them. Which means that:-

- If budgets continue to be locked up in premises-based provision, by definition they cannot also be used to fund new provisions. (The Council would be paying twice, which it simply cannot afford.)
- The Council must be able to fund new provisions either through recipients of Direct Payments buying into/clubbing together for services; or by the Council directly funding new providers and new provisions.

The latter may well give rise to (EU) Procurement Régime implications.

Please see the following appendices:

Appendix 12 – Service Data sets

Appendix 14 – New National eligibility criteria

Appendix 8 - Current direct service structure

Appendix 9 – Proposed direct service structure

4. Option Appraisal

The Consultation set out to Consult service users, stakeholders and staff about a new model of provision.

It became clear during the Consultation that there were:-

- Significant objections to/fears about change per se
- A significant, but vocal minority of stakeholders who were hostile to any notion of change.

In order to reflect fairly and as widely as possible divergent views and pressures, this Report presents Members with more than one option.

Option One Do Nothing

The attractions of this Option are:-

- There will be no requirement for change and no disruption.
- There are likely to be fewer complaints and the time taken to deal with them.
- No requirement for Market Development and phase down of old provision and phase up of new provision.
- Those who like and value the status quo will continue to be able to enjoy it

The disadvantages are:-

- That the Council will not realise a total FFP saving of circa £990k (See appendix 15)
- These savings will need to be found somewhere else, at a time when savings opportunities are becoming rarer and considerably more difficult to find.
- The opportunity to modernise, localise and customise services better to the needs of individuals will be lost
- Service users/carers who no longer require/wish this type of provision may opt for a Direct Payment.
- This would reduce the funding available to support these provisions; or result in the Council paying twice, which it cannot afford.

- There is a backlog of premises maintenance of £750k. As buildings become unfit/ unsafe to occupy they will need to be closed down.
- The Transport Fleet is nearing the end of its useful life. Vehicles will either need to be replaced or alternative forms of transport found. This will be costly and/or logistically hazardous.

Option Two Transfer Provision To Community Ownership and Management

The attractions of this Option are identical to Option One, but have the following additional benefits:-

- Communities and service users themselves could take control of and develop provision
- The principles behind such an approach are in complete conformity with the Social Services and Well-being Act
- Provision could be run eg, as a Social Enterprise or Community Interest Company
- It is likely that service users and stakeholders would have greater control of provision and consequently a much greater sense of empowerment and responsibility
- There may be tax (cost savings) advantages from this model.

There are two disadvantages:-

- The Council would not make FFP savings required; unless a progressive reduction/ replacement of funding could be agreed.
- The expertise in running a business would need to be identified by service users/ stakeholders.

Option Three Community Integrated Model

This model would see small groups of people coming together within their own community eg: community centres, church halls, leisure centres and undertaking activities that are either pre-existing or that will be established and delivered by the “Community Connecting Team”. The service will have routine and structure and the people we support and our teams will know where they are, with whom and what they are doing, this could be on a sessional basis or a day basis dependent upon the individual and their circumstances. The team would have a central office base but be largely community based moving where the need is

presented. As result of mobile working all staff will be issued with appropriate technology to enable them to contact line managers for advice and to receive essential information. The service will operate during core hours which are Monday to Friday, 9am to 5pm. However, the service will also have the responsiveness to work during the evenings where there is a clear need to do so. The service will accept referrals from Social Work Teams via the Direct Service Referral route. This is a weekly meeting of all service managers who look at the presenting needs of a person and subsequently pass the referral to the most appropriate service area.

The attractions of this Option are:-

- It will localise provision in communities nearer and more convenient to service users
- It provides scope to innovate in order to make a variety of provision, more tailored to different requirements and wishes (not 'one size fits all.')
- The Council will realise FFP savings in the order of £1m a year (this includes savings arising from the Environment Directorate) – See appendix 15
- The problems with premises maintenance backlog and Transport Fleet obsolescence will be avoided.

There are the following disadvantages:-

- This model is clearly not universally agreeable (Consultation)
- There will be an additional £230k year cost to sustain services for 18 individuals within the service who are identified as having a “significant” need. There are options in support provided to this group and the variations are outlined clearly in appendix 5.
- It does not empower or transfer responsibility to service users/stakeholders as does Option Two.
- There will be a time lag as old provision is phased down and new provisions are phased up
- The exact nature of what new provisions will be is to some extent an unknown.

Conclusion

What can be said from Consultation is that the existing provision meets a range of fairly clearly defined needs and wishes.

It does not follow from this that either:-

- (a) The current provision only can uniquely meet those needs and wishes; or
- (b) That other forms of provision could not meet those needs and wishes well or even better.

Therefore the Option chosen must be the one which most effectively captures:-

- Meeting the needs and wishes of the widest number of service users/stakeholders possible
- Delivering the most economic solution for the Council in the context of FFP
- Responsiveness and resilience

The Director of Social Services, Health and Housing will create a Transition Plan following Members' consideration of this Report, which reflects the decision made by Members on which of the above Options to choose.

5. Equality Impact Assessment

An Equality Impact Assessment (EIA) has been undertaken to assist the Council in discharging its Public Sector Equality Duty under the Equality Act 2010. An overview of the EIA has been included in this report in summary form only and it is essential that Members read the Equality Impact Assessment, which is attached to the report at Appendix 1, for the purposes of the meeting.

The Equality Impact Assessment has assessed that the proposed move from having a traditional building based day service model to an integrated community service model will affect individuals with assessed needs in relation to older people, people with learning disabilities and people with mental ill health. The proposals will not have an adverse effect on these groups of people, as all service users will undertake assessments to identify their assessed needs. Once identified, service users will receive an appropriate service to meet these assessed needs. Following on from this, appropriate individual plans will be put in place ensuring a smooth transition process for all service users. It is, however, likely to have an adverse effect on some carers where a reduction in service may occur.

People supported in Council commissioned accommodation services:

Assessments have now started and for the above they will need to happen regardless of any agreed changes moving forward. What is now fully recognised is that whilst “the Pathways To Independence” project “right sized” commissioned amounts of money to external providers, it did not however, take account of any additional funding options that are available and in many cases being utilised.

Examples include supporting people funding, (Welsh government grant money), or Independent living fund packages along with pre-existing direct payments. It does not necessarily follow that as an assessment takes place increased funding is given to the provider. The challenge for social workers undertaking the assessment is to clarify what is happening with existing funding. This group will be moved from day service by the end of June’16. All statutory responsibilities in relation to “eligible need” will be fully met.

People who may be potentially ineligible for services

We have identified people as being “potentially ineligible” for service but, this is to be fully explored and clarified by a formal individual social work assessment. This will account for any information that we are not currently aware of. This will be in accordance with the new Social Services and Wellbeing Act.

To be clear these assessments would be required regardless of any agreed changes moving forward. These individuals will be supported to identify what is available within the community that can meet their needs and will be supported to attend initially. They will then be formally discharged. This group will be moved on from day services by the end of June’16

The people who have been identified as being ineligible have been so for the following reasons: people who outside of day services are independent in travelling on public transport, manage their homes/budgets, those who have extensive social/family networks.

People who will require a specialist service:

It is clearly identified that there are a small group of people with a significant level of need. The individual social work assessment will clearly identify this and put appropriate support in place. If someone is transitioning from one form of care and support to another, this will be sensitively and appropriately undertaken. An

alternative service for this group could include; specialist commissioned services either internal or external, or a direct payment. These decisions and how they are implemented are a matter of choice, discussion and agreement with the person and those important to them.

Allocation to social work teams:

Social work teams have been advised of the individuals potentially affected by any agreed remodel and also fully involved in the consultation process. The following social work teams are affected by these proposals, Neath and Afan Networks and the Complex Disability team.

Please see the following appendices:

See appendix 1 – Equality Impact Assessment

See Appendix 12 – Service data sets

6. Workforce impact

The Workforce Impact will be different dependent upon which of the Options Members choose.

Option One

There will be little change, other than possible effects of ER/VR.

Option Two

This would result in a TUPE Transfer, with all staff transferring with all Terms and Conditions intact.

Option Three

This Option has much more wide ranging implications.

Staff will experience a change in the way that they undertake their work. They will be largely community based and lone working with much smaller groups of people. They will become responsible for identifying community deficiencies and working with all relevant people to establish projects and activities which will meet the needs of the people they will be supporting. A notable impact in the proposal is staffing ratios. Currently within the care and support teams the ratios are 5 people we support to 1 member of staff. In older persons day services the ratios are 10:1. This model would see a standardised ratio across a service area of 5:1. Staff will be provided with mobile devices that enable them to seek advice or guidance when necessary, and to send and receive relevant information.

Specific posts are more likely to be impacted upon than others for example; catering, domestic and escort/drivers. If we are working within community settings there will be no demand for these posts. This will all be addressed by a formal management of change process with trade union representation.

Currently, there are 56 staff (38.3 FTE) working in the day services where the changes are proposed. Their current terms and conditions will not be affected but work patterns will need to alter. Staff will have a named specific base to ensure that they are able to claim their subsistence allowance.

The new model proposes a move from 38.3 Full Time Equivalent staff members to 14 Full Time equivalent team members which represents a savings of £582,355. Informal discussions and ER/VR applications have confirmed that we can achieve this reduction without compulsory redundancies and Trade Union colleagues are aware of this.

The proposed staffing structure for the service is as follows:

Service Manager 1 x 18.5hrs

This will be shared post with the current Community Independence service which is also a community based service. This post ensures quality, development, safeguarding and accountability for the service and how it performs.

Service Coordinators 1 x 37hrs

This is the person who will manage and coordinate the service on a day to day basis under the guidance of the Service Manager. They will be responsible for sourcing and arranging activities, supervising staff, leading team meetings, assessing new referrals and developing agreed support packages.

Senior Community Connector 1 x 37hrs

This post partly forms a deputising role for the Service Coordinator. In their absence staff will still have a key point of contact. This person will also become the “expert” in community opportunities and is expected to work directly with Local Area Coordinators, voluntary service in developing activities and resources for the people we support and their wider community. This role will also have an element of “hands on” and will be utilised to support and mentor staff throughout the service.

Community Connector 12 x 37hrs

These are the frontline care teams. They will work with individuals and small groups in identified locations such as community centres, church halls etc. This will be under the direction of the above two posts. They will provide hands on support to assist people where necessary. They will work in ratios of one member of staff to five people. They will be responsible for reporting to other people involved in a package of care such as family members, social workers, health care professionals.

Affected teams and Trade Union representation will enter into a formal 45 day Management Of Change process should this proposal be accepted by members. This will allow individuals and teams to raise any issues they may have in relation to the new model. It will also enable ERVR applications to be processed, but these will need to be delayed until the new model goes “live”.

One of the most significant workforce impacts of this model lie within the Environment Directorate. This model proposes a move to locality based working with small clusters of people. In addition, the assessment process will identify what if any transport requirements a person has. The Environment Directorate will lack the required resources to work in this manner, their current fleet is geared towards large number of passengers going to a specific destination. The new model will see much smaller numbers of people coming together across the authority which will prove to be both logistically and financially unviable. However, their support will be required in any future model to identify smaller transport providers within an area and, to procure and establish new localised arrangements.

Please see the following appendices:

Appendix 8 – Direct Services current structure

Appendix 9 – Direct Services proposed structure

Appendix 10 – Community Connecting Team structure

Appendix 11 – Staffing personnel committee report and costings

Appendix 13 – Community Connecting Team functions

Appendix 15 – Financial costings

7. Legal impacts:

The Social Services and Wellbeing Act is a key driver for the proposed changes. It supports services that are proactive and preventative in nature. It places significant emphasis on community resources, developing community capacity and resilience. In addition, it promotes citizens inclusion, choice and control in how they are supported. Our current model of delivery as outlined earlier is “service led” and therefore has less natural parallels with the new Social Services and Wellbeing Act.

The Social Services and Wellbeing Act will supersede all previous care and support legislation in Wales. It will mean the following for people we currently support or new referrals into the service.

- Services will be available to provide the right support at the right time.
- More Information and advice will be available.
- Assessment will be simpler and proportionate.
- Carers will have an equal right to be assessed for support.
- There are stronger powers to keep people safe from abuse and neglect.

It is worth noting a significant change in relation to direct payments under the Act. Individuals who choose to take a direct payment can now purchase Council run services if they wish. Again this provides the individual with greater autonomy and flexibility. This could mean that a person may choose to purchase parts of a Council service and purchase a personal assistant for other aspects of their support needs.

For the purposes of this report it is worth being aware of the following parts of the act:

Part Two General Functions

Local Arrangements – 15 – Preventative Services

15.1

A Local Authority must provide or arrange for the provision of a range of and level of services which it considers will achieve the purposes in subsection (2) in its area.

The purposes are

(Please note the act applies to both children and adults I have only outlined the points relevant to adults):

1. Contributing towards preventing or delaying the development of people's needs for care and support,
2. Reducing the needs of care and support of people who have such needs.
3. Minimising the effect on disabled people of their disabilities,
4. Contributing towards preventing people from suffering from abuse and neglect.
5. Enabling people to live their lives as independently as possible.

Part Three Assessing the Needs of Individuals

Assessing adults – 19 – Duty to assess

19.4

In carrying out a needs assessment under this section the Local Authority must –

1. Seek to identify the outcomes that the adult wishes to achieve in their day to day life,
2. Assess whether, and if so to what extent the provision of
 - i. Care and support
 - ii. Preventative services
 - iii. Information, advice or assistanceCould contribute to the achievement of those outcomes or otherwise meet needs identified by the assessment
3. Assess whether, and if so, to what extent, other matters could contribute to the achievement of those outcomes or otherwise meet needs identified by the assessment.

Part Four Meeting Needs

Deciding what to do following needs assessment

34.1

How to meet needs.

1. The following are examples of the ways in which a Local Authority may meet needs under sections 35-45
 - i. By arranging for a person other than the authority to provide something;
 - ii. By itself providing something;
 - iii. By providing something, or by arranging for something to be provided, to a person other than the person with needs of care and support.
2. The following are examples of what may be provided or arranged to meet needs under sections 34-45
 - i. Accommodation in a care home, children's home or premises of some other type,
 - ii. Care and support at home or in the community,

- iii. Services, goods and facilities,
- iv. Counselling and advocacy,
- v. Social work
- vi. Payments (including direct payments)
- vii. Aids and adaptations
- viii. Occupational therapy

<http://www.legislation.gov.uk/anaw/2014/4/contents>

The proposed model of service is concurrent with the principles and key features of the act, will meet all new statutory requirements under the Act, and aligns itself to the preventative services identified earlier in this section of the report.

8. **Risk management:**

The risks associated with failing to implement the proposed recommendations are that:

- Savings will not be realised in line with Councils FFP.
- Services will not develop in line with both their “natural evolution” and the principles of the Social Services and Wellbeing Act.
- Council services will continue to be more costly, less efficient and responsive than their private counterparts.

The associated risks with implementing the recommendations are that:

- There may be increased complaints if people have their service reduced or in some cases removed.
- ERVR cases will need to be delayed to a specific date. These are also linked to the individual assessments that are needed and, will inform the “live” date of the new service provision.
- The Council may have its reputation challenged on a number of levels as it seeks to develop a new model of service. This may well be viewed as removal of rather than remodel of services. This will need to be carefully managed and conveyed.

Mitigating actions:

- Managed open and transparent communication with all affected parties.
- Robust project planning to track assessment process, Management of Change process and development of new service.
- Individual social work assessments are a statutory requirement and enable a full discussion of needs and how they may be best met with a person and those important to them.

- Carers assessments that explicitly identify carers needs and circumstances. This will enable support to be developed that is consistent with all affected parties requirements.

9. Consultation :

Public consultation formally opened on the 3rd December'15 and closed on the 16th of March 2016.

Staff consultation opened on the 3rd of December'15 and closed on the 16th of February 2016.

The majority of the comments can be summarised as follows:

- Communication / lack of awareness / involvement: Not every service user/carer has a social worker and it was felt that this limited the possibility for engagement with services and service users.
Everyone affected by this proposal would be allocated a social worker to undertake their assessment and to develop support that is reflective of a persons' circumstances and requirements.
- Carers cited poor communication with professionals as a blockage, e.g. some stating they never hear from their family member's social worker. There was a strong feeling that there is a need to raise awareness of carers' rights and their entitlement to an assessment.
Many cases have been "in review" as there has been little change in the support a person receives. All relevant professionals are aware of this proposal and the need for reassessment of cases. Under the new Social Service and Well-being Act carers assessments will now be formally offered to all carers.
- The community based support model would, I fear, be inappropriate for, and potentially harmful to, some service users with more challenging needs.
It is recognised that the model will not suit all people. There are a small cluster of people (18), who will require a more bespoke service. This will be explored and agreed via the individual assessment process.
- Respondents feared that a community coordinator could not care for multiple adults with substantial learning disabilities, problems with walking and communicating, and unpredictable behaviour,

using only community facilities and without any day centre to return to, seems flawed.

Current staffing ratios in Older Persons Service are 1:10 and in our Care and Support Services 1:5. This provides all groups with an equity of support that is relevant to their support needs. The current Care and Support services are already largely community based and already deliver support with minimal issues within community settings.

- Concerns to expect them to rely solely on visits to local cafes and leisure centres with no certain point of refuge with which they are familiar.

There will be an agreed planned programme of activities for each person supported by the service. This will provide much needed structure, routine and purpose to individuals' life. There are a plethora of community activities and resources readily available and the role of the new team would be to map and use these as effectively as possible.

Your Voice feedback can be summarised by User group Older People and Pan disability, the main issues to emerge from these groups can be summarised as :-

- **Older People-** The mood within the older person's day services were more negative, service users felt that they were going to be assessed differently and would not have the same amount of services they received now. there were lots of concerns about finances and 'value for money' services as some service users were already paying for a service they were unhappy with, service users had apprehensions about the logistics of meeting people within the community, concerns about transport and being more vulnerable.
- Respite for my family and a break from my family members.
- The main concerns within older people services were the potential they would lose the companionship of a larger group. This was very important to them and featured more highly than any issues about the quality of activities, concerns about vulnerability within the community. Some service users with health needs feel that the uncertainty of a community based scheme will mean that they are going to be better off and safer staying at home. Service users find the security of the building base reassuring and without this feel they may be out of their depth. Some are afraid that friendship groups will be split up and they will lose contact with people they get along with. Others feel that the buildings give them a sense of

familiarity and the community may be too 'fast paced and unpredictable'.

- **Pan disability-** Service users struggled to understand that the buildings closing wouldn't mean the end of the service. Concerns how it would work; lack the same routine as the current service and weekly activities. The security of having a base knowing when their day would start and end i.e. stability, it gives me time away from my family
- They were aware of the surroundings and if for a variety of reasons they did not feel able to participate in the activities they could opt out and stay at the centre with staff and do another activity.

Staff consultation:

A 45 day consultation was held between 3rd December 2015 to 29th January 2016 this was extended to 16th February 2016 with staff affected.

An all staff meeting was held on 24th November 2016 chaired by Nick Jarman Director of Social Services alongside Cllr John Roger, Mike Jones Principal Officer and Trade Union colleagues. The proposed model was presented in detail and staff engaged in a Q&A session with senior officers, the consultation was widely promoted through team meetings, staff briefings, notice boards, and a generic newsletters and the Intranet. Information has also been included in the staff 'In the Loop' newsletter and promoted on Facebook and Twitter.

Between the 6th January & 12th January 2016 Mike Jones Principal Officer and Lisa Livingstone Service Manager attended team meetings in all the affected day services. They met with staff, explaining the proposed structure in greater detail and answered questions and the Management of Change process if approved.

Public and Service Users Consultation Feedback:

A 90 day public consultation was held between 3rd December 2015 to 13th March 2016. The consultation was widely promoted to all current service users and carers and the public and partner organisations. Firstly, it was ensured that consultation booklets and questionnaires on the proposed model were circulated to all current service users and carers known to Social Services.

In addition, the following has taken place:

- 7 Staff meetings have taken place
- 8 Public briefings have been given at a number of representative forums and events across the County Borough including, Neath, Port Talbot and Pontardawe (open to all stakeholders)
- 9 Client Carer meetings have taken place
- 1 Meeting with education partners
- 3 meetings with third sector partners

Your Voice Advocacy were asked to facilitate an independent workshops on the consultation with Service Users to ensure impartial feedback.

- 99 out of 146 service users across Older Persons service were involved in the consultation feedback sessions.
- 53 out of 70 individual service users across Learning Disability services have been involved in the consultation feedback sessions.
- This totals 36 hours support across all services.
- This totals 152 service users across all services
- Bronleigh Learning Disabilities service – 4 hours support.
- Rhodes House Learning Disabilities service – 4 hours support
- Pontardawe (patch) Learning Disabilities service – 2 hours support plus 1 hour support for an individual and family.
- 53 out of 70 individual service users across Learning Disability services have been involved in the consultation feedback sessions
- Trem y Glyn Older Persons service – 4 hours support. 22 service users
- Ty Twyn Teg Older persons service – 6 hours support. 27 service users.
- Rhodes house Older Persons service – 4 hours support. 27 service users.
- Gelligron Older Persons service – 3 hours support. 7 service users
- Croeserw (Arwelfa) Older Persons service – 4 hours support. 16 service users

Recurring themes:

Retaining some buildings:

Although there is understanding in the suggestion and discussion of this, it would effectively be a centralisation of services. This would increase travel times for people, and create larger services than we have currently. This would in fact be a step backwards in providing support to people.

Those with higher levels of need:

There are 18 people identified out of the current 180 people in our services who have significant support needs. These individuals and family members will be fully supported through the social work assessment process. They would develop a support plan/package of care that is reflective of their personal circumstances. This will include taking into account the requirements of carers. This does not have to be a direct payment. A service can still be commissioned or managed by the Council.

Are there enough community resources available?

We already know of a number of facilities such as: The Hwb in Ystalyfera, The Dove Workshops, Banwen, Croeserw Community Enterprise Centre, and various community centres across NPT.

In addition to this, current Service Coordinators are mapping their local areas to develop a full list of events and activities within localities. There is a significant cross over here with Local Area Coordination, and we will work closely with them to develop community activities and projects.

Like for like services:

This question has been repeatedly raised throughout the process. There is no straight answer. Services will be dependent on “assessed, eligible need”. This has been clearly conveyed throughout the consultation process. These assessments will be undertaken by our Social Work Teams and be in line with the new National Eligibility Criteria. All aspects of the assessment process will include the individual and those important to them and so, any alterations in the support a person receives will be fully documented, discussed and agreed.

Routine & Structure:

Any service requires routine and structure and in fact a community based service will require a higher degree of planning and structure.

Staff will work throughout the borough in agreed times and places, supporting and coordinating the delivery of activities or facilitating them independently. This activity would be overseen by two senior members of staff and a service manager.

People will know where they are, how they are getting there and what they will be doing, on the same day and time each week. Any deviation would be in agreement with the group.

Please see the following appendices:

Appendix 1 Equalities Impact Assessment
Appendix 2 Communication and engagement activity
Appendix 3 Communication and engagement summary
Appendix 4 Consultation booklet
Appendix 5 Easy read consultation document – Your Voice Advocacy
Appendix 6 Easy read proposal document – Your Voice Advocacy
Appendix 7 Service user feedback – Your Voice Advocacy

All consultation responses from meetings, via the consultation portal and letters will be available in the members library. A summary is included for the purposes of this report.

10. Recommendation

Members have been presented with three clear Options. These are:-

One

Do nothing and leave things as they are.

Two

Transfer the Provision in-scope to the Ownership and Control of service users/stakeholders concerned.

Three

Community Integrated Model.

Section 4 of the Report sets out an Option Appraisal for Members.

Members are recommended to choose one of the three Options set out.

11. Reasons for Decision

In order to choose an operating Option for the services in-scope which is the best fit between:-

- Meeting the needs and wishes of the widest number of service users/carers possible.
- Delivering the most economic solution for the Council in the FFP context.
- Responsiveness and resilience.

12. Implementation of Decision

The decision is proposed for the three day call in period.

13. Appendices

1. Equalities Impact Assessment
2. Communication and engagement activity
3. Communication and engagement summary
4. Consultation booklet
5. Easy read consultation document – Your Voice Advocacy
6. Easy read proposal document – Your Voice Advocacy
7. Service user feedback – Your Voice Advocacy
8. Direct Services current structure
9. Direct Services proposed structure
10. Community Connecting Team structure
11. Personnel committee report and costings
12. Day service data sets
13. Community Connecting Team functions
14. National Eligibility Criteria
15. Financial costings

14. List of Background Papers

- **Social Services and Well-being Act 2014 (Wales)**
<http://www.legislation.gov.uk/anaw/2014/4/contents>
- **A Social Care Policy for Transforming Social Care In Neath Port Talbot 2013 – 2018**
http://www.npt.gov.uk/pdf/Social_Care_Policy_2013_2018.pdf

Officer Contact:

Lisa Livingstone – Project Manager

Email:

l.e.livingstone@npt.gov.uk

Tel.

01639 684731 or 07816999081

Appendices

Cabinet Report – 12th May'2016

1. Equalities Impact Assessment
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14. National Eligibility Criteria
15. Financial costings

Appendix 1 - Equality Impact Assessment (EIA) Report Form

This form should be completed for each Equality Impact Assessment on a new or existing function, a reduction or closure of service, any policy, procedure, strategy, plan or project which has been screened and found relevant to Equality and Diversity.

Please refer to the 'Equality Impact Assessment Guidance' while completing this form. If you would like further guidance please contact the Corporate Strategy Team or your directorate Heads of Service Equality Champion.

Where do you work?
Service Area: Adult Direct Care Services
Directorate: Social Service Health & Housing

(a) This EIA is being completed for a...

Service/ Function <input checked="" type="checkbox"/>	Policy/ Procedure <input type="checkbox"/>	Project <input type="checkbox"/>	Strategy <input type="checkbox"/>	Plan <input checked="" type="checkbox"/>	Proposal <input type="checkbox"/>
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(b) Please name and describe below...

To develop a Community Integrated model of support which will, replace the current provision of; Care and Support and Older Persons Day Services within the borough. This will mean moving from a traditional building based service to an entirely community based service. People would be supported in their own localities, within the communities' natural resources. And, where necessary, support will be provided to establish, attend, and deliver activities within and for their communities that meet their assessed and eligible needs.

(c) It was initially screened for relevance to Equality and Diversity on 26th November 2016

(d) It was found to be relevant to...

Age	<input checked="" type="checkbox"/>	Race	<input type="checkbox"/>
Disability	<input checked="" type="checkbox"/>	Religion or belief	<input type="checkbox"/>
Gender reassignment	<input type="checkbox"/>	Sex	<input type="checkbox"/>
Marriage & civil partnership	<input type="checkbox"/>	Sexual orientation	<input type="checkbox"/>
Pregnancy and maternity	<input type="checkbox"/>	Welsh language	<input checked="" type="checkbox"/>

(e) Lead Officer

Name: Lisa Livingstone

Job title: Service Manager

Date:

(f) Approved by Head of Service

Name: Angela Thomas

Date:

Section 1 – Aims (See guidance):

Briefly describe the aims of the function, service, policy, procedure, strategy, plan, proposal or project:

What are the aims?

To develop a community based model of support that will replace the existing Older Persons and Care and Support day services. This will mean moving from traditional building based services that are, largely owned by the Local Authority ie: dedicated buildings which provide day care facilities exclusively to specific groups. To, an entirely community based service where, people would be supported in their own localities, within the communities' natural resources. This may include community centres, education establishments, pre-existing community groups.

Our intention is: to support people in developing naturally occurring, relationships and opportunities that are available to everyone. It will strive to redress the balance of people being viewed as "passive recipients" rather, contributing individuals with skills to share. At its' heart lie the principles of equality, self- worth, integration and progression.

To modernise our services so that they align with the principles of the Social Services and Wellbeing Act with, a clear focus on people, planning and prevention.

To achieve identified FFP savings set against the service area.

To ensure an effective implementation of the Direct Payments Strategy.

Who has responsibility?

Lisa Livingstone – Service Manager – Direct Services

Who are the stakeholders?

- Our current user group along with their families/carers.
- People identified as being in transition from Child to Adult Services and families/carers.
- Front line day support teams.
- Social Workers.
- Health professionals.
- Environment directorate.
- Trade Unions.
- Third Sector Organisations

Section 2 - Information about Service Users (See guidance):

Please tick what information you know about your service users and provide details / evidence of how this information is collected.

Age	<input checked="" type="checkbox"/>	Race	<input type="checkbox"/>
Disability	<input checked="" type="checkbox"/>	Religion or belief	<input type="checkbox"/>
Gender reassignment	<input type="checkbox"/>	Sex	<input type="checkbox"/>
Marriage & civil partnership	<input type="checkbox"/>	Sexual orientation	<input type="checkbox"/>
Pregnancy and maternity	<input type="checkbox"/>	Welsh language	<input type="checkbox"/>

What information do you know about your service users and how is this information collected?

- **Total number of people currently supported**

180 across the 8 services identified

- **Number of Older Persons – over 55 years old**

125 people

- **Number of people with a mild to moderate learning disability – 16-64 years old**

55 people

- **Gender split within services**

Older persons day services – 30 (M) – 95 (F)

Care & Support Services – 32 (M) – 23 (F)

- **Numbers of people we support that are also in LA commissioned accommodation services**

23

- **Number of people potentially ineligible for service.**

52

- **Numbers of people potentially requiring specialist dementia service or other specialist provision including those with higher levels of need.**

18

- **Allocation to social work teams:**

Neath network – 75 case

Afan network – 34

Complex case team – 71

This information is gathered from social work assessments, service returns and monitoring information. This is held on the Social Services client index, other internal databases and reporting systems.

Any Actions Required?

- **To establish an assessment timescale for all cases affected under the proposed remodel**

Social work teams have been advised of the individuals potentially affected by any agreed remodel and also fully involved in the consultation process. They now hold all the data identified above and there are clear timescales in place.

Section 3 - Impact on Protected Characteristics (See guidance):

Please consider the possible impact on the different protected characteristics. This could

be based on service user information, data, consultation and research or professional experience (e.g. comments and complaints).

		Positive	Negative	Neutral	Needs further investigation
Age	➔	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	➔	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender reassignment	➔	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Marriage & civil partnership	➔	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pregnancy and maternity	➔	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Race	➔	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Religion or belief	➔	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sex	➔	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sexual orientation	➔	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Welsh language	➔	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thinking about your answers above, please explain in detail why this is the case including details of any consultation (and/or other information) which has been undertaken to support your view

Our intention is: to support people in developing naturally occurring, relationships and opportunities that are available to everyone. It will strive to redress the balance of people being viewed as “passive recipients” rather, contributing, individuals with skills to share. At its’ heart lie the principles of equality, self- worth, integration and progression.

There are positive impacts for the majority of people who are older or have a disability. This would be as a result of being “part” of their communities and “included and valued”. The model will encourage relationships to develop outside of a common peer group and may be based around common interests. This will prevent social isolation for people and prevent overall deterioration in an individuals’ wellbeing.

There is a positive impact on welsh language. People would be supported within their own communities especially on the outer peripheries of the borough as a result, they will be more inclined to speak in many cases their first language – welsh.

The remainder identified groups; gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The impact is neutral as the development of this service does not specifically target or support these groups. However, any individuals from these groups could access the service if they present an eligible need at any point.

The current model of support has been delivered with minimal change in its delivery for over thirty years. Historically, day services have been used to meet any and all needs of groups of people residing in the same area. This has led to:

- Over subscription to day centres.
- No consideration given to what is already available within communities that could meet a persons’ needs.
- Segregation of people into categories such as older people, people with learning disabilities. Further segregation by placing people in service specific buildings that are not open to the public.
- Day services being unable to meet individual needs effectively as they have to consider the needs of an overall group rather than an individual. This also leads directly to limited choice for the person being supported.
- Day services meeting the respite needs of carers but not necessarily the needs of an individual.
- Long periods for individuals spent on transport to get to dedicated buildings, which often as a direct result means they are removed from their own communities.

The Social Services and Wellbeing Act requires us to look at our assessments differently, to utilise community resources, to consider all avenues of support.

All review or assessments undertaken now by our social work teams need to reflect the following:

- What are the specific individual outcomes a person wishes to achieve?
- What are their skills in relation to personal independence?
- Can support be provided through 3rd Sector organisations such as Age Concern or existing community resources?

- What informal support is there for a person, family, friends, and are they willing to assist in anyway?
- If it is paid or formal support then a direct payment could be considered or a service provided by the Local Authority, dependent upon the person, their circumstances and preferences.
- In addition a transport assessment would be undertaken which could reflect, for example that, with support a person may be able to learn to travel independently.
- A carers assessment would be offered or re-visited to ensure that these circumstances are factored into any support for the future.

However, what is also clear is that the current model of support is outdated and does not reflect the spirit and intent of the new Social Services and Wellbeing Act. A community based model based on individual assessments will ensure that services are undertaken with people, within their communities, which will, as a direct result reduce the heavy reliance upon Social Service transport. As people are increasingly visible within their communities, naturally occurring relationships and support are more likely to develop.

The remodel of services requires people to have Community presence and engagement and will meet support needs of both groups and individuals. Staff will work throughout the borough in agreed times and places, supporting and coordinating the delivery of activities or facilitating them independently. Where transport provision is an assessed need this will be arranged by the authority but will be on a much smaller scale. Where people have very specific individual requirements these can be met via an internally or externally commissioned service, direct payment.

Those with significant needs which may include dementia or significant learning disabilities will find difficulty in operating within the proposed model. However, these are a minority group of 18 people in total. This group will require services that are commissioned around them to meet their needs effectively. This will be agreed and discussed during the individual social work assessment process.

Some carers/family members will see an impact on their current provision. As cases are individually assessed and eligible need is identified people may see their service increase or in some cases decrease. This assessment will be undertaken by social worker and will cover all aspects of a person life and support needed. In addition all carers will be actively encouraged to undertake a formal carers assessment to ensure that support agreed and provided reflects both the needs of the individual and their carers'.

To be clear, the remodelled services will continue to address statutory requirements in meeting eligible needs.

Staff will experience a change in the way that they undertake their work. They will be largely community based and lone working with much smaller groups of people. They will become responsible for identifying community deficiencies and working with all relevant people to establish projects and activities which will meet the needs of the people they will be supporting. If this remodel is approved all of this will be discussed and agreed with staff and their trade unions within a formal management of change process.

Specific posts are more likely to be impacted upon than others for example; catering, domestic and escort/drivers. If we are working within community settings there will be no demand for these posts. Again, this will all be addressed by a formal management of change process and with trade union representation.

What consultation and engagement has been undertaken (e.g. with the public

and/or members of protected groups) to support your view?

- Consultation has taken place over a 90 day period from the 3/12/15 to the 16/3/16.
- This has included consultation events/materials/informal coffee mornings.
- “Your Voice” external advocacy service were commissioned to undertake a robust consultation and engagement exercise for the people who access our services. They have significant experience of working with people with learning disabilities. They have produced a comprehensive report that represents the views of this group.
- Information has been available on the NPT website and social media sites.
- Staff consultation was undertaken during at the same time for a 45 period. This ran from 3/12/15 to the 29/2/16. During this all individual teams were met with trade union representation and advised how they could contribute to the consultation process.

For full itinerary of events see Appendix 1 – Consultation timetable

Appendix 2 – Consultation Questions & Answers

Any actions required (to mitigate adverse impact or to address identified gaps in knowledge)

- **Specialist services/support**

Any specific requirements and eligible needs will be fully explored via the individual assessment process. This could mean any of the following solutions: a direct payment package that can be built around the person, a commissioned internal/external service that supports the individual in the manner most effective to them. The Alzheimer’s society provide, specific support to individuals with a formal diagnosis and already deliver a commissioned “floating support” service within NPT.

- **To prioritise those identified as potentially ineligible to determine and agree a way forward that is individual to a person as circumstances dictate.**

. These assessments are already starting to happen for those who are identified as “potentially ineligible”. To be clear these assessments would be required regardless of any agreed changes moving forward. These individuals will be supported to identify what is the community that can meet their needs and will be supported to attend initially. They will then be formally discharged. This group will be moved on from day services by the end of June’16

The people who have been identified as being ineligible have been so for the following reasons: people who outside of day services are independent in travelling on public transport, manage their homes/budgets, those who have extensive social/family networks.

- **To prioritise those identified as residing in Council commissioned accommodation services for assessment. This group will receive their support via their providers, taking into account all funding streams available to providers, and utilising where needed individual and pooled direct payments.**

Assessments have now started and for the above they will need to happen regardless of any agreed changes moving forward. What is now fully recognised is that whilst “the Pathways To Independence” project “right sized” commissioned amounts of money to external providers, it did not however, take account of any additional funding streams that are available and in many cases being utilised. Examples include supporting people funding, (Welsh government grant money), or Independent living fund packages along with pre-existing direct payments. It does not necessarily follow

that as an assessment takes place increased funding is given to the provider. The challenge for social workers undertaking the assessment is to clarify what is happening with existing funding. This group will be moved from day service by the end of June'16. All statutory responsibilities in relation to “eligible need” will be fully met.

- **Individual assessment and eligible need:**

All people affected by this remodel will have a formal assessment with a social worker which will assess their “eligible need” and, look at Carers requirements in their own right. This statutory function of assessment will provide all people affected by these changes an opportunity to formally discuss, document and agree changes in support moving forward.

- **Carers rights & assessments:**

All carers have been made aware of and will be encouraged to take up a formal carers’ assessment. This should be married with an individuals’ assessment to reflect a package of support that meets both of these needs.

- **Management of Change for affected staff:**

There is a planned staff meeting for the 16/5/16 – this will be to discuss with staff and trade unions the outcome of cabinets decision in relation to the proposal of remodelling services. At this point a formal management of change start date will be agreed and commence for a 45 day period.

A new staffing structure and job descriptions will be developed and taken to personnel committee for approval once the Management Of Change process is concluded.

Section 4 - Other Impacts:

Please consider how the initiative might address the following issues.

You could base this on service user information, data, consultation and research or professional experience (e.g. comments and complaints).

Foster good relations between different groups	Advance equality of opportunity between different groups
Elimination of discrimination, harassment and victimisation	Reduction of social exclusion and poverty

(Please see guidance for definitions) Please explain any possible impact on each of the above.

A community integrated model of support – (Community Connecting Team - CCT) would have a positive impact overall for many people. However, it is also acknowledged that for a small minority they may require a more bespoke service. These can be managed, and planned for, within the individual assessment process.

Foster good relations between different groups:

The principals of integration, participation and inclusion are key to this model. This model by its nature places people with support, within community settings on a regular basis which; will encourage communities to interact with, accept and value people for what they have to offer rather than viewing people as recipients of services. An example might be a community based computers class. This, could be attended by a number of people from, different backgrounds. Some of these individuals might be supported by the CCT to engage in this activity. As a result people are more likely to develop relationships based on common interests rather than age or disability.

Advance equality of opportunity between different groups:

Each person we support will have individual assessment of their needs undertaken by a social worker as described earlier. It is this process that defines and ensures equality of opportunity across groups of people affected by this remodel.

People will have the opportunity to engage in activities alongside other members of their communities that share similar interests. These activities will take place in appropriate venues at appropriate times.

Elimination of discrimination, harassment and victimisation:

As people become more visible within their communities, their community is more likely to respond and support them. This will thereby reduce any potential discrimination, harassment and victimisation.

In addition people whilst formally accessing the CCT will be supported by staff within community settings who will respond to and support in negating any of the above.

Community cohesion:

This will potentially improve community cohesion by; creating opportunities to develop localised solutions to meeting peoples' needs. This will be achieved by staff from the CCT providing support to individuals and groups. This support will link people with existing community resources and services. And, stimulate new services within communities by working and improving community partnerships where deficiencies exist.

Reduction of social exclusion and poverty:

People will have the opportunity to engage in activities alongside other members of their communities that share similar interests. These activities will take place in appropriate venues at appropriate times.

This is opposed to day centres which classify people by disability or age.

What work have you already done to improve any of the above?

Please see section 3 – what consultation and engagement has taken place?

Current Service Coordinators across the affected service areas have already been profiling community resources available in their localities, and in some cases in agreement with relevant people are accessing and utilising these resources.

Is the initiative likely to impact on Community Cohesion?

Positive impact –

This will potentially improve community cohesion by; creating opportunities to develop localised solutions to meeting peoples' needs. This will be achieved by staff from the CCT providing support to individuals and groups. This support will link people with existing community resources and services. And, stimulate new services within communities by working and improving community partnerships where deficiencies exist.

How will the initiative treat the Welsh language in the same way as the English language?

Provision of welsh language support, documentation, publications, assessments, referrals and reviews will be conducted in welsh if this is the preferred choice.

Actions (to mitigate adverse impact or to address identified gaps in knowledge).

Those potentially ineligible for services:

- **To establish an assessment timescale for all cases affected under the proposed remodel**

Please see comments in section 2 actions required.

- **Specialist services/support**

Please see comments in section 3 actions required.

- **To prioritise those identified as potentially ineligible to determine and agree a way forward that is individual to a person as circumstances dictate.**

Please see comments in section 3 actions required.

- **To prioritise those identified as residing in LA commissioned accommodation services for assessment. This group will receive their support via their providers, taking into account all funding streams available to providers, and utilising where needed individual and pooled direct payments.**

Please see comments in section 3 actions required

- **Identifying community resources**

Current Service Coordinators across the affected service areas have already been profiling community resources available in their localities, and in some cases in agreement with relevant people are accessing and utilising these resources.

Section 5 – Post Consultation

Please explain the impact of the consultation process on the issues stated above.

Staff consultation:

A 45 day consultation was held between 3rd December 2015 to 29th January 2016 this was extended to 16th February 2016 with staff affected.

An all staff meeting was held on 24th November 2016 chaired by Nick Jarman Director of Social Services alongside Cllr John Roger, Mike Jones Principle Officer and Trade Union colleagues. The proposed model was presented in detail and

staff engaged in a Q&A session with senior officers, the consultation was widely promoted through team meetings, staff briefings, notice boards, and a generic newsletters and the Intranet. Information has also been included in the staff 'In the Loop' newsletter and promoted on Facebook and Twitter.

Between the 6th January & 12th January 2016 Mike Jones Principal Officer and Lisa Livingstone Service Manager attended team meetings in all the affected day services. They met with staff, explaining the proposed structure in greater detail and answered questions and the Management of Change process if approved.

Public and Service Users Consultation Feedback:

Staff-

A 90 day public consultation was held between 3rd December 2015 to 13th March 2016. The consultation was widely promoted to all current service users and carers and the public and partner organisations. Firstly, it was ensured that consultation booklets and questionnaires on the proposed model were circulated to all current service users and carers known to Social Services.

In addition, the following has taken place:

- 7 Staff meetings have taken place
- 8 Public briefings have been given at a number of representative forums and events across the County Borough including, Neath, Port Talbot and Pontardawe (open to all stakeholders)
- 9 Client Carer meetings have taken place
- 1 Meeting with education partners
- 3 meetings with third sector partners

Your Voice Advocacy were asked to facilitate an independent workshops on the consultation with Service Users to ensure impartial feedback.

- 99 out of 146 service users across Older Persons services. Were involved in the consultation feedback sessions.
- 53 out of 70 individual service users across Learning Disability services have been involved in the consultation feedback sessions.
- This totals 36 hours support across all services.
- This totals 152 service users across all services
- Bronleigh Learning Disabilities service – 4 hours support.

- Rhodes House Learning Disabilities service – 4 hours support
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- Gelligron Older Persons service – 3 hours support. 7 service users
- Croeserw (Arwelfa) Older Persons service – 4 hours support. 16 service users

Summary of consultation views:

Key themes staff:

- Concerns about how contracted hours would work / changes in duties if changes go ahead and if pay scales would remain the same.
- How Occupational Pensions would be affected due to delayed release via ER/VR.
- Travel between community resources and if staff would be able to claim relocation costs for the additional mileage.
- Concerns were raised that a Management of Change process had only taken place 18 months prior and that some staff had found the consultation upsetting
- Where will people using services congregate if there was no fixed base?
- Concerns that additional pressure would be put on families, with the introduction of the proposed model and if people would have like for like? i.e. five day service
- The role of Personal Assistants and opportunities for employment
- Lone working within community settings and public liability

Key themes family & carers:

- Concerns were raised that the community based support model would be inappropriate for some individuals who value having a fixed base, and the importance of meeting up with friends
- That friendship groups will be split up and they will lose contact with people they get along with. Others feel that the buildings give them a sense of familiarity and the community may be too 'fast paced and unpredictable'.
- Carers valued the importance of having fixed start and finish times and that service users value this routine
- Uncertainty that a community coordinator could care for multiple adults with substantial disabilities, problems with walking and communicating, and

unpredictable behaviour, using only community facilities and without any day centre to return to

- The principle of individuals visiting local cafes and leisure centres with no certain point of refuge with which they are familiar and the additional costs of using these facilities
- Carers expressed concerns that the day services provide a much valued break within the day
- Consistency of staff support and how activities would be identified within local communities
- How individuals would access activities, who would take them there
- Communication with professionals as a blockage and the fear of the unknown
- There was a strong feeling that there is a need to raise awareness of carers' rights and their entitlement to an assessment
- Direct Payment was the only alternative to the proposed model and Carers felt anxious that they might be pressured to pursue this model

Key themes the people we support:

- Older People- felt that they were going to be assessed differently and would not have the same amount of services they presently receive. There were concerns about finances and 'value for money' as some service users were already paying for a service they were unhappy with, service users had apprehensions about the logistics of meeting people within the community, concerns about transport and being vulnerable.
- Respite for my family and a break from my family members.
- The main concerns within older people services were the potential they would lose the companionship of a larger group. This was very important to them and featured more highly than any issues about the quality of activities, concerns about vulnerability within the community. Some service users with health needs feel that the uncertainty of a community based scheme will mean that they are going to be better off and safer staying at home. Service users find the security of the building base reassuring and without this feel they may be out of their depth.
- Pan Disability- Some service users found it hard to understand that the buildings closing wouldn't mean the end of the service. Concerns how it would work; lack the same routine as the current service and weekly activities. The security of having a base knowing when their day would start and end i.e. stability, it gives me time away from my family
- They were aware of the surroundings and if for a variety of reasons they did not feel able to participate in the activities they could opt out and stay at the centre with staff and do another activity.

Recurring themes:

Retaining some buildings:

Although there is understanding in the suggestion and discussion of this. It would

effectively be a centralisation of services, which would increase travel times for people, and create larger services than we have currently. This would in fact be a step backwards in providing support to people.

Those with higher levels of need:

There are 18 people identified out of the current 180 people in our services who have significant support needs. These individuals and family members will be fully supported through the social work assessment process. They would develop a support plan/package of care that is reflective of their personal circumstances. This will include taking into account the requirements of carers. This does not have to be a direct payment. A service can still be commissioned/managed by the Council.

Are there enough community resources available:

We already know of a number of facilities such as; The Hwb in Ystalyfera, The Dove Workshops, Banwen, Croeserw Community Enterprise Centre, and various community centres across NPT.

In addition to this, current Service Coordinators are mapping their local areas to develop a full list of events and activities within localities. There is a significant cross over here with Local Area Coordination, and wherever possible we will work closely with them in develop community activities and projects.

Like for like services:

This question has been repeatedly raised throughout the process. There is no straight answer. Services will be dependant on “assessed, eligible need”. This has been clearly conveyed throughout the consultation process. These assessments will be undertaken by our social work teams and be in line with the new National Eligibility Criteria arising from the Social Services and Wellbeing Act. All aspects of the assessment process will include the individual and those important to them, and so, any alterations in the support a person receives will be fully documented, discussed and agreed.

Routine & Structure:

Any service requires routine and structure and in fact a community based service will require a higher degree of planning and structure.

Staff will work throughout the borough in agreed times and places, supporting and coordinating the delivery of activities or facilitating them independently. This activity would be overseen by two senior members of staff and a service manager.

People will know where they are, how they are getting there and what they will

doing, on the same day and time each week. Any deviation would be in agreement with the group.

See Appendix – Staff engagement & feedback

See Appendix – Questions & answers from consultation

Section 6 – Monitoring arrangements:

Please explain the arrangements in place (or those which will be put in place) to monitor this function, service, policy, procedure, strategy, plan or project:

Monitoring arrangements:

- New assessment for all individuals affected using the new SSWB Act eligibility criteria.
- Numbers of people accessing and choosing direct payments.
- Numbers of people who are actively engaged in the community.
- Reduction in the number of people requiring council funded day support.
- Complaints received.
- A regularly reviewed project plan – which will identify; timescales, key events, tasks and people responsible.

Actions:

- To undertake a formal individual assessment of each person affected by this change and, to develop a support plan that is reflective of the person, their circumstances, strengths' and support needs.
- To support carers in engaging and understanding what direct payments are and how they can work for a person.
- To establish monthly carers meetings to update people on how the process is developing.
- To establish regular project planning meetings.

Section 7 – Outcomes:

Having completed sections 1-5, please indicate which of the outcomes listed below applies to your initiative (refer to guidance for further information on this section).

Outcome 1: Continue the initiative...

Outcome 2: Adjust the initiative...

Outcome 3: Justify the initiative...



Outcome 4: Stop and remove the initiative...

For outcome 3, detail the justification for proceeding here

- To develop services that are; sustainable, citizen centred and that provide community solutions where possible. As outlined in the Council's policy and vision for services – "Connecting People and Communities".
- To ensure that our services are delivered in relation to both statutory responsibilities and within the spirit and framework of the SSWB Act.
- To produce efficiencies that; contribute to the Councils' FFP
- To ensure an effective implementation of the Councils' Direct Payment Strategy

Section 8 - Publication arrangements:

On completion, please contact the Corporate Strategy Team for advice on the legal requirement to publish the findings of EIAs.

Action Plan:

Objective - What are we going to do and why?	Who will be responsible for seeing it is done?	When will it be done by?	Outcome - How will we know we have achieved our objective?	Progress
To analyse consultation feedback & develop options appraisal for Cabinet members.	Lisa Livingstone Leigh Batchelor	Completed	Consultation feedback	Information gathered and available with report.
Report to cabinet with recommendations for a decision.	Lisa Livingstone	12/5/16	Options appraisal report and recommendations	
Communicate cabinet decision to all affected parties.	Lisa Livingstone Leigh Batchelor	16/5/16 – staff event 17,18,19/5/16 – carers events	Letters will be sent to carers.	
Regularly inform/update all affected parties	Lisa Livingstone Leigh Batchelor	Monthly from the decision of cabinet.	Monthly meetings to be established. Minutes taken and distributed.	
Undertake a formal 45 day Management of Change Process with affected teams and individuals.	Lisa Livingstone	May'16	New structure and JD's agreed with staff and supported by TU's.	

<p>Submit a personnel committee report identifying a new structure with corresponding job descriptions.</p>	<p>Lisa Livingstone</p>	<p>June'16</p>	<p>New structure agreed, final ERVR BC's completed. Undertake staff slotting and matching exercise, competitive interviews if needed. Finalise the actual team</p>	
<p>To ensure that all individual people we support have a full assessment of their support and have an agreed plan of support in place moving forward.</p>	<p>Lisa Livingstone Relevant Social Work Team Managers</p>	<p>May, June, July'16</p>	<p>Full group of individuals with re-newed assessments that reflect new packages of service moving forward.</p>	
<p>To confirm a start date for the delivery of a new model of provision. And, facilitate the closure of buildings identified.</p>	<p>Lisa Livingstone</p>	<p>June'2016</p>	<p>New service initiated from late summer to early autumn'16. Date will be specified in June'16.</p>	

Please remember to be 'SMART' when completing your action plan.

Appendix 2 -Engagement Plan Day Centre

Activities					
No	Action	Target Audience / Comments	Date	Who	Completed
	Consultation book produced and signed off	Carers and Service Users	20 th November 2015	MJ / LB	✓
	Committee report uploaded to NPTCBC website		19 th November 2015	Comms	✓
	Mail shot to carers Cllr Rogers Coffee morning (Via Services)	Carers	20 th November 2015	LB	✓
	Document sent to Welsh Translation		23 rd November 2015	LB / MJ	✓
	Order envelopes and prepaid envelopes for mail shot		23 rd November 2015	LB	✓
	Book Venues for Public engagement events		23 rd November 2015	LB	✓
	Direct Service Staff Meeting	Staff and Trade Unions	24 th November 2015	Cllr Rogers / MJ /LL/LB	✓
	Press Release produced	Media	25 th November 2015	Comms	✓
	Information uploaded to Social Media Sites		26 th November 2015	Comms Team	✓

	Produce easy read version (Chase UP)	Service Users	26 th November 2015	Your Voice	
	Posters produced and sent out to community centres and GP surgeries by mail	General Public	26 th November 2015	LB	✓
	Consultation uploaded to Portal	Carers and Service Users general public	27 th November 2015	LB	✓
	Email sent out to third sector	Carers and Service Users general public	29 th November 2015	LB	✓
	Mail shot to all Services users and carers affected	Carers and Service Users	1 st December 2015	LB	✓
	Consultation booklet emailed to Cllrs	Cllr's	1 st December 2015	LB	✓
	Cllr John Rogers Coffee morning	Carers	3 rd December 2015	Cllr JR / MJ / LL/ LB / PD	✓
	Afan Network 9.30am	Social Work Staff	3 rd December 2015	MJ	✓
	Posters produced for NPTCBC and Health TV screens	General Public	3 rd December 2015	LH	✓
	Neath (Neath Town Hall 10.30/12pm)	Carers and General Public	7 th December 2015	Cllr JR / MJ/ LB / LL	✓

	Pontardawe (Cross Pontardawe Centre 10.30/12pm)	Carers and General Public	8 th December 2015	Cllr JR /MJ/ LB / LL	✓
	Port Talbot (Cwmavon Community Centre 10.30 / 12pm)	Carers and General Public	9 th December 2015	Cllr JR / MJ/ LB / LL	✓
	SW Newsletter update	Social Workers	9 th December 2015	LB	✓
	Staff Newsletter update	Staff	9 th December 2015	LB	✓
	Carers update	Carers	9 th December 2015	LB	✓
	Gateway Team	Social Work Staff	10 th December 2015 5pm	MJ / LB	✓
	Neath Network	Social Work Staff	15 th December 2015 10.30am	MJ	✓
	Safeguarding Team	Social Work Staff	17 th December 2015 10am	MJ	Cancelled as instructed by MJ
	Posters produced and sent out to community centres and GP surgeries by mail	Carers and General Public	17 th December 2015	LB	✓

	Afan Network Team		5 th January 2016	MJ	✓
	Mail shot to all Services users and carers affected, inviting them to public meetings	Carers	14 th January 2016	LB	✓
	Poster to be sent out to the third sector asking them to promote public meeting in March 2016	Carers and General Public	14 th January 2016	LB	✓
	Information uploaded to Social Media sites	Carers and General Public	14 th January 2016	LB	✓
	Information put on what's on site	Carers and General Public	14 th January 2016	LB	✓
	Invite sent to professionals and third sector meeting on 2 nd February 2016		14 th January 2016	LB	✓
Staff Consultation					
	Gelligron Older Persons 8.30-10.30am Venue Gelligron	Staff and Trade Unions	6 th January 2016	MJ/ LB / LL / Cllr Rogers	✓
	Rhodes CAS & OP 2-4pm Venue Rhodes	Staff and Trade Unions	6 th January 2015	MJ/ LB / LL/ Cllr Rogers	✓
	Bronleigh & Ty-Twyn -Teg 2-4pm Venue Bronleigh	Staff and Trade Unions	7 th January	MJ/ LB / LL/ Cllr	✓

			2016	Rogers	
	Pontardawe Patch 8.30-10.30am Venue Pontardawe Patch	Staff and Trade Unions	8 th January 2016	MJ/ LB / LL / Cllr Rogers	✓
	Croeserw OP 2-4pm Venue Croeserw CEC	Staff and Trade Unions	11 th January 2016	MJ/ LB / LL / Cllr Rogers	✓
	Trem- Y- Glyn OP 8.30- 10.30am Venue Trem-Y-Glyn	Staff and Trade Unions	12 th January 2016	MJ/ LB / LL/ Cllr Rogers	✓
Client Consultation					
	Gelligron Older Persons 10.30- 12.30pm	Service Users	11 th January 2016	MJ/ LB / LL / Advocate	✓
	Pontardawe Patch 1-3pm	Service Users	12 th January 2016	MJ/ LB / LL / Advocate	✓
	Bronleigh & Ty-Twyn-Teg 10.30- 12.30pm	Service Users	13 th January 2016	MJ/ LB / LL / Advocate	✓
	Trem- T- Glyn OP 10.30-12.30pm	Service Users	14 th January 2016	MJ/ LB / LL / Advocate	✓
	Croeserw OP 10.30-12.30pm	Service Users	15 th January 2016	MJ/ LB / LL / Advocate	✓
	Ty- Twyn Teg OP 1.30-3.30pm	Service Users	18 th January 2016	MJ/ LB / LL / Advocate	✓

	Rhodes CAS 10.30-12.30pm	Service Users	19 th January 2016	MJ/ LB / LL / Advocate	✓
	Rhodes OP 1-3pm	Service Users	19 th January 2016	MJ/ LB / LL / Advocate	✓
	Llaurels Team	Social Work Engagement	27 th January 2016	MJ/ LB / LL	✓
Third Sector Forum Meetings					
	OPC Meeting	Older Persons council	28 th January 2016	MJ/ LB / LL	✓
	CVS Health and Well-being - 10.30am	Third sector organisation and carers	18th February 2016	MJ/ LB / LL / Cllr Rogers	✓
	CVS Mental Health Forum	Third sector organisation and carers	TBC	MJ/ LB / LL	
	Meeting with Professional Providers Education Cimla	Third sector and professional providers	1 st March 2016	LB / LL	✓
Third Sector Forum Meetings					
	Cuppa with Cllr John Rogers Briton Ferry Community Centre	Carers	3 rd March 2016 10.30- 12pm	MJ/ LB / LL	✓
	Neath Civic "Neath Town Hall"	Carers and General Public	Monday 7 th March 2016	MJ/ LB / LL	✓
	Pontardawe Cross Community Centre	Carers and General Public	Tuesday 8 th March 2016	MJ/ LB / LL	✓
	Port Talbot	Carers and General	Wednesday	MJ/ LB /	✓

	St Mary's Church Hall	Public	9 th March 2016	LL	
Public Consultation ends 16 th March					

Appendix 3 -Staff and Community Engagement Summary

A 45 day consultation was held between 3rd December 2015 to 29th January 2016 this was extended to 16th February 2016 as initial response from staff was limited.

An all staff meeting was held on 24th November 2016 chaired by Nick Jarman Director of Social Services alongside Cllr John Rogers, Mike Jones Principle Officer and Trade Union colleagues. The proposed service model was presented in detail and staff engaged in a Q&A session with senior officers, the consultation was widely promoted through team meetings, staff briefings, notice boards, and a generic newsletters and the Intranet. Information has also been included in the staff 'In the Loop' newsletter and promoted on Facebook and Twitter.

Between the 6th January & 12th January 2016 Mike Jones Principle Officer and Lisa Livingstone Service Manager attended team meetings in all the affected day services. They met with staff, explaining the proposed structure in greater detail and answered questions and the Management of Change process if approved.

The main issues and queries to emerge from engaging with staff were:-

- Concerns about how contracted hours would work / changes in duties if changes go ahead and if pay scales would remain the same.
- How Occupational Pensions would be affected due to delayed release via ER/VR.
- Travel between community resources and if staff would be able to claim re-location costs for the additional mileage.
- Concerns were raised that a Management of Change process had only taken place 18 months prior and that some staff had found the consultation upsetting
- Where will people using services congregate if there was no fixed base?
- Concerns that additional pressure would be put on families, with the introduction of the proposed model and if people would have like for like? i.e. five day service
- The role of Personal Assistants and opportunities for employment
- Lone working within community settings and public liability

Public and Service Users Consultation Feedback:

A 90 day public consultation was held between 3rd December 2015 to 13th March 2016. The consultation was widely promoted to all current service users and carers and the public and partner organisations.

Firstly, it was ensured that consultation booklets and questionnaires on the proposed model were circulated to all current service users and carers known to Social Services.

In addition, the following has taken place:

- 7 Staff meetings have taken place
- 8 Public briefings have been given at a number of representative forums and events across the County Borough including, Neath, Port Talbot and Pontardawe (open to all stakeholders)
- 9 Client Carer meetings have taken place
- 1 Meeting with education partners
- 3 meetings with third sector partners

Your Voice Advocacy were asked to facilitate an independent workshops on the consultation with Service Users to ensure impartial feedback.

99 out of 146 service users across Older Persons services. Were involved in the consultation feedback sessions.

- This totals 36 hours of consultation and engagement across all services. This totals 152 service users across all services
- 53 out of 70 individual service users across Pan Disability services have been involved in the consultation feedback sessions.
- Bronleigh Disabilities service
- Rhodes House Disabilities service
- Pontardawe (patch) Pan Disability service

53 out of 70 individual service users across Pan Disability services have been involved in the consultation feedback sessions

- Trem y Glyn Older Persons service
- Ty Twyn Teg Older persons service
- Rhodes house Older Persons service
- Gelligron Older Persons service
- Croeserw (Arwelfa) Older Persons service

The consultation has also been live on the Council's 'Objective' consultation portal and information has been on the home page to signpost people to the consultation. Information has also been included in the carers newsletter and promoted on Facebook and Twitter and TV screens at both Civic Centres throughout the consultation. Consultation booklets have also been distributed across key locations including ABMU venues including GP surgeries.

Feedback was received either via completed postal questionnaires or other written submission, online, or verbally at consultation events.

- A total of 409 individuals have been engaged throughout the consultation time line, 99 service users across Older Persons services and 53 individual service users across Pan Disability services have been involved in the consultation feedback sessions
- 107 phone calls were received asking for an overview of the proposal
- 5 Email received
- 8 Letters via email

Objective Portal 39 responses to the consultation were received on the objective portal; 7 were from current service users, 11 from a carer for a service user 9 related to a service user, 6 from 'other', 0 from staff members, and 4 who did not reply to the question. In addition, written submissions were received from - separate organisations. There was a mixed response to the proposed remodel.

To what extent do you agree or disagree with the proposals to move to an Integrated Community Service Model?

2 People Strongly agreed with the proposal, 1 People tended to agree, 3 People neither agree nor disagree, 4 People tend to disagree, 26 People strongly disagreed and 3 people did not respond.

To what extent would you like to have support to access services in your own community in line with your care plan?

7 People strongly agreed with the proposal, 4 People tended to agree, 8 People neither agree nor disagree, 9 People strongly disagreed and 1 person did not respond.

The majority of the comments can be summarised as follows:

- Concerns were raised that the community based support model would be inappropriate for some individuals who value having a fixed base, and the importance of meeting up with friends
- That friendship groups will be split up and they will lose contact with people they get along with. Others feel that the buildings give them a sense of familiarity and the community may be too 'fast paced and unpredictable'.
- Carers valued the importance of having fixed start and finish times and that service users value this routine
- Uncertainty that a community coordinator could care for multiple adults with substantial disabilities, problems with walking and communicating, and unpredictable behaviour, using only community facilities and without any day centre to return to
- The principle of individuals visiting local cafes and leisure centres with no certain point of refuge with which they are familiar and the additional costs of using these facilities
- Carers expressed concerns that the day services provide a much valued break within the day
- Consistency of staff support and how activities would be identified within local communities
- How individuals would access activities, who would take them there
- Communication with professionals as a blockage and the fear of the unknown

- There was a strong feeling that there is a need to raise awareness of carers' rights and their entitlement to an assessment
- Direct Payment was the only alternative to the proposed model and Carers felt anxious that they might be pressured to pursue this model

Your Voice feedback can be summarised by User group Older People and Pan disability, the main issues to emerge from these groups can be summarised as :-

- Older People- felt that they were going to be assessed differently and would not have the same amount of services they presently receive. There were concerns about finances and 'value for money' as some service users were already paying for a service they were unhappy with, service users had apprehensions about the logistics of meeting people within the community, concerns about transport and being vulnerable.
- Respite for my family and a break from my family members.
- The main concerns within older people services were the potential they would lose the companionship of a larger group. This was very important to them and featured more highly than any issues about the quality of activities, concerns about vulnerability within the community. Some service users with health needs feel that the uncertainty of a community based scheme will mean that they are going to be better off and safer staying at home. Service users find the security of the building base reassuring and without this feel they may be out of their depth.
- Pan Disability- Some service users found it hard to understand that the buildings closing wouldn't mean the end of the service. Concerns how it would work; lack the same routine as the current service and weekly activities. The security of having a base knowing when their day would start and end i.e. stability, it gives me time away from my family
- They were aware of the surroundings and if for a variety of reasons they did not feel able to participate in the activities they could opt out and stay at the centre with staff and do another activity.

Direct Payments

23 People stated that they had an understanding of Direct Payments

22 People stated that they know how Direct Payments can be used to meet their needs.

13 People requested information on how Direct Payments can work for you then their contact details have been passed onto the Direct Payments Team to follow up.

Equality Impact Assessment

An Equality Impact Assessment on the proposed new policy has been undertaken to assist the Council in discharging its Public Sector Equality Duty under the Equality Act 2010. This was presented in draft with the original report presented to SCHHCB on - and has been updated to take account of the consultation responses.

39 responses were received via the consultation portal and booklets. Information on equalities was requested as part of the consultation questionnaire and can be summarised as follows:

Age: 0 was between 18 and 24 years, 2 was between 25 and 34, 4 were between 35 and 44, 6 were between 45 and 54, 7 between 55 and 64, 8 were between 65 and 74, 6 were between 75-84, were 2 85 plus years old, and 4 no response

Gender: 24 respondents were female, 9 were male, 0 Transgender 2 preferred not to say and 4 did not respond to this question.

Sexual Orientation: 21 respondents stated that they were heterosexual, 1 person stated that they were gay, whilst 8 preferred not to say and 9 did not respond to this question.
Status

Welsh language: 4 respondents described themselves as a fluent speaker and writer, 2 as Fairly fluent speaker and writer, 2 fluent speaker, 1 fairly fluent speaker, 1 as learners, 21 Little or no knowledge and 8 people chose not to respond

Disability: 9 respondents stated that they did not have a disability, whilst 20 stated that they did, 10 chose not to respond to this question

Nationality: 25 respondents stated that they were Welsh, 4 British, 3 preferred not to say and 7 no response

Ethnic Origin: 29 respondents stated that they were British, 8 did preferred not to say and 8 no response

Religion and Belief: 20 respondents stated that they were Christian, whilst 5 stated that they had no religion, 5 stated that they had any other religion, and 7 preferred not to say

Whilst the above information was captured from the objective portal, it had little bearing on how individuals responded and no clear patterns can be determined in relation to the responses.



Direct Services Integrated Community Services Model Consultation

Appendix 4

CONTENTS

Section	Subject	Page No.
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2	What are the aims of this consultation?	7
3	When will the consultation take place?	8
4	What is the proposal?	8
5	How will the Council collect views and opinions?	10
6	Explanation of terms used in the context of this document	12
7	Feedback form	13

Accessible Formats

This document is also available in Easy Read and a range of other formats including a Welsh language version on request, large print, Braille, audio tape or CD. To make a request for another format, please contact Leigh Batchelor on Tel 01639 684754 or email l.batchelor@npt.gov.uk

This booklet contains details about a consultation on the Direct Services - Integrated Community Services Model

It describes the proposal, explains the background and gives details on how you can put your comments and questions about this issue forward.

At the Social Care Health and Housing Cabinet Board meeting on 26th November 2015, a decision was taken to consult on the proposed Direct Services - Integrated Community Services Model. Copies of the report can be made available by request or by following the clicking on the link enclosed <https://democracy.npt.gov.uk/ieListDocuments.aspx?CId=130&MId=5704&Ver=4>

1. Background

The Council provides day services to a wide range of groups, comprising of older people, adults with learning disabilities, physical and sensory disabilities and people with mental ill health. Currently there are approximately 570 people accessing the Council's day services. This is made up of approximately 150 older people and 414 people with disabilities or mental ill health. The total number of support hours delivered by these services is approximately 5,000 hours per week.

The services are delivered from 13 dedicated buildings, which are geographically spread across the borough. 5 of these are used to provide day services for older people (aged 50 +) and the remaining eight support adults with disabilities (aged 16 - 64).

The primary function of day services is to meet the assessed needs of people eligible for Community Care Services. The present provision is delivered through the models indicated below:

Care Service is a building based day care service for people with mild to moderate learning disabilities aged 16 - 64 years who require supervision and support.

There are three such services, located in Neath, Port Talbot and Pontardawe and each operates on a catchment area basis. **(Part of the consultation)**

Older People's Day Centres are for people aged 50+ who are vulnerable in terms of social isolation or who live independently and are supported by their families. There are 5 Day Centres geographically located across the borough including Glynneath, Neath, Port Talbot, Croeserw and Pontardawe. **(Part of the consultation)**

Work Training and Employment Service is a borough wide service and provides a range of vocational training and employment opportunities to people with disabilities or mental ill health aged 16 - 64. (Not part of the consultation)

Community Independence Service is funded by the Welsh Government's Supporting People Grant and provides one to one support to people to enable them to live in their own communities and maintain their tenancies. (Not part of the consultation)

Complex Health Needs services are based in specifically designed buildings which provide both social and health care for people aged 16 - 64 years who have profound disabilities and complex health needs. These services have significant health professional input which includes Occupational Therapists, Physiotherapist and Speech and Language Therapists. There are 3 Complex Health Needs Services, two are located in Port Talbot and one in Neath. (Not part of the consultation)

Over time day services have become respite provision for carers i.e. we provide day services to give carers a break from their caring responsibilities. Subsequently this has become the primary focus of the Care Plan, which has resulted in more people attending building based day services, some as frequent as 5 days a week. This present model does not meet people's needs in the most appropriate way, as many people have to get up early to catch a social services bus that travels a significant distance to the same centre each day. This means that individuals are removed from their communities to another place which by its very nature gives them limited choice in what they can do and when they can do it.

Direct payments could radically alter this situation for some service users. As could a council run model of day care that provides highly focused outcome focussed models of care directed at supporting people to remain/ regain their independence.

2. What are the aims of this consultation?

The aims of the consultation are to:

- Make sure that all interested parties are aware of the proposal to change the way that the Council provide support, the proposed model will move away from traditional building based services to assisting individuals to access community based activities and resources within their respective communities.
- Provide clear information so that people understand why these changes are needed
- Make sure that people have all the information they need to make an informed decision
- Encourage people to give their views on the proposal (as outlined in section 4)
- Make sure people know how to submit their views on the proposals
- Collect feedback and consider all relevant information before a final decision on the proposals is made

3. When will the consultation take place?

The Council will be collecting feedback for 90 days from the 2nd December 2015 to 16th March 2016 (see section 6 for more information on how to give your views).

4. What is the proposal for?

The Social Services and Well-being (Wales) Act 2014 which comes into force in April 2016 requires Councils to consider four conditions in relation to eligibility. One of these conditions is that the person is not able to meet an eligible need alone, with the care and support of others who are able or willing to provide that care and support; or with the assistance of services in the community.

When you are assessed we will look to see if you can meet your needs through resources already available, such as family and community services. If we assess that your requirements cannot be met via these means then you may be eligible for a service such as direct payments to meet your eligible needs and identified outcomes. Where we do provide services we will ensure that they are to meet clear outcomes that we have agreed with you.

The proposed model will move away from traditional building based services to assisting individuals to access community based activities and resources within their respective communities.

A potential model for delivering this service would involve creating a team of Community Connectors from

existing day centre staff. These Community Connectors will coordinate and assist people to access appropriate community facilities that best meet their assessed needs i.e. independent living skills, social and leisure and general wellbeing requirements.

The support of the Community Connectors would help develop people's independence skills to enable them to attend on their own after a period of time, or alternatively to help develop natural support networks so that paid staff support is no longer required. Where people are unable to attend independently or, where natural support does not exist, community connectors will provide support.

All existing day service users accessing day services will undergo a review of their existing care plan. This review will be in accordance with the new requirements of Outcome Focussed Progression Plans in line with The Social Services and Well-being (Wales) Act 2014. Direct Payments will be considered as an alternative option to the model being explored. This option gives you the freedom to make key decisions about your care and support e.g. who supports you, how and when this support is provided.

The care plan review will include a transport assessment to ascertain a person's ability to transport themselves safely. It will also include a financial assessment to

establish an individual's ability to pay for the services identified in their care plan.

5. How will the Council collect views and opinions?

There are a number of ways that the Council will be collecting views and opinions throughout this consultation:

- **Face-to-face meetings with service users**
Regular meetings will take place during the consultation. These will provide an opportunity to find out more about the proposals, ask questions and give your views.
- **One to one and group meetings with people who use the service along with their families and carers**
Regular meetings with individuals and their families and carers will take place throughout the consultation. Where requested individual one to one meetings can be arranged.
- **Advocacy**
If required, an independent advocacy service will be made available.
- **Consultation Portal**
You can provide feedback online at Neath Port Talbot County Borough Council's consultation

portal. Visit: www.npt.gov.uk/haveyoursay to leave your feedback and any comments.

- **Meetings with partner agencies and groups/forums**

We will be discussing the proposals at meetings with key partner agencies, older persons' groups/forums and other stakeholders.

Forms can be posted to:

Consultation,
Cimla Health & Social Care Centre,
Cimla,
Neath.
SA11 3SU
or email tasc@npt.gov.uk

Once the consultation concludes, all of the feedback will be analysed and a report will be presented to the Council's Members. This report will set out the final proposals and recommendations, taking into account information and feedback gathered from the consultation process.

6. Explanation of terms used in the context of this booklet

Advocacy is a service, which represents others or helps them to represent themselves. The advocate will put a person's views forward, make sure that they are kept fully informed and that they have all the information they need to make an informed decision or choice.

Partner agencies these are agencies who work together to provide services, e.g. the Council, National Public Health Service, Local Health Board etc.

A Stakeholder is a person, group or organisation with a direct interest, involvement, or investment in something, e.g. staff, owners and customers/ service users of a business or service.

Direct Payments Direct payments are cash payments given to you by the council. This enables you to arrange and pay for your own support, rather than the council arranging services for you.

Neath Port Talbot County Borough Council

If you would like to comment on this proposal, please complete this form and post it in the self-addressed envelope enclosed to:

Consultation

Cimla Health & Social Care Centre

Cimla

Neath

SA11 3SU

If you wish to receive a response to any questions raised on this form please supply your name and address:

Name: _____

Address: _____

Postcode: _____

Please indicate your interest in this project (please ✓):

I am a service user

I am related to a service user

I am a carer for a service user

I am a member of staff at the service

Other (please specify) _____

Please insert your comments below (*feel free to include additional sheets if required*):

To what extent do you agree or disagree with the proposals to move to an Integrated Community Service Model as outlined in section 4? (Please tick only 1 box)

Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree

Please provide reasons for your answers or any further comments/suggestions.

(Please feel free to include additional sheets if required):

--

To what extent would you like to have support to access services in your own community in line with your Care Plan?

Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree

Please provide give your reasons for your answers or any provide further comments/suggestions.

(Please feel free to include additional sheets if required):

Do you have an understanding of Direct Payments?

Yes	No
-----	----

Do you know how Direct Payments can be used to meet your needs as identified in your Care Plan?

Yes	No
-----	----

Would you like to receive further information on how Direct Payments can work for you?

Yes	No
-----	----

Equality Questions

Please help us to meet our responsibilities under the Equality Act 2010 by telling us a little more about you:

How old are you? *(Please tick one answer)*

- | | |
|--|--|
| <input type="checkbox"/> 18 - 24 years old | <input type="checkbox"/> 55 - 64 years old |
| <input type="checkbox"/> 25 - 34 years old | <input type="checkbox"/> 65 - 74 years old |
| <input type="checkbox"/> 35 - 44 years old | <input type="checkbox"/> 75 - 84 years old |
| <input type="checkbox"/> 45 - 54 years old | <input type="checkbox"/> 85 plus years old |

Gender *(please one answer)*

- | | |
|---------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Female | <input type="checkbox"/> prefer not to say |

Sexual Orientation *(please tick one answer)*

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Bisexual |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> prefer not to say |
| <input type="checkbox"/> Gay | |

Status

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Married | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Widow | <input type="checkbox"/> Living with Partner |
| <input type="checkbox"/> Single | |

Welsh Language:

- Fluent speaker and writer
- Fairly fluent speaker and writer
- Fluent speaker
- Fairly fluent speaker
- Learner
- Little or no knowledge

Do you consider yourself to have a disability?

- Yes
- No
- Physical Disability
- Mental Ill Health
- Learning Disability
- Drug and Alcohol
- Vulnerable Adult
- prefer not to say

Nationality *(please one answer)*

- Welsh
- Scottish
- English
- Other *(please specify)* _____
- British
- Irish
- prefer not to say

Ethnic origin *(please one answer)*

- British
- Irish
- Any other white background

- Indian
- Bangladeshi
- Pakistani
- Any other Asian background
- African
- Caribbean
- Any other Black background
- Chinese
- Any other background

Religion / Belief *(please one answer)*

- Christian
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- No religion
- Prefer not to say
- Any other religion

Appendix 5



Easy Read



Direct Services. Integrated Community Services Model Consultation.

Consultation



This booklet will explain the plans to make changes to day services for people who have learning disabilities and older people.

What is a Consultation?



A consultation is when you learn about something that is happening.



You will get a chance to tell people what you think about the new plans and ideas.



It is important that you tell your opinions to the right person.

Who will be doing this?



An **Advocate** will come to your day service and talk to you about the changes that are planned for the day services.



An **Advocate** is someone independent. They don't work for the council. It is their job to listen to you and tell the council what you think and feel about the changes.



The Advocate will write a report and give this to the council so they know how everyone feels when they make a decision about day service changes.



These sessions will happen in February 2016.

How will the consultation happen?



Face to face group meetings.

There are lots of meetings planned with family, staff and service users.



One to one meetings.

If you have problems that they want to talk about away from the group the advocate can arrange to speak to you in private.



You will be able to see a copy of the report once it has been written.

Appendix 6



Easy Read



Direct Services. Integrated Community Services Model Consultation.

Proposed plan



This booklet will explain the plans to make changes to day services for people who have learning disabilities and older people.

What is the new plan for day services?



At the moment people who need day service support go to special buildings near their homes.



They then do activities in their **community**.

A **community** is the area that you live in. for example, if you live in Neath, your **community** is Neath.



The new plan is to make day service **community based**.

This means, rather than meeting at the centre each morning, the service users will meet at the planned activity.

For example, meet at the leisure centre to go swimming or meet at the pub for lunch.

Assessments



Every person who uses a day service at the moment will get a new assessment under the new plan.



This will help you find out what things you need like, transport, mobility aids, personal care, medical support and any other things that are important.



This assessment will be done with your social worker as part of your annual review.

What services are there now?



There are 5 services for older people.

These people are aged 50 or over.



They might need support to go out and do activities in their communities.



These people can live independently or be supported by their families.



Learning disability care services.

People aged 16-65



It is for people with mild to moderate learning disabilities.



It gives supervision and support.

Why might the day services change?



Day services at the moment don't always meet peoples needs in the best way.



For example, some people have to get up early to catch a bus to day service and they might not like getting up early.



Because everyone has to follow an activity plan, they might not be able to do everything they would like to do.



It can also mean that people are not involved in their communities.

What are the council planning?



The plan is to help people find suitable activities in their own communities.



You will be supported by a team of **community connectors**.

Community connectors are staff who used to work in the day services who will support people to go places.



Their job will be to find out what activities are happening in the local community.

They will find activities to meet your needs and interests.

They will help you develop your independence skills.

Why do they want things to change?



The council want this new service because it will help,



Save money. The day service buildings are expensive to run.



Get you involved in community activities.



Help you become more independent.

What if I don't want this new service?



If you don't want to use this new planned service you can ask about direct payments.

Direct payments are when the council give you money and you decide how you would like your support package to be.



Direct payments give you the choice to make important decisions about who and when you get support and care.



You can read more about direct payments in the easy read guide.

Direct payments.

Phone. 01639 686802 for a copy.

Appendix 7



**Your Voice
Advocacy**

Supporting people with learning disabilities since 1989



Neath Port Talbot County Borough Council Direct Services.

Integrated Community Services Model Consultation.

Service User Feedback

Information gathered By Danielle Wagstaff and Hannah Shaddick of

Your Voice Advocacy

Report written by Danielle Wagstaff of Your Voice Advocacy

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Appendix.

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Your Voice Advocacy

Supporting people with learning disabilities since 1989

Introduction

We are a charity named Your Voice Advocacy that has been asked by Neath Port Talbot Council to carry out an independent consultation on the proposed changes to day service provision.

We have been delivering independent advocacy for over 25 years.

Previously, we delivered independent advocacy to adults with a learning disability but we now deliver independent advocacy to all adults with a disability.

We pride ourselves on the feedback that we receive about the valuable services that we provide.

In this consultation, we facilitated users of the day services to put forward their thoughts and feelings regarding the proposed changes to their services. These are entirely their own thoughts and feelings with no influence put on them by us.

We have been delighted to be able to gather the views of the service users that the proposed changes will affect, helping to ensure that the

service users affected have their voices heard on what they would like to happen.

We would like to thank everyone who has taken the time to take part, without you, there would be no consultation.

Overview.

Your Voice Advocacy were asked to complete independent consultation feedback for Neath Port Talbot. The consultation was for the direct services integrated community services model.

This consultation was carried out with learning disability day service groups and the older persons day service groups across the county.

The consultations happened within group settings in day service buildings with staff from the day services supporting if appropriate.

Your Voice Advocacy have been involved with the consultation since December 2015. Initially attending the public consultation meetings in Port Talbot as an observer.

Your Voice Advocacy was asked to produce an easy read version of the public consultation document. This was completed by mid January and shared with all service users over the course of the consultation period.

The easy read document came in 2 parts, proposal and consultation. Your Voice Advocacy also produced 2 user friendly questionnaires to assist in gathering these views and opinions. Additional Resources were used to assist during the information gathering sessions.

Your Voice Advocacy attended the initial service user consultation meetings with staff from NPTCBC. Our role within these meetings was to introduce the Peer Advocacy Officer, Danielle Wagstaff, to service users, explain the role of an advocate and take notes on any comments that the service users made during meetings. 5 out of 7 service user initial consultations were attended. These were all approximately 2 hours each. Sessions with all of the services were booked and the managers ensured these sessions involved as many service users as possible.

The groups have all had the following support from Your Voice Advocacy (service user feedback, this excludes the initial consultation sessions with NPTCBC)

- Bronleigh Learning Disabilities service – 4 hours support.
- Rhodes House Learning Disabilities service – 4 hours support.
- Pontadawe (patch) Learning Disabilities service – 2 hours support plus 1 hour support for an individual and family.

53 out of 70 individual service users across Learning Disability services have been involved in the consultation feedback sessions.

- Trem y Glyn Older Persons service – 4 hours support. 22 service users.
- Ty Twyn Teg Older persons service – 6 hours support. 27 service users.
- Rhodes house Older Persons service – 4 hours support. 27 service users.
- Gelligron Older Persons service – 3 hours support. 7 service users.
- Croeserw (Arwelfa) Older Persons service – 4 hours support. 16 service users.

99 out of 146 service users across Older Persons services. Were involved in the consultation feedback sessions.

This totals **36 hours support across all services.**

This totals **152 service users across all services.**

All users of the service have had the opportunity to give an opinion on the proposal in a way that suits their individual communication needs.

The majority of service users have made comments during group discussions, however for some this was not possible. They may have contributed to the easy read questionnaire by indicating what they like or dislike and their emotions about particular situations. This was done using pictures and support from staff who understood the communication methods used.

Your Voice Advocacy would like to take this opportunity to thank all of the staff who have assisted during this consultation period. They have been on hand to assist with communication and have explained what service users mean when they have been struggling. Everyone has done everything possible to accommodate these sessions and ensure the majority of service users are involved.

Some of the barriers that were present during these sessions included, The learning disability service users were often influenced by family members, there were occasions where family members tried to use the sessions to share their own views. The family members were reminded that they could attend their own consultation sessions and complete the questionnaires at the back of the consultation booklet.

Your voice advocacy was contacted on a number of occasions by family members asking for an advocate to campaign against these proposed changes. This caused an obvious conflict of interests within this consultation and Your Voice Advocacy remained independent throughout.

The service users who had less of a level of understanding in both groups found it difficult to share how they felt about the proposed changes, some because they did not understand what the proposed changes were and others did not understand their own emotions well enough to comment on how they felt about particular things.

People who have learning disabilities or those with lower levels of capacity will need to wait and see how the changes practically affect them rather than trying to predict how the changes might affect them. They live in the 'here and now' and the future can be quite a difficult concept for them to grasp.

With the older persons groups the barriers included a lack of mobile technology, lack of understanding of what was available in the community and lack of motivation to try anything new. Many of the service users admitted to being 'set in their ways' which meant there was sometimes a reluctance to try new things.

Some of the older people felt that this newly proposed service would require a lot more effort than they perhaps wanted to put into a day service and this then meant they would prefer to have no service rather than one that required them to be more active.

The mood of the service users varied greatly from one service to another.

However the general consensus regarding the proposed changes in learning disability services included, fear, misunderstanding, concerns about losing friendships and relationships with staff, apprehension , confusion about how the new care package would look, worry about changes, but it also had positive emotions of excitement at the potential of a busier week, enthusiasm for change and the potential to have a more person centred approach to their care.

The mood within the older persons day services was more negative, service users felt that they were going to be assessed differently and would not have the same amount of services they received now, there were lots of concerns about finances and 'value for money' services as some service users were already paying for a service they were unhappy with, service users had apprehensions about the logistics of meeting people within the community, concerns about transport and being more vulnerable. The main concerns within older people services was the potential they would lose the companionship of a larger group. This was

very important to them and featured more highly than any issues about the quality of activities.

It is important to consider when reading this feedback that the different day services have a very varied client base. Each person has their own vulnerabilities and some service users have health issues that impact on their feelings regarding the proposal.

During the time spent at these day services it was noted that each centre was run in a different way. some services still had access to a community bus so left the building on a regular occasions, Other centres had a very 'community hub' feel to them, with people from the village visiting and providing services such as fresh food sales and avon to the service users. Other centres were not providing any external activities and the level of activities happening within centres were very basic and repetitive. Taking these factors into account some of the views in this report may seem contradictory.

1.0. Feedback from Learning Disabilities Groups.

The learning disability groups all needed a different approach to the consultation. There was a mixture of discussions, questionnaires, pictures and 1:1 sessions.

It is important to keep in mind when reading this report that the understanding level of some of the participants is limited. The consultation is a very difficult concept to understand for someone with a learning disability as there is no definite answer or plan for the future. There may be some very contradictory views within these answers; I have tried to make the sessions as accessible as possible for each and every person attending the day service. Each section is a summary of the responses given as in some occasions the answers were repetitive. For the purposes of the report I have summarised answers that were very similar.

2.0. What don't you like at day service?

Each service user was asked to name something that they didn't like about day service. Below are quotes from the 3 groups. Most of the things that were disliked were minor issues that you would potentially find in any group of people such as bickering and arguing, there were some issues with lack of equipment such as TVs and Computers. The issues that related directly to how the service was run were about start

and finishing times. Service users felt that 3pm was too early to end the day's activities; they felt they were missing out on doing things when their time was limited. There were also individuals who felt they would prefer to have a later start time, there were various reasons for this, some due to medication making them drowsy or unwell in the mornings, some preferred to have a lay in, and others just thought there were better activities available in the afternoon.

- "It's boring"
- "People can argue".
- "Some people swear".
- "I don't like lies or being bullied".
- "I don't like being told off".
- "I don't like all of the other service users".
- "Some people don't get on with each other".
- "Toilets are cold".
- "People don't flush the toilets or lock the door".
- "Some people bring lunch but there are sandwiches available to buy".
- "Sometimes it is too early to get up".
- "It finishes too early at 3 pm. I get bored going home at that time".
- "I don't like going to the pub".

- “We don’t use any computers”.
- “We don’t have a TV”.

3.0. What do you like at day service?

When asked what the service users liked about day service the answers spanned a wide variety of topics including friendships, staff, activities, independence and routine. For a lot of the service users the day service is the only place they go to socialise. Many of them have limited social access outside of the service and they don’t see their ‘friends’ at any other time. The routine of the day service was very important to lots of the service users asked, they had been in placements that offered structure and routine since they were children and this was what they felt was an important part of their day. For some of the service users the activities were the thing that they enjoyed the most. There were very full timetables/schedules for each person each day that they attended. Each person had previously been consulted about what activities were on their timetables and everyone seemed to be happy with the activity sessions they were provided with. The majority of service users when asked said that they really enjoyed the day service and it made them feel happy.

(Please see easy read questionnaire results)

- “I like meeting people.”

- “I make friends and socialise”.
- I like going out.
- “The staff are good”.
- “The food is nice”.
- “Relationships course”.
- “I have done really well with my travel training and now I can catch a bus to most places by myself once I have had training on those routes”.
- “It is superb”.
- “It gives my life a purpose”.
- “I like drama”.
- “I enjoy the company”.
- “It is somewhere to go”.
- “Meet people”.
- “Pick me up from my door”.
- “It gives me a sense of security”.
- “If you don’t know the answer or how to do something the staff will help you”.
- “It gives me stability”.
- “The food is pretty good”.
- “I enjoy playing darts”.

- “The building is a good base. I feel safe when we are here, I like to meet the staff here and then start our day”.
- “I didn’t have many friends before coming here”.
- “People are friendly”.
- “Got our own mini bus to go out places”.
- “I like going to drama at ponty arts”.
- “Go for lunch at the 4 winds”.
- “The café we sometimes visit”.
- “Going out on the bus”.
- “I like working in our sandwich shop at the centre. I have learnt how to use tills”.
- “The staff are helpful”.
- “I like to see my friends regularly”.
- “I enjoy tan dance, zumba, tennis, dancing, meals out, arts and crafts, the pub, getting my nails done, I like all of the activities that we get to do”.

4.0. What do you do outside of day service?

We looked at what activities service users participated in outside of day service hours, this includes evenings and weekends. Some of the activities are done independently, some are done with family members

or friends and others are with support workers from various support agencies including direct payments. It should be noted that these activities although varied, are not attended by all service users. It is a small percentage of service users who have a social life. Those who do not have a social life find their evenings and weekends 'boring' and most of these service users would like to have more to do in their free time.

- "Computer (PC and PlayStation)"
- "YMCA – whatever is going on".
- "Choir practise".
- "Neath shopping with my family".
- "TV"
- "YVA disco"
- "Taffys"
- "I go into the community and do my shopping; I have staff that helps me with this".
- "I go to a cookery class".
- "I go and watch the ospreys play".
- "I work in a café".
- "I go and visit my brother and watch TV and sport".
- "Visiting family".

- “Gateways – social group”.
- “Drama”.
- “I go to drink and chat nights at the Canterbury”.
- “I go to the pub”.
- “I work at a charity shop” (volunteer)
- “I go shopping with my family”.

5.0. How does your day service affect your social activities?

- I only see my friends when I attend day service.
- We would like to do more.

6.0. How does coming to day service help you?

For the service users in all 3 settings, the thing they felt they had the most help with was skills development. They were happy to be learning new skills, often regardless of what these skills were. This was something that people wanted to continue with on the newly proposed scheme and also wanted increased opportunities to learn work skills. Many of them used to access the work based training schemes and a few feel that they could, with support be more involved in the work force.

- “We learn computer skills”.
- “I get some help with reading”.

- “I learn about money. I use a till in the centre, I spend money in the shop and café, and we go for food”.
- “I have had work experience in the past, this doesn’t happen anymore”.
- “I am becoming more independent”.
- “We do travel training and go on the bus”.
- “I wish I could get here by myself and use the public buses”.
- “Arts and crafts, I can manage to do a lot of this stuff myself”.
- “The staff and other service users help me with my Learning Disability, if I don’t understand I can ask”.
- “I like the advocacy group. I get to say my opinion”.

7.0. How will you feel if your day centre closes?

This question provoked a lot of emotion with all service users. Service users struggled to understand that the buildings closing wouldn’t mean the end of the service. There were a lot of questions about how it would work; there was also a lot of concern about how the proposed service would lack the same routine as the current service. Service users were worried about the change of staff and the potential changes of their week’s activities. Many service users found having a base was a good way of understanding what was expected of them. They knew how they should be behaving, who they would call upon if there was an issue and exactly when their day would start and end. This routine seems to be

what drives most people's days. Some people felt the building gave them stability. They were aware of the surroundings and if for a variety of reasons they did not feel able to participate in the activities they could opt out and stay at the centre with staff and do another activity.

- "Disappointed".
- "Amused".
- "Too much moving around, we won't have any time to sit and relax".
- "Too many changes in one year, we haven't long moved here and now there's things changing again".
- "I wonder what will happen".
- "I like to know exactly what will happen every day. I think this will be too confusing for me".
- "I would like to be told exactly what is changing and what is going to stay the same".

8.0. How does day service make you feel?

For some of the service users, expressing feeling and emotions can be very difficult. It causes them anxiety to think about their feelings and therefore these answers are not simply about emotions. This question was asked in a simpler format using picture prompts; however it still wasn't as accurate as it could perhaps be. (See results on easy read questionnaire)

- “Most people like the staff but it depend on how they treat you – some are respectful and kind”.
- “The building isn’t the best. There are problems with the heating”.
- “The toilets are ok”.
- “In the summer there is a nice garden and we had a BBQ once”.
- “It gives me time away from family”.
- “My life has changed for the better since coming here”.
- “Sometimes I miss people from my house when I am here”.
- “At first I didn’t like it here, I do like it now”.
- “We don’t go out as much as we used too”.

9.0. Apart from day service what support do you currently receive?

This question is a follow on from 4.0. It outlines the variety of services involved in each person’s lives. People with Learning disabilities often have multiple agencies involved in their lives and those agencies can help them to, or decide on their behalf how they will spend their time. It is very important to remember that the person who is most important in all decisions is the person who it affects, in this case the service user.

- “I go to a disco”.
- “I go to gateway club”.
- “I go on holidays with the gateway club”.

- “I have a carer and a support worker”.
- Home help for personal care needs. (council service)
- Family.
- Direct payments.
- Social worker.
- Attendance allowance
- District nurse
- Dr Surgeries
- Hospital appointments
- Advocate
- Private home care.

10.0. How does the day service affect your independence?

Almost all of the service users understood the word independence, however they were not always sure what that actually meant within their own lives and what limitations were involved. Many of these service users have additional medical needs that limit their independence, for example, they may be able to catch a bus independently but due to epilepsy they must be supervised at all times. Or they are able to join a community craft group but due to their mobility they need to have a

member of staff helping them in and out of the community building.

Often these constraints are confused with an inability to do something.

- “It is good but we don’t get to go out as much anymore”.
- “I wouldn’t be allowed to go out alone, I would be afraid of being kidnapped”.
- “I have limited independence because of my needs; this means if I didn’t come here I wouldn’t go anywhere”.
- “I wouldn’t be able to manage doing a community activity for the same amount of time I am comfortable at the centre. For example I am happy to spend 3 hours at the centre doing crafts and various activities but I would find being in the community for the same amount of time very difficult”.
- “I get to practise using money; I pay for myself whenever we go to activities in the community”.
- “I go travel training with staff support”.
- “When I was younger and before I came here I did not speak, I was too shy, now I am happy to speak and I enjoy being a spokesperson for the group”.

11.0. How does the day service affect your mobility?

Within the 3 Learning disability groups, mobility was not high on the list of concerns. Most people felt that with appropriate transport options

and staff who were familiar with them, they would be able to access most things within the community. There were obviously some contradicting views to this; however they were mostly focussed on the building that the current service ran from.

- “I can’t access any of the activities that happen upstairs at the moment. This means I can’t always take part. I need help to move around anywhere unsteady”.
- “Yoga and exercises help improve my mobility”.

12.0. How does your day service affect your health?

Many of the service users felt that their health needs were being met within the day service. Some believed that the activities that they were taking part in promoted good health and kept them active. A lot of the activities available to service users currently are sports and fitness related and with exception to just a handful of people this was seen as a good way to spend their time. There were concerns about medication that needed to be administered during day service hours, service users were mostly concerned with how they would remember to take their medication if the usual cues of routine of a building based service were not there and also if they were seeing different staff would those staff be able to remind them about their medication during community visits?

- “It helps to keep me active and healthy”.

- “I suffer with anxiety. I knowing that I am coming to the same place every day with the same people makes me feel more relaxed”.
- “I have epilepsy; I worry that I will have a seizure and if I am with people who don’t know me very well I will be more at risk of hurting myself”.
- “The staff are not allowed to give me my medication, they can be helpful and remind me but I don’t know if I got really confused that they would be able to help”.

13.0. How does your day service affect your emotional wellbeing?

This question was more difficult to understand and service users struggled to give examples. However from my observations most service users were very happy within this day service and they were very settled with the current situation. The proposal has caused some upset and negative feelings including fear of change and confusion about what exactly will happen with them day to day. This is greatly affecting the emotional wellbeing of certain individuals.

- “It has changed my life, I was living in an old house and I was depressed. I started coming here and I felt relaxed and calm. The staff and clients really cheered me up and made me feel comfortable”.
- “If I don’t access the base of the day service, this will limit my interaction with people and it will mean I will become quieter and less confident”.

14.0. How does day service affect your family life?

For a lot of the service users this current day service is seen as a respite service. Many still live at home with family and the family feel they need a break, or the service users themselves feel they would like a break from family life. There are concerns that the length of the day in the proposed service will be reduced and therefore so will the respite period for the individual. Some service users see the other members and staff as extended 'family' and are worried this will end with the newly proposed service.

- "If my direct payments get used for my 2 weeks a year respite, what will I be able to do the rest of the year? "
- "Makes them worry less. They like me coming here".
- "At the moment I am out all day so my parents can work. Will I be spending time at home alone now?"
- "It gives me and my brother a break away from each other".
- "I live with my carers and my family life is a bit chaotic. I feel like I know who is here for me when I come to day service".
- "My family situation is always changing, for example I used to attend football matches with my brother but he can't take me anymore, how will this new service take into account changing family situations".

15.0. What are your opinions on the proposed plan to have a community based service instead of a building based service?

Generally the learning disability groups enjoy community based activities more than building based activities. This is of course not true for everyone; however those who were able to understand the benefits of the new scheme were positive. There are huge anxieties regarding a lack of base, this seems to be a 'safety net' for a lot of service users if they are having a bad day or if activities change without warning. Many of the service users rely heavily on routine to keep them happy and comfortable and this proposed service doesn't seem to offer the same level of routine as the building based service. If the proposed plan goes ahead, these groups have expressed that they will benefit from high support in transition, taster days trying out the community based scheme where the building is not available to them, being collected from home or travelling independently. It has been suggested that all of these small transition sessions should make things smoother for the service users.

- "I used to go to Bspoked, I want to go back there if things change. Can I do that?"
- "I think this is a bad idea, I will miss the building".
- "The building is in desperate need of repair, it leaks and it has rust all over the place".

- “It is a good plan; we will get to go to more activities. I’m not that bothered about not having a building”.
- “How will I get there? I can’t travel on my own.”
- “I am worried about mixing with other people, especially those who don’t have a learning disability”.
- “I am confused about how the transport assessment will work, I need someone to be with me at all times, but I do not need a 1:1. Will I still be able to have support when travelling if I am assessed as being capable of travelling alone? “
- “I feel this building is the safest way of people with LD to meet. We won’t be at risk of leaving anyone behind”.
- “The routines will become stressful if changed”.
- “If this scheme is so successful in Monmouthshire, is it possible to meet the people using it and visit there to see how it works in practise? “
- “People with learning disabilities don’t cope with change; they enjoy and flourish with a strict routine. This new proposal means that things will be unpredictable.”

16.0. If the proposed community based service was to happen, what would you like to see on the list of activities and events?

Many of the activities listed below are already on service users programmes, however there are a few suggestions that individuals would like to see happen or have support to attend.

- Photography club.
- Cinema.
- More crafts.
- Painting.
- Bowling.
- The gym.
- Go to the library.
- Knitting.
- Work experience.
- Snooker and darts.
- Pub lunches.
- Meals out.
- Pottery
- “I would like to learn how to use trains as a form of transport. Will I be able to do this in the proposed plan and will this be with a member of staff that I trust and I have a good relationship with? I don’t want an inconsistent approach to my travel training.”

- “Will I be able to access golf? At the moment there is not enough staff her to manage it.”
- “I miss going to the gym, the reason why I don’t go now is because of manual handling, I need help with some physical things and the staff are not allowed to help me on and off the equipment.”
- “I used to attend Bridgend College, will I now be able to go back and do a course? Will there be more adult placements made available.”
- “Will there be somewhere in the community that we can do basic cookery, we use the building at the moment.”
- “I have been following a programme in an ICT suite. I have done well at these sessions and I have learnt some excellent skills. Will I be able to regularly attend this course under the proposed model?”

17.0. If you could offer an alternative to the suggested proposed plan, what would it be?

- “I would like the change of doing more activities rather than staying in the building all day. “
- “They used to have people coming to the building selling things. We would like this to happen again if the building stays open (Avon, fresh fruit, clothes, and books) “
- “Could an alternative venue be booked so that people still have a base? For example a community centre, a function room etc.?”

- “Can there be an alternative activity scheduled so that people can have options each day?”
- “Is there a ‘middle ground’ to this proposal so that people won’t have to deal with such a big change?”

18.0. Direct payments.

- “Castle bingo has been suggested as an activity, however due to my needs I enjoy bingo at bingo halls but I cannot mark my own card. This is not allowed and I would be asked to leave and have my membership revoked. Would someone from the council be able to help with this?”
- “I am stuck at the house most of the time. I want to be able to go out in the evenings”.

19.0. Additional points?

- “Don’t ask us what we want to do – we need to experience it. We don’t understand the words; we need to see the real thing”.
- “Can the council please explain how they have money for things like new houses but they are not putting money into services for learning disabilities.”

20.0. Learning Disability Groups Questionnaire.

The groups who needed extra support were given a pictures and symbols to help them understand. 28 service users participated in this

questionnaire, some questions required multiple answers and if service users did not understand the question the answers were left empty.

Q1. Do you like your day service?

Yes	25/28
No	1/28
Not sure	2/28

Q2. What parts of day service do you enjoy?

The activities	19/28
The staff	22/28
The other service users	22/28
The trips out	16/28
The lunches	21/28
Something else	Talking to people The routines Drawing Arts and crafts

	<p>Exercise</p> <p>Colouring</p>
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Q3. What parts of day service do you not like?

The activities	3/28
The staff	2/28
The other service users	4/28
The trips out	2/28
The lunches	2/28
Something else	<p>I get bored at the centre</p> <p>I don't like doing activities out of the centre</p>

Q4. How would you feel if your day service building was closed?

Happy	4/28
Sad	17/28
Excited	0/28
Angry	4/28
Worried	4/28
Not sure	4/28

Q5. How would you feel if you had a community based day service?

Happy	15/28
Sad	2/28
Excited	4/28
Angry	2/28
Worried	6/28

Not sure	8/28
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Q6. Do you do any other activities outside of day service?

Work or volunteer	2/28
Clubs or groups	8/28
Shopping	19/28
Personal assistants	14/28
Out for meals	17/28
Other things	Walk the dog Do my cleaning with staff Bingo Watch TV

Q7. If you could chose to do anything during the day what would it be?

Sport	3/28
Meals out	13/28

See friends	10/28
The cinema	14/28
Shopping	10/28
Something else	<p>Watch the Swans play at the Liberty.</p> <p>Gateway club</p> <p>Knitting class</p> <p>Reading</p> <p>Bingo</p> <p>Watch the football on TV</p>

21.0. Feedback from Older Persons Day Services.

All service users have been encouraged to give an opinion on the proposal in a way that suits them. The majority of service users have made comments during group discussions, however for some with communication and learning difficulties this was not always possible.

They may have contributed to the easy read questionnaire by indicating

what they like or dislike and their emotions about particular situations.

This was done using pictures.

I will also take this opportunity to thank all of the staff who have assisted me with this consultation period. They have been on hand to assist with communication and have explained what service users mean when they have been struggling. Everyone has done everything possible to accommodate my sessions and ensure the majority of service users are involved.

Each group received between 4-8 hours support for this consultation. The sessions consisted of an explanation of the proposal, answering questions from the service users about their concerns and then working through with individuals and groups a questionnaire to gather their thoughts and feelings.

22.0. All service users were asked if they currently receive any support from a social worker?

- Approximately 25 service users spoken too had regular contact with a social worker and had seen them in the past 3 months.
- Approximately 25 service users said that they had a social worker but had not seen or spoken to them in the previous year.

- The remaining service users believed they no longer had a social worker and had not seen one in over a year, in some cases this was up to 3 years.

23.0. All service users were asked if they had received the information regarding the proposed integrated services?

- Approximately 90 service users had received the information either via post or via the day service.
- All of the service users were offered the document in easy read format during the consultation feedback sessions.

24.0. All service users were asked if they understood the proposed integrated service plans?

- The majority of service users said that they had some understanding, however the finer details of the proposed plan was not clear to them in the initial document.
- When asked after the consultation feedback sessions if they understood the proposed plan those who had previously been unsure now had more of an idea about how it would practically work.

25.0. All service users were asked if they had received information regarding direct payments?

- Approximately 70 service users had remembered receiving documents regarding direct payments via the post.
- All service users were offered an easy read direct payments booklet.

26.0. All service users were asked if they understood direct payments?

- Approximately 30 service users stated they did understand how direct payments worked.
- This is something that needs to be discussed with people on a more individual level.

27.0. The questionnaire contains the following questions. For the purposes of a fair understanding of service users views it is important that all quotes are read and considered.

28.0. Apart from day service what support do you currently receive?

The service users who are using this service have a range of care and support outside of day services. This ranges from council provision home care, private care, family care, hot meals services, overnight respite service, sheltered accommodation, community voluntary schemes, charity organisations, community activities and independent living.

28.1. Family.

- “My family support me to go shopping.”
- “When she’s not working my niece takes me out.”

- “My family check in on me but they work full time so I only actually see them at weekends.”
- “I have a caravan that I share with my family so I go there a lot in the summer.”
- “My son is my main carer. I have home care morning and night. I use Dan y Bryn respite service when my son is unable to care for me.”
- “I used to go to Caewern. There were lots of activities. It felt like a holiday.”
- “My family do my food shopping online.”

28.2. Care.

- “I pay for private care agencies to come and look after me at home and take me shopping.”
- “I have a private cleaner for my home.”
- “I use the DANSA bus twice a week to go food shopping.”
- “I go to sheltered accommodation and they have a craft group that I sometimes go to.”
- “I live in a warden controlled flat.”
- “I have carers who come every day and they help me shower and prepare my meals.”
- “I have support from care and support services and support options.”

- “I have a carer that comes 4 times a day to help me. They come from the council home care scheme.”
- “I have an advocate from Your Voice Advocacy that supports me to make decisions.”
- “I pay a private cleaner.”
- “I have a private home care company.”
- “I get meals on wheels and I have applied for the new food shed service.”
- “I have been referred by my Dr to the hospital day centre. I don’t pay for this.”

28.3. Social.

- “I go to the day service provided by age concern, it is free and you can just turn up. I pay for a hot lunch there. I organise my own transport.”
- “I go to the library at least 3 times per week. I mainly borrow books.”
- “I go to crossroad day service on a Saturday and Sunday. It is in ysbryd y mor and it costs £12 per day. I get picked up and dropped off and food and snacks are provided. This is arranged privately.”
- “I pay privately to go to a community group.”
- “I go to gateway club.”
- “My family help with my cleaning and shopping.”

- “Some of us go to blaengwynfi on a Thursday to the social club. We do bingo and chat.”
- “I used to access the local pub but I find it difficult now because of my hearing loss.”
- “I go to the shop in my own village.”
- “Age concern and age Cymru.”
- “When I have help I love shopping, I am a shopaholic. I use a walking frame so sometimes I do need help with getting in and out of shops and cafes.”

29.0. What do you like at day service?

The answers to this question varied amongst the groups, however in the majority of the situations they answered that the staff were nice and they enjoyed their company. Similarly the companionship of others was a priority for all service users spoken to.

29.1. Activities.

- “A game of cards.”
- “Without the day service I would not be able to come into the community and meet new people. I like the various activities we do here at the centre like dominos, bingo, crafts etc... these activities aren’t available in the community. The carers here look after us well. We get a real home cooked dinner that would be greatly missed.”

- “Lunches in and out of the centre.”
- “The occasional trips out.”
- “There is a hairdresser that comes here. I pay for this service but it is regular and I don’t need to worry about booking anything and asking for help to go there. “

29.2. Friends.

- “I like to mix with my peers; I don’t see anyone other than my carers.”
- “Company of the other service users.”
- “There is such a lovely atmosphere here. “
- “Being part of a group is much better than being alone.”
- “My son tries but it’s not the same as having your own friends.”
- “I get on with most folks.”
- “I like to chat.”
- “Friendship.”
- “I feel like this is a big family and we all get on great.”
- “The company of others. “
- “The friendships I have made.”
- “Making and maintaining friendships.”
- “The interaction with other clients who I find very friendly.”
- “Some members don’t mix; they keep to their own friends.”

29.3. Staff.

- “The staff are very hardworking.”
- “The help received from staff.”
- “I love the staff. They are helpful and sympathetic. For example I couldn’t make my usual shopping trip because of the bad weather so they arranged for me to go to lidl’s.”
- “The way it is run.”

29.4. Social.

- “I don’t get bored at all. The days go so quickly when I am here compared to when I am at home.”

30.0. What don’t you like at day service?

Service users are unhappy with some of the new rules that have been implemented regarding what the staff are able to help them with. From the comments below it is clear that the service users don’t feel they are getting a ‘service’ that matches the financial cost of attending the day service. Service users are finding this frustrating. They are also disappointed that in recent years, especially since the groups have moved from other buildings the quality of the activities has diminished. The activities are no longer aimed at the individuals needs but they are aimed at the group and some service users find this does not suit them.

30.1. Staff.

- “I don’t like the attitudes of some staff members; other people said they have not had this experience.”

30.2. Friends.

- “Some people keep themselves to themselves. “
- “Some people won’t mix or leave their clique.”
- “We are not allowed to help each other. For example I am quite able bodied but my friend needs a bit of help to get steady. I am not allowed to help him because of health and safety rules.”

30.3. Activities.

- “The arts and crafts that are currently on offer are childish; I would like to do more appropriate activities.”
- “We used to be allowed to have a bath here and freshen up. This isn’t allowed anymore.”
- “I miss the mobile shops that used to come here.”
- “I find it hard to participate in crafts. The crafts are very child orientated.”
- “We have a history session and I am not interested in the topics. I find it very frustrating that I can’t talk about the topics I would like to talk about. I sometimes fall asleep if the topic is not interesting or relevant.”

- “The quiz can be boring. It’s the same sorts of questions all of the time. It is done from the staffs phones. It is too repetitive.”
- “We used to do a ‘bonus ball’ and that has stopped. The money used to be used as a prize and the other half would be used towards activities.”
- “Why have the raffles stopped?”
- “I don’t like sitting down doing nothing, when we were at the other building it used to be much busier. There’s never anything fun to do. “
- “When we go out as a larger group we can be sometimes feel like we are too large and feel unwelcome.”

30.4. Location.

- “Lots of things have stopped, for example we cannot have help with medication now. We used to go out for meals but now it’s only certain clients who can go.”
- “We have had one or two bad meals in the past but this has improved.”
- “Some of us are last to be picked up by transport which means we wait around a lot.”

30.5. Financial.

- “Everyone pays a different price for the service. I understand that it is means tested but when someone is paying upwards of £30 for a sub-standard service it doesn’t seem fair.”

- “When you pay for lunch and activities it can be expensive.”
- “The staff are not allowed to handle our money. So we pay for lunch and we are not allowed to have any spare cash in the building.”

30.6. Other Comments.

- “I can’t think of anything I don’t like, I love it here!”
- “Nothing at all, it is a great service.”
- “Nothing to dislike about it.”

31.0. What do you do outside of day service?

The answer to this question very much depended on personal circumstances. You will see from the quotes that service users who have support services or family and friends support already in place are much more active within their community than those without support. Many of the service users that were spoken too found the loss of independence for activities such as food shopping or Drs appointments the biggest issue to deal with. Some service users used to be a big part of the local community and enjoy the local pub, sports team or club. For some this is a natural end to these activities, however to others they regret the fact they have to cease taking part in these social situations. During this part of the consultation direct payments were discussed, however without

understanding exactly what support each individual could receive this was difficult to discuss and offer realistic ideas of options.

31.1. Family.

- “I have to go shopping with my daughter as I get dizzy turns.”
- “I can’t go out by myself at all. I do go along to the craft fairs my son works at. I enjoy being in a busy environment.”
- “My family take me once a fortnight in a wheelchair to watch the swans (football) play.”

31.2. Activities and Social.

- “I don’t go outside the door by myself.”
- “Church – the Catholic Church.”
- “Bingo – the gas club.”
- “I am able to do the food shopping with help. I can attach the trolley to my wheelchair and my son helps me reach for things.”
- “A neighbour drives me to church twice a week.”
- “I call the bingo in the welfare hall; I also play darts in Resolven welfare hall on a Friday. I call the lottery and I walk to town most days.”
- “Chapel – when I am able too.”
- “I go to town by myself and I walk for miles.”
- “I do all of my cleaning but I do it at my own pace.”

- “I don’t have carers. I eat alone at Wetherspoons on the days I don’t come here and then I go to my local for a pint.”
- “I go to bingo at castle bingo.”

32.0. How does the day service affect your independence?

Independence meant different things to different people. For some it was going out alone and doing all of the same things they had always been able to do. For others it was being able to wash and dress themselves every day. However, independence was still an important factor for most of the service users asked. Coming to the day service was the only activity that some service users did without a carer being with them, and although there were staff assisting them, they still felt this gave them a level of independence they perhaps did not receive at home or within the community.

- “The escorts are no longer allowed to pass the front door. They used to help me put my coat on but now they are not allowed. It means I take longer leaving the house and I get stressed.”
- “I walk to the centre most days and I pay for my own lunch.”
- “It helps my independence just by coming here.”
- “It gets me out of the house.”
- “It encourages me to get out more.”
- “It makes me feel more independent.”

33.0. How does the day service affect your mobility?

Mobility is again a very personal circumstance. Many felt that they were encouraged to use whatever mobility they had, however few reported that their mobility was not encouraged to develop. Most were very complimentary about the staffs management of their mobility issues (see below) and felt secure in their abilities whilst at the centre. Some felt that out in the wider community they were more nervous and would have more issues getting around safely.

- “They encourage us to get our own dinner; I don’t need any help with my personal care.”
- “I struggle with a knife and fork. I would be too embarrassed to eat with my bib and spoon in the community.”
- “We are encouraged to use walking aids or walk by ourselves to the toilets. I feel safe doing this because I am in a familiar and safe environment and if I take a tumble the staff can care for me.”
- “I have help from the staff with my walking aids.”
- “I walk to the centre.”
- “I have some physical support, for example, pushing my chair in and out for me and helping me steady myself.”
- “I keep mobile by walking to the centre and I keep alert by playing bingo.”

- “With the care I get here my mobility is fairly good.”
- “The lift on the bus is very helpful.”
- “It is easy to get around the building.”.
- “I was supposed to be having physio at home but that hasn’t happened.

It has meant that my health has deteriorated and now I cannot use a walking stick I have to use a toilet. If the physios were able to come to day centre then I would perhaps be more mobile.”

34.0. How does your day service affect your social activities?

For many the service was not about the activities on offer, but about the companionship coming to a building based service gave them. They were confident that they would see people and felt reassured that these people were familiar to them.

- “We don’t go anywhere to mix with anyone so it doesn’t actually help me socially.”
- “I meet a lot of new people and see lots of new faces.”
- “I am able to socialise.”
- “I look forward to coming out.”
- “My other social activities are fairly limited so I find this great.”
- “I play bingo, dominos and cards with the other male clients.”

- “I meet friends and play dominos.”
- “I have dementia and early onset Alzheimer’s, I find coming to this group helps me with my memory.”

35.0. How does your day service affect your health?

Most of the issues regarding health were actually about external services.

However it was mentioned that the staff can sometimes help the service users make phone calls or book appointments to support with this. The issues regarding health within the day service were regarding the staffs inability to support directly with problems. For example, staff are no longer allowed to administer medication, they cannot help service users with personal care needs such as incontinence problems or for example they are not allowed to physically support someone during manouveres from chair to chair.

- “The staff keep an eye on my health and support me when needed.”
- “I am not receiving the right support regarding my hearing aids; the support staff here have tried to help me but are not getting anywhere. I worry that some activities in the community will be impossible for me and I will not get the regular support I need from staff to help me make phone calls etc...”

- “I have been on a waiting list for an electric chair for a long time. If this proposed service happens will I be classified as a priority for accessing the community because I am not at the moment?”
- “We do exercises. This makes a world of difference to me and I do them at home now as well.”
- “The staff are not allowed to give medication. You have to handle your own medication; no one is allowed to help you.”
- “I was not offered specialist stroke support after my stroke. So it is nice to be with people who are experiencing the same aches and pains as me.”
- “Coming here makes sure I get up in the morning. Otherwise I would probably stay in bed. It keeps me busy and keeps me going.”
- “A lot of things I used to do I can’t do now because of the stroke.”

36.0. How does your day service affect your emotional wellbeing?

Emotional wellbeing is being met in all of the 5 services. This age range can suffer from depression related to loneliness and the service users reported that coming to this service helped reduce the feelings of loneliness and increased the time they were able to spend communicating with people.

- “It lifts my mood coming here; I don’t feel so down because I am meeting people.”
- “It’s nice to think there is somewhere to go. It’s nice to know that someone would care and worry about you if you didn’t turn up.”
- “When I am sitting at home feeling awful – I come here for company, it stops me from being lonely.”
- “Makes me happy and gives me someone to talk too.”
- “Gets me out and about. If I don’t get out to see others I get depressed.”
- “It makes a great difference otherwise I would just be sitting in the house.”
- “Mixing with the other clients.”
- “It is good; it’s nice to come out. I like the group that I spend time with.”
- “I get my hair done which gives me a boost.”

37.0. How does day service affect your family life?

For most service users, attending the day service improves their family lives. Some of the service users that were consulted are in situations where their family are also their carers. By attending the day service for 6 hours per day there is a form of respite happening. The service users who were in this situation found that knowing they would have a regular break from family members eased any friction that may occur if they were to spend all day together. There were also cases where the service

user was the person who was the carer for a spouse or child or elderly relative and they used the day service as a way of accessing community activities and relaxing away from the stresses of being a full time carer.

- “I miss seeing my family because they are only available during the times that I am at day service.”
- “My family need respite from me; I can be quite difficult to spend time with because of my dementia.”
- “It gives them a break.”
- “It gives us a break and a change from each other. It allows my son to do his work.”
- “It eases my family situation. I don’t feel like a burden, it is good to have a break from each other and I am less of a worry for them.”
- “It’s nice to have a conversation that is not with or about my son.”
- “They can work and get on with their own life.”
- “My husband is unwell. This is my break away from him. I don’t have a mobile phone so if there are any problems the carers know where to find me. This won’t be the case if the new proposal happens and I am worried. “
- “It gives my family 14 hours a week off looking after me.”

- “I only see my family once a year. I do speak to them on the phone but they tell me it is expensive so I don’t do that very often now.”
- “I don’t have a family life or support group outside of day centres.”
- “My family are happier when I am happy and I am happy when I attend day centre.”

38.0. What are your opinions on the proposed plan to have a community based service instead of a building based service?

There are a lot of concerns about vulnerability within the community.

Some service users with health needs feel that the uncertainty of a community based scheme will mean that they are going to be better off and safer staying at home. Service users find the security of the building base reassuring and without this feel they may be out of their depth.

Some are afraid that friendship groups will be split up and they will lose contact with people they get along with. Others feel that the buildings give them a sense of familiarity and the community may be too ‘fast paced and unpredictable’.

38.1. Negatives.

- “I worry about the stairs in the community.”
- “There will be too many rules to follow.”
- “The local library is so small nothing can happen there.”
- “I don’t like the ‘cross’ community activity club, I have already tried it.”

- “I don’t think it will work to be honest. From what I can tell most things don’t come off the ground. People have big ideas but nothing ever comes of it. The change of staff will be difficult for people to get used to. The staff I am used to already have too much to do.”
- “If there are 2 options I would rather come here and see the same people every day than see different people and different places all of the time. It would be better to have different things going on at the centre rather than going out.”
- “It’s going to be difficult.”
- “I’m not happy with this as I won’t be meeting the friends I have made in day centre.”
- “I don’t agree with it, at the moment lots of the alternative community services are also at risk. Libraries and community centres for example.”
- “Are going to shut the doors that is the end for us.”
- “If you can’t get around it is going to be a very difficult scheme and tiring.”
- “The council are being mean to us. At our age we don’t want to be shipped about, I have Alzheimer’s and I will feel very lost going somewhere new. I would rather stay and be comfortable, moving around confuses me. I wouldn’t go to another place; I would stay at home and not come out.”

- “Change isn’t always good for people like us.”
- “I don’t like change. I am content here. I am comfortable with how it is now.”
- “I don’t think the proposed plan will work.”

38.2. Positives.

The service users who have understood the proposed changes and the reasons behind it are seemingly more on board with the ideas. There are many concerns regarding the organisation of the proposed service, however they understand why these changes need to take place and can see the benefits to themselves and others. These individuals are keen to have a personalised plan and some have asked about the direct payments route. The term ‘quality over quantity service’ has been mentioned a few times.

- “I don’t mind the changes, but I don’t feel like I can comment on anything until it actually happens.”
- “I will agree to it, otherwise I will have nothing else to do and be miserable.”
- “I think it will work if the appropriate help and support is in place.”
- “It would give more flexibility to do what we needed as individuals.”
- “People like different things.”

- “I have seen on the internet that there is a lot of stuff going on in my area. This might just be a better scheme to get us doing more.”
- “I’m a big believer in trying something before you decide if you like it or not. Let’s give it a go.”
- “Some people just want the easy option, I want the best option.”

39.0. How will you feel if your day centre closes?

- “Life is very fast paced; people don’t always have time for each other. This means that they are always busy and don’t have time to spend getting to know us. I think if the centre closes it will be just like this at day service.”

40.0. If the proposed community based service was to happen, what would you like to see on the list of activities and events?

Service users listed activities that they felt were more appropriate ways to spend their time. Some service users were happy with the existing activities provided at the day centres and would like to find similar activities within their community. Others listed interests and groups they would like to try within the community.

- “Anything as long as it is was at the centre I would be willing to try.”
- “Exercise.”
- “In the past I used to go into town for a wander. I prefer going out in the afternoons as it breaks the day up a bit for me.”

- “Shows at the theatre.”
- “Help with clothes shopping.”
- “Meals out.”
- “More help to get out and about in the community. I would like to see a dominos group, a discussion group and a coffee morning.”
- “More age appropriate crafts for people with physical disabilities. For example machine sewing, paper crafts.”
- “The quizzes need to be more ‘adult’.”
- “I do enjoy going to bingo halls but irregularly and only in small doses. I wouldn’t want to go once a week.”
- “Any ordinary things that other people take for granted.”
- “Drinks at the pub.”
- “People my age meeting up.”
- “Darts.”
- “Snooker.”
- “Getting out and about.”
- “Bowls.”
- “Dancing”.
- “A book club.”
- “Watching the rugby” (live and on TV)

- “Going for meals with others.”
- “Going to Swansea.”
- “Bingo.”
- “I would like to go out for meals, bingo, out to cafes for lunch and coffee breaks.”
- “Photography club”
- “Knitting club”
- “I would like to go swimming. Because I am the only one in our centre who enjoys swimming I can’t go at the moment.”
- “Church.”
- “The mothers union at Margam Abbey.”
- “The cinema.”
- “Quiz.”
- “Chiropody.”

41.0. If you could offer an alternative to the suggested proposed plan, what would it be?

The groups were asked to suggest alternatives they felt would work better than the proposed services. The majority of these suggestions involved a building as a base. Service users felt the building gave a level of security and familiarity. Some service users felt that the organisation

would be too difficult for them to understand and they would end up missing out on activities.

- “Can we hire a room to do this ourselves at a centre or a place that has space for everyone?”
- “It would be to keep this day service open because I couldn’t see a service like this in the community. Or do a community based activity but everyone will be able to choose to just go to the centre if they would like.”
- “Would it be possible to have one centre that everyone can use as a base?”
- “Just carry on with the day service we already get.”
- “Keep it the same. Change nothing.”
- “I would like to see people and meet at a permanent place. The building is important so the people can gather.”
- “The arrangements seem like it is going to be too much hassle”
- “I would still rather come here and do nothing all day than go out in to the community.”
- “I think it is important to keep as many of the staff the same as possible. This way we will feel like part of the past has come with us.”

- “To me this is the dearest place to have, what about the community halls, can’t we use them?”

42.0. Forward planning.

There were many questions about the logistics of the proposed service.

There were high concerns regarding transport. The service users have been reassured that the assessments should deal with any individual concerns.

- “I used to go to Resolven day centre, that closed and we had to start coming here. We used to pay for the bus and didn’t mind doing that but the council wouldn’t let us pay anymore. Can they just start charging us and save more money?”
- “I am a wheelchair user. My wheelchair has a motor and is very heavy. In my area there is only one Taxi Company with an accessible taxi. This has to be booked up to 2 weeks in advance and is used for school runs. I cannot always get this taxi which then means I am housebound for any activities outside of my very local area. How will this be managed under the new proposed scheme?”
- “Will the directory of services and activities be available in easy read?”
- “I find that the respite provision has reduced and they are not offering as much respite as in previous years.”

43.0. Additional comments.

Each service user had the opportunity during the consultation sessions to share any thoughts and feelings regarding the proposed service and to add them to the report.

43.1. Social.

- “I don’t want to go out in the evenings.”
- “Some of us have been on holidays together. The staff helped us think about this and gave guidance on how to book it. We won’t get that support in the future if centre closes.”
- “If you go to castle bingo you have to mark your own card. My eyesight is too poor but you are not allowed to let a carer do it.”

43.2. Assessment.

- “Where will the social workers be doing my assessment?”
- “Will this new day service provision affect the amount of hour’s respite I get or will it go alongside it?”
- “I won’t bother with all the fussing around of going out in the community I am worried about how safe I will be in the community if I have a toileting need.”

43.3. Activities.

- “We used to have painting classes that stopped because of money. Will we be able to do that again?”

- “Sometimes we feel like just sitting in the centre all together rather than going out and doing activities. We still need a base somewhere.”
- “We couldn’t go to the local community centre bingo because of the opening times.”

43.4. Staff.

- “I enjoy being spoilt when I come here, I like having my tea served to me and my lunches cooked and served.”
- “I wouldn’t know what was going on in my community and the wider world if I didn’t not come here; I get all of my news from the staff and clients.”
- “At the moment community activities get cancelled because of staff shortages. How will this work if we don’t have a building to fall back on?”
- “I am worried that the staff on the community will not be as well trained or competent as the ones we have here now.”

43.5. Financial.

- “What will happen to the care that I already have such as homecare? If my days and times here change will they be allowed to change as well?”
- “In reality can see what will happen. A lot of people won’t want to use this new service and they will sit in the house and the council will be able to keep the money that should be spent on their care.”

- “I pay £26 per day for this service, yet I am expected to sort my own tea and coffee, collect my own meals and do everything for myself. I want more for my money. This doesn’t feel like value for money service.”
- “I pay for this service per calendar month, some months have 4 weeks and others have 5 weeks. Why do I pay the same each month?”
- “ I am scared stiff. I can’t go writing accounts and things for PA’s.”
- “I am very worried about the financial side of things.”
- “Surely with the extra transport and staff required this will cost more than the current building based service.”
- “I have had a financial assessment and they didn’t really look at my outgoings, I ended up worse off each month. Will this new assessment fix that?”
- “We have been told part of the reason we are possibly closing is due to the cost of renting the room at the centre. Can we rent a cheaper smaller room and still continue to come here?”
- “If I change my mind about attending an activity, for example, I don’t want to go to the gardening group because the weather is raining, will I still have to pay for the activity and full days care?”
- “We don’t want anything for nothing. We are happy to pay our way for a good service.”

- “The centre that I attend has only just had a new roof and patio. Why did the council spend this money if they knew there was a closure risk? Could that money not have been better used elsewhere?”
- “We have been told repeatedly that the buildings cost too much to run. I can see areas where costs could be cut. For example some of the rooms here don’t get used but they are still heated and the lights are on all of the time.”
- “I am able to use the social services bus but public buses move too fast for me and I cannot get settled quickly enough.”
- “The big social services buses are so big that sometimes we cannot park them at activities. This will need to be addressed.”
- “Activities like bingo in the community are very expensive; I will struggle to afford to do all of the things I enjoy. At the moment the bingo in the centre is fun and free.”
- “I pay for a lifeline. How will this service be affected if I am out in various places?”
- “I live alone and have home care a couple of times a week. I have a neighbour that brings me bits of shopping and I have meals on wheels. My issue is withdrawing cash. I don’t have the opportunity to go to a cashpoint as the one in my post office has now been taken away. My home carers are not allowed to withdraw cash for me and my neighbour

is not comfortable doing this either. I like to have access to cash as I sometimes have a mobile hairdresser come to the house, or might want my neighbour to get me something at the shops. This means that on the rare occasion I can access a cashpoint I am withdrawing massive sums of money to keep in the house because I don't know when my next chance might be. I feel very nervous about having these large sums of money in the house because people know I live alone. At the moment we don't really go out with day service and I don't need cash to go. If the new proposal happens I am happy that I will be going more places but I worry I will be short of cash and look silly. Will the staff be able to help me withdraw more sensible amounts of cash or will they not be allowed either?"

43.6. Health.

- "Illnesses are unpredictable and restrict people; this place gives us the flexibility to sit out of activities if they do not suit us. If we miss an activity because of illness on the proposed plan we will miss out on a day away from home and companionship."
- "The chiropodist used to visit the centre and help us with foot care, this doesn't happen anymore. We would like some support to visit the chiropodist."
- "My sight is very poor so I don't go out a lot."

- “Are there services especially for people with Alzheimer’s and dementia?”
- “I will find being out in the community exhausting, I would much prefer a sit in service where someone keeps me company at home. Is there a service like this available?”
- “I have asked for a new assessment from the social services team, I have been told they don’t have the capacity to do this, how will they manage when we all need new assessments?”

43.7. Independence.

- “I don’t like going out on my own.”
- “My main worry is how I will get to and from the activities.”
- “The cooked meals are a god send when I can’t stand to cook my own.”
- “I feel secure here. For example if I go to the toilet I can leave my handbag which makes me steadier on my feet. This won’t be the case in the community.”

43.8. Friends and family.

- “I don’t have a family of my own, it’s nice to have an outing, where I live everyone else has family visit and this takes my mind of that.
- “I have had 10 happy years coming here, if it wasn’t a good service I would not have kept coming back.”

- “We look forward to coming here and seeing our friends.”
- “The trouble with getting older is you lose all of your friends. The companionship I get here helps that.”
- “We can’t just visit each other’s houses for companionship like a younger person would.”
- “I do not want this day centre to close as I would miss my friends.”
- “We are like one big happy family. If you take them away what will we do?”
- “We want companionship.”
- “This group has such a community feel and we all help each other out. Are there any community cafes that will actually allow people to come and sit for hours at a time?”
- “I worry we will lose friendships within the group.”
- “I have lived alone for 40 yrs. I go out when opportunities are available, I don’t need to go out but I chose too because I enjoy it.”
- “It changed my life when I started coming here. I mix with people and I get my hair done.”
- “It’s the company that is so important. What you are offering is taking away our friends.”

- “You are spoiling something that is working. We all get on great. We thoroughly enjoy each other’s company.”
- “I am worried that friendships won’t be considered when planning people’s timetables.”
- “Will we be mixing with different groups (mental health, learning disabilities etc.) because I find the LD groups disruptive and I don’t enjoy myself.”

43.9. Direct payments.

- “I have got used to the staff and I think the world of them, I don’t want new faces.”
- “I couldn’t employ someone. I will be in a muddle.”
- “Who will be monitoring that the PAs are doing their job properly? “
- “I’ve got a big family; they can do all of these things because I don’t want a PA.”
- “Everything sounds so much more complicated.”
- “I am quite happy to stay in during the evening, but if I do want to go anywhere the family may help.”
- “I have been told in the past that I cannot have direct payments because I don’t have a bank account; my niece handles all of my money.”

- “Nobody has been and explained direct payments and told us how much we would get.”

43.10.Emotional Wellbeing.

- “ I am unstable on my feet although I can walk. This means I am not allowed a wheelchair. But because I am so nervous I won’t go out. I would love to be able to do my own food shopping with help. I have recently put on a lot of weight due to illness but because I can’t get out I can’t buy myself new clothes. This means I am quite uncomfortable a lot of the time and embarrassed about the things that do fit me.”
- “More things can be done for people without closing the centres.”
- “I don’t like change.”
- “Some of us are looking forward to change, others are not so sure.”
- “Give me something meaningful in my life. I like to help others but I am not allowed here because of health and safety rules.”
- “We want to be spoiled.”
- “I think at our age (95 and 93) we deserve to be pampered.”
- “I will be lost if they try to shift me from here. The change will just confuse me.”
- “I think the council are treating the old people rotten.”
- “I really look forward to coming to the centre.”

- “I would rather not come at all if this is going to happen.”
- “If I don’t come here I won’t go anywhere.”
- “We don’t want to be involved in our community. We are quite satisfied with what we have here.”

43.11. Forward Planning.

- “When can we expect the directory of services to be available?”
- “The coffee mornings that are run by the councillors, is there any chance they could happen in the valleys?”
- “I have asked the council lots of times what is going on in my area but you never get the information.”
- “We have got to move with the times.”
- “We used to attend a local social centre; it merged with the day centres and became assessment based access. Will these old social centres open again?”
- “ I just want to have an exact plan of what is going to happen with my future.”
- “I am concerned about crossing borders. I live in NPT but I am on the border for a different authority, who will provide the care if I decide my activities will happen in the other authority?”

- “We have very strict opening and closing hours, this does mean that we sometimes can’t take part in things that might be happening. Will the hours be more flexible in the proposed plan?”

“We don’t like change but we need to just go with the flow.”

- “The council won’t listen to us even if we say we don’t want it.”
- “I would rather a quality service with everything I need and want rather than a service that spans over a whole week but has no purpose.”
- “Will we have to stick to the same days as now?”
- “Who do we contact if there is a change of plans or we would like to try something else?”
- “We had a 90 day consultation when Resolven closed. We all said we wanted to stay there and keep it open and it closed anyway. Will this consultation be full of the same promises?”
- “If these changes happen I will be opting out.”

43.12. Advocacy.

- “We would like to be kept informed of everything that is happening. We appreciate the advocate coming and spending the time with us to answer questions and listen to us. Will we be getting that sort of service in the future?”
- “Because we are older we need times for things to sink in. please give us time to understand all of the changes.”

- “My mind gets a bit muddled and I get very nervous around professionals, I am afraid I will say the wrong things and be stuck doing things that are not suitable.”
- “I need an advocate to help me get my point across as I don’t have anyone backing me in my family.”

44.0. Letter to the Welsh Assembly by a client of Trem y Glyn.

“A lot of us are old lonely people living on our own with no family left. This is the only place where we meet up with friends; it’s where we call home. They have become our family and you are trying to take that away from us. We may as well die if you take this away. Please fight for the old and needy. You will be there yourself one day. We want action now! “

I urge anyone who is reading this report to consider each and every question and comment. Thank you for taking the time to read this report.

Appendix – 8 - Direct Services Structure:

Principal Officer			
Complex Needs Services: Brynamlwg Trem-Y-Mor Abbeyview	Older Persons Day Services: Gelligron Trem-Y-Glyn Ty-Twyn-Teg Rhodes Hse. Croeserw CEC Care & Support Services: Pontardawe Patch Bronleigh Rhodes House Community independence Service: Floating Support Community Group Homes x 4	Work, training & employment: Bspoked Croeserw CEC	Respite Service – Trem-Y-Mor Registered CSSIW facility
Service Manager – G9 – 37hrs:	Service Manager – G9 – 37hrs:	Service Manager – G9 – 37hrs:	Service Manager – G10 – 37hrs: Registered manager CSSIW
Service Coordinators x 3	Service Coordinators x 5	Service Coordinator x 1	Service Coordinator x 2
43.12 FTE Care staff	52.46 FTE Care staff	13 FTE – Training staff	31.6FTE – Care Staff
Figures above exclude domestic and catering staff			

Highlighted services are those affected by the proposed remodel.

Appendix 9 - Direct Services Proposed Structure:

Principal Officer:			
Complex Needs Services: Brynamlwg Trem-Y-Mor Abbeyview	Community Connecting Team Peripatetic community support Community independence Service: Floating Support Community Group Homes x 4	Work, training & employment: Bspoked Croeserw CEC	Respite Service – Trem-Y-Mor Registered CSSIW facility
Service Manager – G9 – 37hrs: Jeremy Caswell	Service Manager – G9 – 37hrs: Lisa Livingstone	Service Manager – G9 – 37hrs: Sarah Jenkins	Service Manager – G10 – 37hrs: Victoria Thomas Registered manager CSSIW
Service Coordinators x 3	Service Coordinators x 3	Service Coordinator x 1	Service Coordinator x 2
43.12 FTE Care staff	33 FTE Care staff	13 FTE – Training staff	31.6FTE – Care Staff
Figures above exclude domestic and catering staff			

Appendix 10 -Community Connecting Team – C.C.T

Proposed Structure – April'2016

Service Manager

G9 – 18.5hrs x 1

Service Coordinator

G7 – 37hrs x 1

Senior Community Connector

G6 – 37hrs x 1

Community Connector

G5 – 37hrs x 12 = 444hrs per week of support

Appendix 11

HEAD OF SERVICE:

1. Narrative on voluntary redundancies/bumped redundancies/redeployments/posts deleted/restructure
2. **Financial Appraisal**

Post	Grade	Savings	Additional Costs
Deleted posts – Care & Support Older Persons Day Services			
Service Coordinator X 3 = 109hrs FTE – 2.94	7	93,389	
Senior Care Officer X 4 = 99.5hrs FTE – 2.68	6	80,592	
Day Care Officer X 6 = 99hrs FTE – 2.67	5	68,982	
Care Workers X 22 = 638.5hrs FTE – 17.26	5	463,771	
Craft Instructor X 5 = 80hrs FTE – 2.16	4	51,534	
Care Assistant X 5 = 86hrs FTE – 2.32	3	47,878	
Escort/Domestic X 13 = 185hrs FTE – 5	2	93,766	
Domestic X 5 = 42.75hrs FTE – 1.16	1	19,163	
New posts – Community Connecting Team:			
Post	Grade	Savings	Additional costs

Service Coordinator X 1 @ 37hrs	7		36,630
Senior Community Connector X 1 @ 37hrs	6		32,406
Community Connector X 14 @ 37hrs = 518hr	5		410,354
Re-evaluations			
Total		919,075	479,390
• Net savings			439,685

Appendix – 12 Day Service Data – March'16

Type of service:	Name of Service:	Location:	Building owned by NPT:	No. of people accessing service:	Average numbers per day:	Operating days/times:	Annual cost:
Older persons day services:	Trem-Y-Glyn	Glyneath	Y	28	11	T/W/T/F – 4 days 9-4pm	£448,360 Includes: Staffing Buildings Delegated budget
	Gelligron	Pontardawe	Y	27	14	M/W/F – 3 days 9-4pm	
	Ty-Twyn-Teg	Neath	N	22	12	M/T/W/T– 4 days 9-4pm	
	Rhodes House	Port Talbot	Y	30	18	M/T/W/T– 4 days 9-4pm	
	Croeserw	Upper Afan Valley	Y – Community building	14	10	M/Tu/F – 3 days 9-4pm	
Care & Support Services:	Pontardawe Patch	Pontardawe	Y	12	10	M/T/W/T/F – 5 days 8.30-4pm	£592,140 Includes: Staffing Buildings Delegated budget
	Bronleigh	Neath	Y	27	23	M/T/W/T/F – 5 days 8.30-4pm	
	Rhodes	Port Talbot	Y	20	16	M/T/W/T/F – 5 days 8.30 – 4pm	
COST FOR SERVICES: £1,040,500 - PLUS RECHARGE ENVIRONMENT – TRANSPORT - £460,417 – TOTAL: £1,500,917							

Older Persons Day Services – currently support – 125 people throughout the borough – Gender split – 30 (M) & 95 (F)				
Care & Support Services – currently support – 55 people throughout the borough – Gender split – 32(M) & 23 (F)				
Query eligibility:	Potential specialist service requirement:	Residing in authority commissioned services:	Remaining assessments:	Social work team & numbers of assessments required:
5	6	0	23	Afan Network 34
47	6	0	22	Neath Network 75
0	6	23	42	Complex Disability Team

				71
TOTAL NUMBER OF INDIVIDUAL ASSESSMENTS REQUIRED - 180				

Appendix 13 -Community Connecting Team – Functions:

Eligibility:

- A vulnerable adult residing within the borough of Neath & Port Talbot.
- Identified via a social work assessment as being “a person in need”, and, that those needs can and, can only be met via a formal provision from Social Services.
- Those in supported living situations or residential care will not be eligible for this service.
- Due to the nature of the service it cannot support individuals who require double handling, medication administration, or those with significant behavioural support needs.

Referrals:

- Referrals are taken via the Directs Service Referral panel and can be undertaken by a Social Worker, Community Well Being Officer or Community Psychiatric Nurse/Psychologist.
- All referrals must demonstrate that community resources have been considered for a referral and if not, why not.
- Transport to and from activities will be the responsibility of the individual or, their carers unless, the transport assessment demonstrates a need otherwise.
- Referrals are accepted subject to 12 week assessments period.

Aims of Service:

- To work with individuals and groups within community settings using, wherever possible; naturally occurring resources that include; activities, buildings, events etc.
- To create, plan and deliver support that is reflective of an individual’s personal needs and outcomes that, builds upon a person’s existing strengths.
- To provide a “right sizing” option for those entering the service area who may wish to progress to Direct Payments.
- To support informal carers and families in maintaining their responsibilities.
- To wherever possible reduce people’s reliance upon “paid support” and, encourage the development of social networks that, improve a person’s overall quality of life.
- To engage the public, private and voluntary sector in providing and delivering activities with this group. In a way that, builds “community capacity and resilience”.

Eligibility Criteria for Adults

The first condition relates to the adult's circumstances and is met if the need arises from the circumstances which are specified in the regulations:

- physical or mental ill-health;
- age;
- disability;
- dependence on alcohol or drugs; or
- other similar circumstances.

The second condition is met if the need relates to one or more of the outcomes specified in the regulations:

- ability to carry out self-care or domestic routines;
- ability to communicate;
- protection from abuse or neglect;
- involvement in work, education, learning or in leisure activities;
- maintenance or development of family or other significant personal relationships;
- development and maintenance of social relationships and involvement in the community;
or
- fulfilment of caring responsibilities for a child.

The third condition is met if the need is such that the adult is not able to meet that need alone, with the care and support of others who are able or willing to provide that care and support; or with the assistance of services in the community.

The fourth condition is met if the adult is unlikely to achieve one or more of their personal outcomes unless the local authority provides or arranges care and support to meet the need in accordance with a care and support plan or it enables the need to be met by making direct payments.

Financial costings

<u>Current Direct Costs (proposed 16/17 budget after £325k FFP)</u>	
<u>Care & Support</u>	<u>Costs</u>
<i>Staffing</i>	572,850
<i>Premises</i>	24,920
<i>Transport inc. Car Allowances</i>	26,430
<i>Supplies & Services</i>	18,720
<i>OLA Income</i>	-43,490
<i>Client Income</i>	-7,290
Net Cost of Service 16/17	592,140
<u>Older Persons</u>	
<i>Staffing</i>	452,950
<i>Premises</i>	38,760
<i>Transport inc. Car Allowances</i>	1,190
<i>Supplies & Services</i>	65,540
<i>OLA Income</i>	-4,820
<i>Client Income</i>	-105,260
Net Cost of Service 16/17	448,360
Total cost of services:	1,040,500
Environment recharge	460,417
Total cost inclusive of transport:	1,500,917

The above are current costs in relation to the services aligned to Care and Support and Older Persons Day services.

Please note the costs above are inclusive of the Environment recharge. The apportioning of this to relevant area's is to be agreed by relevant Directors.

<u>Proposed Direct Costs – Community Connecting Team</u>		
<u>CCT</u>	<u>Costs</u>	
<i>Staffing -</i>		
1 x Service manager 18.5 hrs	22,681	
1 x Service Coordinator 37hrs	36,630	
1 x Senior Community Connector 37hrs	32,406	
12 x 37hr Community Connectors	351,728	
Car allowances 18k miles @ 45p pm	8,100	
Community facility hire	12,000	
Staff costs for activities	5,000	
Assessed transport needs	40,000	
	508,545	
		<u>Cost variations:</u>
<u>Additional Costs:</u>		
<u>Option 1 – Increase CCT staffing:</u>		
Additional 8 x G5 @ 37hrs (In House)	234,480	743,025
<u>Option 2 – Like for Like DP's:</u>	171,600	680,145
<u>Option 3 – mixed support CCT & DP</u>	203,040	711,585
Assumes and 50% split in service		
<u>Option 4 specialist external services:</u>		
1:1 support for those with significant needs	112,320	
1:1 support Alzheimers UK	159,588	780,453
£16.50 per hr Alzheimers UK		
£15 per external provider – other		
<u>Option 5 – small group support</u>		
Alzheimers UK	110,180	
2:1 support LD	65,620	684,345
£16.50 per hr Alzheimers UK		
£15 per external provider – other		

The variations identified above are in specific relation to the 18 identified individuals with more significant needs who will require a more bespoke service. There are increasing and decreasing costs associated with each option.

Option 1:

This group would remain fully supported by Social Services staff within the community connecting team but with much lower staffing ratios 3:1. As a result of intensive staffing the need for a base is negated. It would involve creating an additional 8 x 37hr G5 Community Connector posts within the team.

Option 2:

This would rely upon all 18 individuals taking a personal direct payment with like for like hours (based on 6hrs per day). They would use the allocated resources in anyway they chose. They would be fully supported by our social work teams and direct payment team in developing and managing these packages. Direct payments as clearly identified during this paper are a choice rather than mandatory.

Option 3:

This will allow people to maintain some formal, organised provision via the Community Connecting Team and, have some flexibility with a personal assistant via a direct payment. The costings allow for a 50/50 split in a direct payment and formal service. It may also enable those who wish to take a DP but are a little anxious, to try out both and see which fits them most comfortably. This will involve creating an additional 4 x 37hr G5 Community Connector posts within the team.

Option 4:

These are 1:1 externally commissioned services via Alzheimer's UK (£16.50 per hour) and other known Local Authority providers (£15 per hour average cost). Each person would receive 6 hrs of support per day based upon current provision. Packages and support planning would take place with the person, their family, social worker and provider.

Option 5:

This could be funded either by an individual direct payment or commissioned on behalf of Authority. Alzheimer's UK have confirmed that their floating support rate (£16.50) per hour could be used to support up to 3 people rather than 1 (dependant on need and personal risk). There is also an indication that this could be delivered via an "Age Concern" building with Alzheimer's UK staff. This option fully explores third sector partnership working. The current learning disability group would see their support shared with up to two other people who they know and are comfortable with. They would access community activities, any joint support plans would be agreed with all relevant people.

The figures do not account for any additional uptake on direct payments from the remaining group. But these will be adjusted accordingly as the picture from assessments becomes clearer.

Possible Savings:

<u>Potential savings:</u>	
Current service cost:	1,500,917
Proposed cost of remodel	508,545
Possible savings	992,372
<u>Potential savings options:</u>	
Remodel & Option 1	757,892
Remodel & Option 2	820,772
Remodel & Option 3	789,332
Remodel & Option 4	720,464
Remodel & Option 5	816,572

The above table clarifies the savings that will be generated by choosing any of the presented options outlined in these appendices.