

CE (Learning Disabled Service User)

January 24th 2011

Why should people be bossed about by bloody Council can't even come down to idle to show their face. Can't even come to the meetings. Why should they keep closing other places and not telling you.

And how would people like yourself everyday get bossed about by us everyday.

What would your answer be how would you like it. No I don't like your ideas you just carry on with everything.

You've threatened even cutting the buses off us. Carry on any more and I am going to write to the Government and bitterly complain about you all taking our money off us all.

The post offices schools close any more of our clubs down and see what action I take against you because we have lost a lot of staff all because of you. So just show any and more on the box on ITV or any other station and just see how far it gets you or any more shops or hospitals. And I shall be keeping a good look out. So just don't think I am joking because I'm not. And please can we have a new day centre because this one won't stay warm in one of the rooms because we want all them big bosses taken away from upstairs please.

Councillor Roy Webb,
Cabinet Member for Adult Social Care and Health
Derby City Council
Saxon House
Friary Street
Derby DE1 1AN

3rd February 2011.

Dear Mr Webb,

Re: Consultation on eligibility threshold and charges for non-residential adult social care services

As a member of the Reach Out Panel I received the documentation concerning the above before Christmas. I have been reading and re-reading the material but each time I draw the same conclusion, that the questionnaire is most unsatisfactory and biased towards the removal of contributions to those people who fall within the 'moderate' category of need.

Today, I read in the Telegraph that the Council has already agreed these cuts, although the deadline for feedback has not yet passed.

I am saddened that the Council cannot be more creative with the finances that such a cut must be made. This is a very short sighted decision and may have longer term deleterious effects.

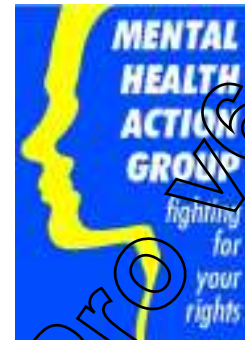
A response from you would be most appreciated on this most concerning matter.

Yours sincerely,

Mrs CB

15th February 2011

Councillor Roy Webb
Cabinet Member for Adult Social Care & Health
Derby City Council



Dear Councillor Webb,

Re: Consultation on Eligibility Threshold & Charges for Non-Residential Adult Care

It was good to meet with you at the recent consultation event at The Assembly Rooms in February. I have now been asked by our members to make a formal response to the consultation on their behalf.

I guess the first thing to say and this is something you became aware of at the consultation is that the engagement with this particular sector of stakeholders needs to be done differently and better to make it meaningful and genuine. We have pointed out before that the kind of event that was put on at the assembly rooms is unlikely to attract significant numbers at all. I appreciate that you assured us the lack of representation would not unfairly affect the results of the consultation. However it is important that their voice is heard and perhaps you can please urge the City Council to learn from mistakes of the past and do it differently next time. The money spent on the Assembly rooms could pay for workers to go out and engage with groups of service users where they are on their own familiar territory.

As regards the proposals themselves we are extremely concerned that the removal of social care from those classed as needing moderate support will have a big impact on people with a mental health condition. It is difficult to over emphasize the importance of social care to the maintenance of mental health for someone who lives with a condition which undermines their confidence and ability to interact in society. Not only are they affected by the symptoms of the condition itself but they suffer the added impact of the stigma of mental illness within society.

Without support to maintain social networks through the provision of day services, transport, personal budgets etc their confidence will decline and they are at high risk of becoming socially very isolated. This of course will impact on their mental health and a spiral of decline sets in. Often such a decline is not picked up soon enough, intervention is not quick enough and the person ends up needing serious and lengthy amounts of intervention, even hospital admission.

*MHAG Co-ordinators, Room 312, 3rd Floor, Kelvin House,
RTC Business Park, London Road, Derby, DE24 8UP
Telephone: 01332 345966 ext 5*

Criteria used to assess the need for moderate care include statements such as “*several support systems and relationships cannot or will not be sustained*” and “*several family and other social roles and responsibilities cannot or will not be undertaken*”. Loss of this level of care can and will knock a person who is just managing to maintain a decent quality of life to a person who cannot cope. Sadly a lot of people with mental health problems do not have strong and plentiful support networks and are therefore very reliant on those few that they have. Peer support which they receive at community groups is of great importance to many people. Those who find themselves no longer able to access this support will undoubtedly find their lives becoming very isolated and vulnerable.

This group of people with ‘*moderate need*’ are ironically those who still have a good chance of recovering skills and social connections with the right support. There is a strong emphasis from the Government on earlier interventions for people experiencing a mental health crisis and even the promise of more funds to support this. Yet we see proposals such as these cuts which will completely work against that principle so that people have to become very ill before they can get help.

These proposed service cuts are also set against a background of significant cuts to the voluntary sector too which means other options of help which may have been available will be seriously reduced either in quantity or quality or both. The voluntary sector has been a big contributor to supporting mental health in Derby City and whilst the results of the present review are as yet unknown the removal of just under £900,000 from the pot will clearly have a big impact.

We understand that Derby City Council is in a very difficult position financially but we believe that removing care from a sector of people with moderate need will only cost more in the long run and will also result in a lot of suffering in the short term. We note with interest that Derbyshire County Council has concluded from their Equality Impact Assessment that the impact would simply be too great if they were to go ahead with a move from moderate to substantial. It is difficult to see how the impact can be any less great for people in the City of Derby.

We thank you for your consideration and wish you well with the very difficult decisions that you and the Cabinet have to make.

Yours sincerely,

NG
on behalf of the Mental Health Action Group

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21/02/2011

Dear Mr Webb

My name is BL and my wife has progressive MS and is wheelchair bound.

My wife received Council Care for many years and moved on to Direct Payments in 2004. Council care was adequate and dealt with our basic needs however you only received what the council could provide, when they could provide it. Direct payments allowed us to have the freedom to plan and organise our lives. We have a wonderful relationship with a care provider called Prime Care at Home Ltd. The amount of control extends to a reasonable choice of carer as well as timing. For no reason at all my wife can bond with one carer and not another. Spending time with someone you like is always preferable.

It will come as no surprise that I am of the opinion that Government plans to move as many people as possible on to personal budgets/direct payments as possible is best practise.

As to other questions I am afraid the rationing of care has to be left to the officers you employ as only they have the time to gather the information to make an informed decision.

The rest is ideology. Should services be provided by central planning and a monopoly provider or would a regulated market of individual choice and multiple providers be best. Multiple providers in a market system have a mechanism for creative destruction that can prune and replace unsuccessful care providers. It is very difficult for a monopoly supplier to change for the benefit of the recipient. Central planning and monopolies tend to bring misery to everyone over time.

Thank you for listening.

BL

Parvez,

13/02/2011

Hi, I spoke to you at the end of the Budget Consultation event at Spot Banqueting suite last month, to ask some details re the Proposals on Charging for Community Care Support.

Could you please send me details of how ability to pay is assessed now, and what is proposed (if any different) within the new proposals under consultation? - that is, including the full detail of criteria used to determine Disability Related Expenditure - what types and what amount re each of disability related expenditure - for each individual/(or any generic amount used as an alternative to exploring in detail with them).

I touched on this when we spoke -I ask because the detail of the proposals as regards this makes a **huge** difference to *how fair* the system potentially is, and whether it does actually *only charge those able to pay* - both of which the outline give as key aims with the proposed changes. Reasons the detail held in the info requested is relevant are - the last 2 times Fairer Charging (FC) was introduced in Derby, the calculation criteria give to L.A.s by Gov were flawed (failing to accept all actual, legitimate expense). Examples are easy to pluck out - additional laundry costs due to incontinence could be offset, not any due to regularly spilling food & drink - costs of far more expensive footwear due to disability could only be offset regarding a 2nd pair of shoes, not the 1st, regardless of the amount involved compared to that if no disability was involved.... - during the time between these introductions of FC, the cost of fuel in particular, went up by far more than Benefits such as Income Support did, and income a Service User was permitted to keep was not changed to reflect this. Many disabled people have far higher fuel needs, due to immobility, aches and pains etc - but *only those over 60yrs old get £ towards it other than that given within their DLA 'Care Component'* - Since then many costs re living have continued to rise more than Benefits levels. - Changes to eligibility criteria have meant, and under this proposal could more so - that additional help still needed but no longer provided through a support package, is required from elsewhere (all the things like help shopping, ironing, cleaning, laundry... that many used to get in addition to meal provision and personal care) - This is a valid cost that needs off-setting in Ability To Pay Assessments.

I'm sure I'm not alone in feeling that charging for such important help is wrong, and issues surrounding it. At the same time, I don't believe the argument to scrap charging will be won (for a while at least) - and I potentially see the cost to individuals of removing all support and leaving only the private sector, as higher than if some levels of service were kept at a *not free, but subsidised rate*.

If charging cannot be stopped, I am sure that many people would be willing to help advise on what changes to the Assessment Criteria provided in (the last Government's) guidelines & those used here, would make them more accurately assess disability costs and so ability to contribute.

Thanks

SE

Dear Mr Frisby.

Thank you for your detailed reply.

9/2/2011

My questions are:-

1. **which centres are closing?**
2. what is happening to the service users and staff who presently access those centres, if they are being integrated into other centres which ones and how? **(we do not want half dressed answers please, just say it.)**
3. **when are the new financial packages being assessed for each individual service user and then being brought into use?**
4. **who** is actually going to be making these assessments, what experience do they have and where will they be made?
5. what services will be available for the 'lower needs' adults with LD or are you just casting them out into society and leaving them open to neglect and abuse which is against their human rights? see my final notes below.
6. **what extra support will you put in place for carers to cover the cuts in services?**
7. Mobility allowance was used as a reason that many users could access this as a means to cut council costs, by service users using this allowance to pay for taxis/transport to centres. In theory this looks like the obvious answer. How will that work out when the average taxi return journey costs approx £20 for the one day, now multiply this by the number of journeys that the average service user would need a taxi. Using my daughter as an example. 4 journeys to Alvaston Street Centre and back, (no she is not capable of travelling alone on a bus), plus 1 journey a week to the Radley centre and back, plus her weekly visit to her social club and back. Add that up with today's rising costs and multiply by a month and then compare to the months mobility allowance. NOW add onto her costs the fact that she has to pay her way for ALL private means of transport out of hours, doctors visits, hospital visits, any social activities, (YES she IS entitled to this, she IS a human being and has rights). Now tell me what do we do? where do we get this money from? Laura only has limited income from her benefits. there are no savings and does not own property. Is this new financial package going to help cover her costs AND those of her day centre charges? What about her holidays, you yourself queried my answer to an earlier wish of hers, she wants the family to go on a hot holiday? Do you think we have a money pit or tree where we can just go and 'find' this extra money? As it is Lauras allowance pays for a motability hire car to transport us around as a unit and keep her safe. My mobility allowance was used as a deposit as we require a larger vehicle on the scheme to allow for wheelchair stowage. Oh and before you ask, My illness often means that I am unable to drive so no I cannot get Laura to her centres myself, the car is mainly driven by my husband who works for a living. Using the proposed theory that anyone who gets mobility allowance must pay full costs to their transportation we would be forced to return our motability vehicle, as would hundreds of others causing that scheme to collapse and huge hardship for families with disabled people. Our holidays would no longer be possible. My freedom and independence would be gone and more people would become trapped within their own homes. Where is there any advantage in that and what happens to 'our human rights and those of disabled people'? Things were supposed to be getting better so that disabled were integrated and respected more. We do have feelings and brains.

8. what happens when you introduce these transport charges if the service user **does not get mobility allowance**? through my voluntary work I have come across several cases where adults with LD and /or other disabilities are not getting the correct benefits through poor bureaucracy and realms of paperwork at the DHSS
9. **what date is expected for full transition to the new style service?**
10. I will expect all families affected by the new cuts to service to receive a full financial breakdown of why they were made, what costs are saved to the council and where this saved money is targeted to instead, including a report as to why adults with LD were cast aside when savings could have been made elsewhere. I think the Courts of Human Rights might like a copy. I for one will be sending them one.

Finally I refer you to my earlier letter and the 3 wishes that I sent in and you replied to. I expect you to honour your words.

You are throwing vulnerable people to the wolves, remember the lady who killed herself and her daughter? remember what I said? How can we tackle hate crime if you abandon these people?
yours sincerely ,

JS

Dear Simon,

17/02/2011

I am sending you some interesting information regarding the consultation into

proposed changes to adult social care provision, as I was not sure who to send it to. I was attempting to find the true financial cost of removing support from adults with moderate needs, including unforeseen consequences such as emergency interventions. Looking through other consultations, similar concerns had been raised as a 'common-sense' objection but never adequately addressed. My next action was to ask a leading research group called the Social Services Research Group for assistance in finding relevant data. Up to now they have not found anything either as the email immediately below from Dr Knapp, director of the School for Social Care Research at the London School of Economics, states.

Please pass this information on to those involved in the consultation as an additional response to that I have already submitted online, along with the following question:

What would be the true cost or saving across Derby City Council of raising the eligibility criteria to substantial and critical only, and have the following risks or any others been assessed and quantified? : a) Emergency interventions by social services or the NHS; b) Costs associated with adults failing to maintain their tenancies; c) Adults moving into long-term residential care due to them or their carers being unable to cope; d) Costs associated with adults becoming the victims of abuse; e) Costs associated with anti-social behaviour by or towards adults with moderate needs due to lack of support; f) Costs associated with a deterioration in physical or mental health due to increased neglect or poor lifestyle choices, including increased healthcare spending.

Thanks for all your help - please could I receive an email when this submission is accepted as part of the consultation.

I have copied in Dr Knapp, who I thank wholeheartedly for the time he has taken looking into this matter so far.

Yours,

CG

Original Message-----

Sent: Thu, 10 Feb 2011 11:41

Subject: EIA FACS & FC

Perveez, it was good to see you the other day.

Got this thing through from SF on EIA on social care which is today - I can't attend and told him - the notice is too little and in haste? though I appreciate the pressures you guys are working under thanks to "Eric".

For what it is worth my position would be that it will impact disproportionately on the most deprived areas of the City - the Allenton's, Chad's and Normanton's and obviously on Normanton because of its diverse and fluid population.

I wanted to ensure that some assertive outreach was done prior, so that people who had not previously received social care but would be entitled to substantial or critical were sought out - so we know the true figures we are dealing with - and indeed on the grounds of overall equity as you are reviewing social care.

I accept that a review of existing moderate cases would, in any event, go ahead. A net result might therefore be that expenditure in real terms increases, even with the scrapping of moderate care, should more people "new to social care" (through AO) be assessed as substantial /critical.

It is a sweeping generalisation but I think that there would be many people in minority communities that would qualify for social care but for whatever reason do not apply or avail themselves of it or are not intelligently signposted through ignorance of the "system" or indeed their preference against statutory bodies.

I would point also to the PD and Asperger's /autism cases where there is little "treatment" per se in the medical sense should be referred on to social care because there is nothing else for them - but as you no doubt know Asperger's and PD services are not well established in the Trust or nationwide, though they have been forced to now seriously develop strategies at trust and PCT levels.

You get my drift

cheers dude

JN
Derbyshire Voice

R. M. Webb Esq.

I advise you, as I have my Dr, the only Questionnaire I answer (complete) are those sent me by the 1 million women (health) study (Oxford).

It seems to me we almost, have to apologise for living longer these days. After 44 years in paid work (contributor to the 'system') I foolishly thought I'd grow old gracefully. Regrettably my health has failed me, as has the NHS who, apparently "can't do anything for you" other than medication recommendations, (which my GP

“can’t” supply.....). Its like taking part in some sick joke: thank God I have a sense of humour.

So, Sir, I read the Derby Telegraph, observe, inwardly digest what “my” council are doing, planning to do, I realise you will do what you will do.....

I just pray it will be for the betterment of all. (Oh to return to those days of the 50’s & 60’s after the grim period of WWII.)

God bless

‘Anon’

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