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Fair Access to Care Services and Fairer Contributions

Consultation of Derby Residents

Background and methodology

Background

Derby City Council decided to consult on changes to the eligibility threshold for adult social care services and what it asks people to contribute to the cost of their care. The eligibility threshold is the level at which the Council decides it will offer help to people with social care needs. The proposal is to raise the eligibility threshold from meeting moderate needs and above to only meeting substantial needs and above. The enclosed information and questionnaire explain these terms and asks for residents views about the proposals.

Context for the proposals in the consultation

The overall number of people Derby City Council needs to support is growing and there are more people requiring more intensive support. Derby residents are living longer and often need more support with personal care and other care services to keep them independent in their own home. In particular, the number of older people in Derby who are aged 85 years or over is set to grow by 12.5% over the next five years. This represents a very significant rise given that 56% of the adult social care budget is spent on older people's services.

The existing way of calculating contributions does not fit with the introduction of personal budgets and the government has advised all Councils to review the way they calculate people's personal contributions to the cost of their care. In addition, the existing contributions system provides differing levels of subsidy for people receiving day care and home care, relative to the cost of those services. Also there are different subsidy levels across different service user groups for the same service such as day care. It is important that any system of charging is fair.

The Government has announced plans to significantly reduce local authority grants over the next four year period. The Council has a significant savings target over the period and is required to save approximately £30 million during 2011/12. This means significant immediate financial challenges for all service areas including adult social care

Three quarters of Councils in England already have their eligibility threshold set at substantial and critical levels only. The proposed change would bring the Council in line with these Councils. The proposed maximum weekly charge and subsidy level will bring us in line with our neighbouring authorities.

Methodology

A postal survey was designed and was also made available to complete online. Support was made available for those who would find completing the survey problematic.

The consultation period ran from 01 December 2010 to 22 February 2011.

Around 3,000 surveys were sent out and 943 were completed which is a response rate of around 31%. The responses received give a relatively robust sample with a confidence interval of +/- 4.5%. means that in most cases the 'real' figure for all residents in Derby will be in the range of +/- 4.5% of the figure quoted in the report.

Findings

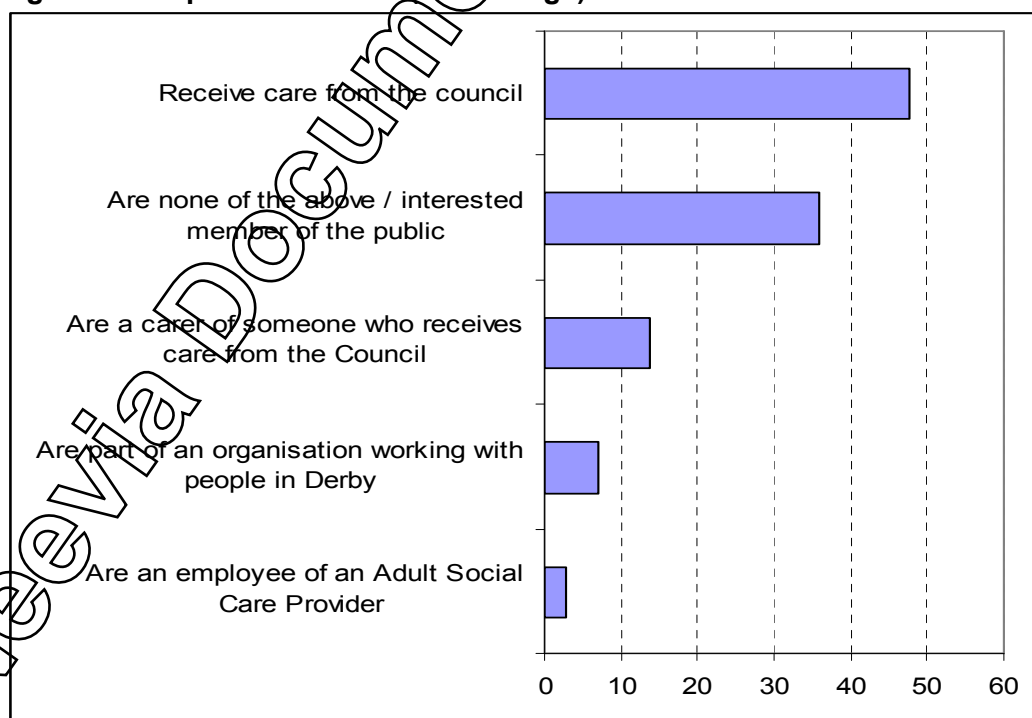
Respondent Profile

- The questionnaire began by asking respondents from a list of options in which capacity they are completing the survey.
- Table 1 and figure 1 below summarise these responses. Nearly half of those who responded (388, 48%) currently receive care from Derby City Council.
- A third of those responded identified themselves as 'interested members of the public' and 14% were a carer of someone who receives care from Derby City Council.

Table 1: Respondent Profile

Please tell us if you:.....	Number	Percent	Percent of responses
Receive care from the Council	388	41.1	47.8
Are part of an organisation working with people in Derby	56	5.9	6.9
Are a carer of someone who receives care from the Council	112	11.9	13.8
Are an employee of an Adult Social Care Provider	22	2.3	2.7
Are none of the above / interested member of the public	291	30.9	35.8
Total responses	812	86.1	100.0
No reply	131	13.9	
Total	943	100.0	

Figure 1: Respondent Profile (Percentage)



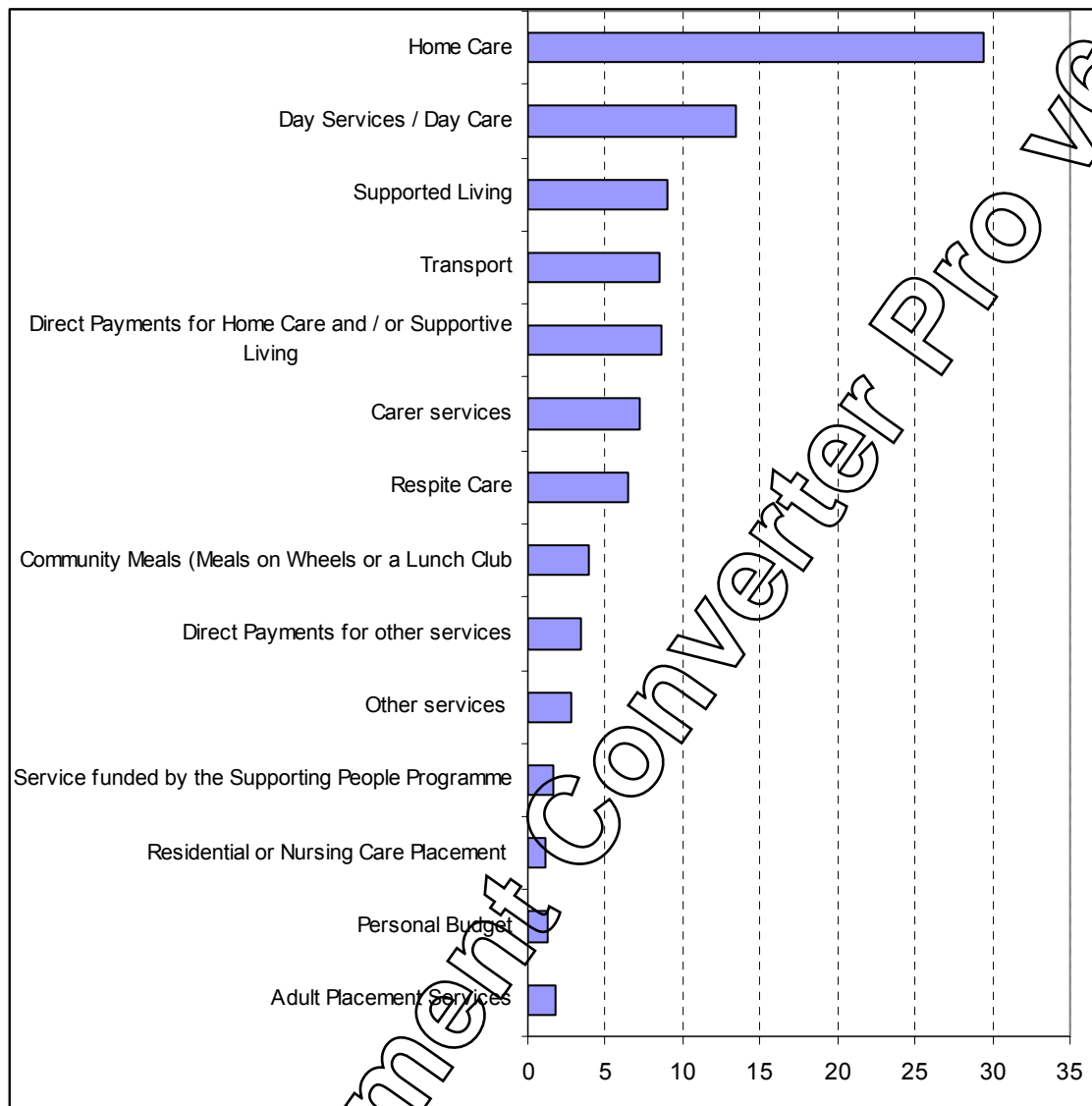
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Services received

- Those who receive care from Derby City Council were asked what sort of care they received (respondents could choose more than one option) – this is summarised in table 2 below and figure 2 below. The highest proportion of respondents, (29%), currently receive homecare and 13% receive day services and day care. 64 respondents identified other services which they receive, these are listed in appendix one.

Table 2: Services received by respondents

Service	Number	Percent
Adult Placement Services	17	1.8
Personal Budget	12	1.3
Residential or Nursing Care Placement	11	1.2
Service funded by the Supporting People Programme	16	1.7
Other services	26	2.8
Direct Payments for other services	32	3.4
Community Meals (Meals on Wheels or a Lunch Club	37	3.9
Respite Care	61	6.5
Carer services	68	7.2
Direct Payments for Home Care and / or Supportive Living	81	8.6
Transport	80	8.5
Supported Living	85	9.0
Day Services / Day Care	126	13.4
Home Care	277	29.4

Figure 2: Services received by respondents (% of respondents)

Planning and delivery of care services

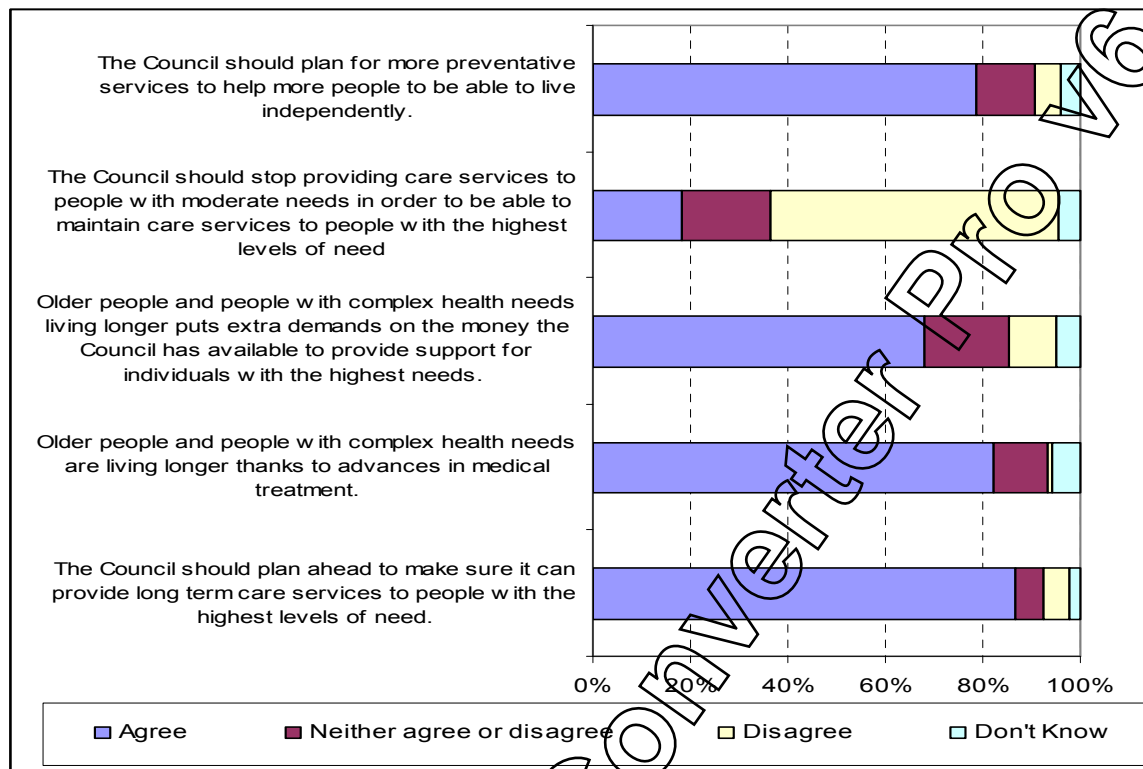
- The survey went on to ask respondents if they agreed or disagreed with various statements about the pressures on Adult Social Care in Derby and Derby City Council's proposed changes. Where appropriate we looked at the data by different groups to see if for example those who currently receive care had differing opinions to the respondents overall. The findings for these groups are only mentioned if they are significantly different from the overall responses.
- Table 3 below and figure 3 overleaf summarises the findings for statements around the planning and delivery of services.
- 88% of respondents agree that Derby City Council should plan ahead to make sure it can provide long term care services to people with the highest levels of need, with only very few (5%) disagreeing.

- A high proportion (82%), also agree that older people and people with complex health needs are living longer thanks to advances in medical treatment. Interestingly those from the BME community (69%) are less likely to agree
- Fewer respondents, but still over two thirds (68%), agree that Older people and people with complex health needs living longer puts extra demands on the money the Council has available, only 10% actively disagreed. It is interesting to note that those who currently receive care agree (62%) and just over 14% disagree, and the BME community is even less likely to agree (54%) and are significantly more likely to disagree (19%)
- Relatively few respondents (18%) agree that the Council should stop providing care services to people with moderate needs in order to be able to maintain care services to people with the highest levels of need, with 59% disagreeing.
- 79% of respondents agree that Derby City Council should plan for more preventative services to help more people to be able to live independently

Table 3: Planning and delivery of care services

Statement	Agree	Neither agree or disagree	Disagree	Don't Know
The Council should plan ahead to make sure it can provide long term care services to people with the highest levels of need.	86.8	5.7	5.1	2.4
Older people and people with complex health needs are living longer thanks to advances in medical treatment.	82.0	11.2	1.2	5.6
Older people and people with complex health needs living longer puts extra demands on the money the Council has available to provide support for individuals with the highest needs.	67.6	17.4	10.0	4.7
The Council should stop providing care services to people with moderate needs in order to be able to maintain care services to people with the highest levels of need	18.1	18.5	59.0	4.4
The Council should plan for more preventative services to help more people to be able to live independently.	78.7	12.0	5.2	4.1

Figure 3: Agreement / disagreement with statements on planning and delivery of care services (%)

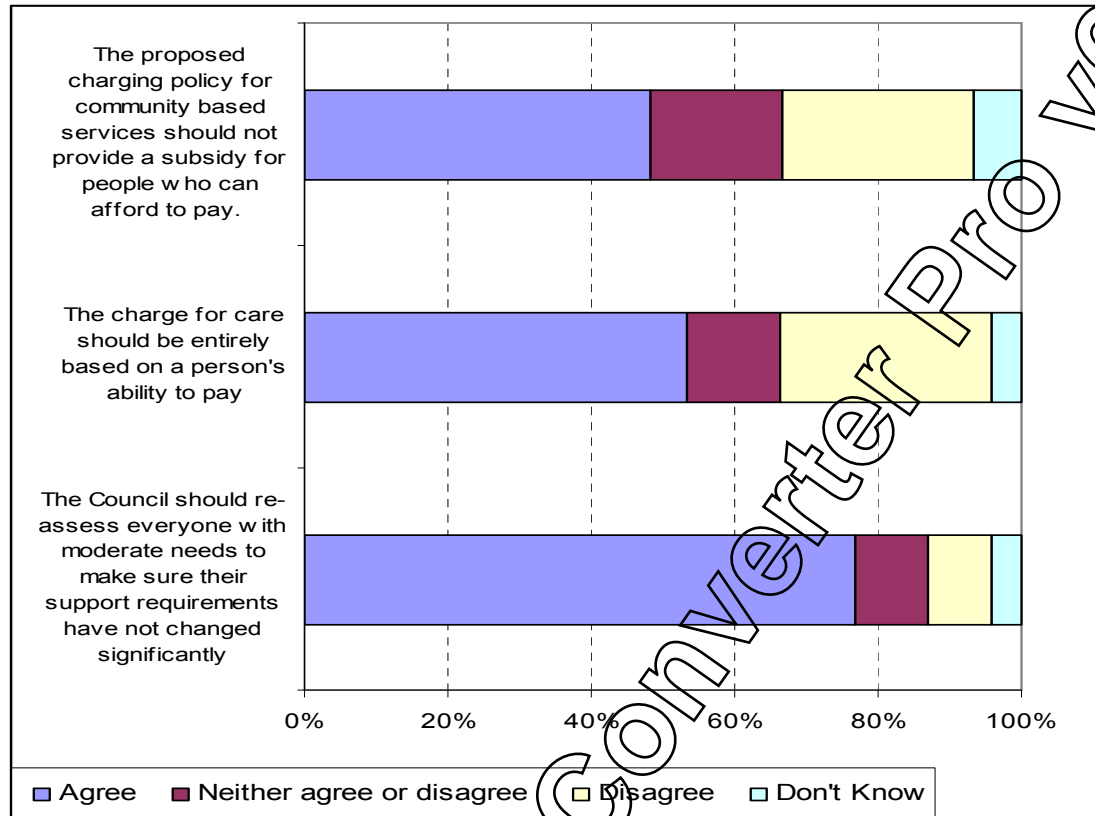


- § The statements went on to ask respondents to consider issues around the assessment of service users and users ability to pay (see table 4 below and figure 4 overleaf)
- § Three quarters (77%) believe that Derby City Council should reassess everyone with moderate needs to make sure their support requirements have not changed significantly, with only 9% disagreeing
- § Fewer respondents (just over half) agreed that the charge for care should be entirely based on a person's ability to pay, with nearly a third (30%) disagreeing. Interestingly those who currently use the service were more likely (57%) to agree
- § Just under a half (48%) agreed that the proposed charging policy for community based services should not provide a subsidy for people who can afford to pay, with once again a high proportion - around a quarter (27%) disagreeing.

Table 4: Assessment and charging

Statement	Agree	Neither agree or disagree	Disagree	Don't Know
The Council should re-assess everyone with moderate needs to make sure their support requirements have not changed significantly	76.8	10.3	8.8	4.1
The charge for care should be entirely based on a person's ability to pay	53.4	12.8	29.6	4.2
The proposed charging policy for community based services should not provide a subsidy for people who can afford to pay.	48.4	18.3	26.7	6.6

Figure 4: Percent who agree/disagree with statements around assessment and charging



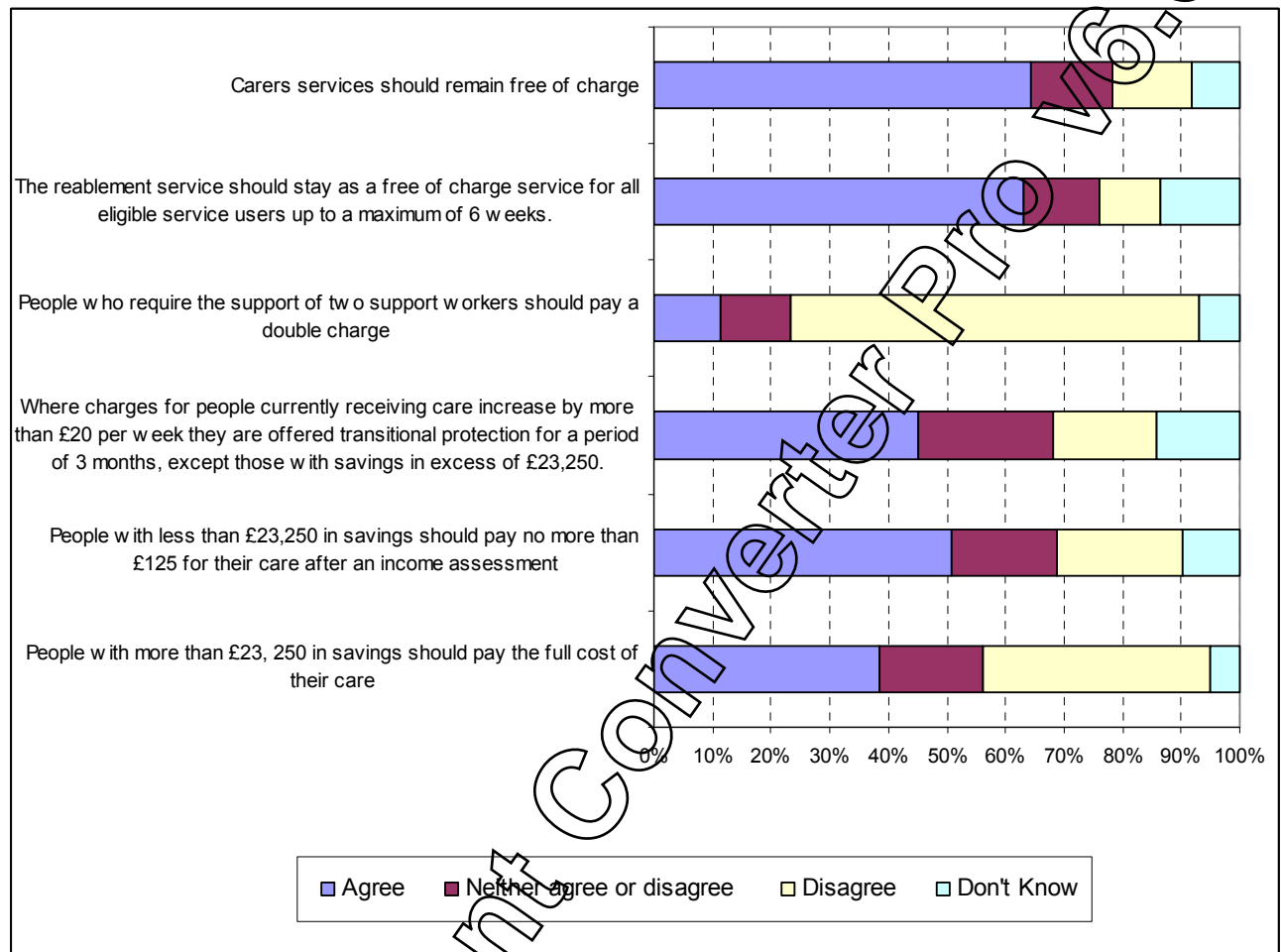
- § Respondents were then asked if they agreed / disagreed with statements around thresholds for paying and issues around payments and charges.
- § The proportion of respondents who agree /disagree that people with more than £23, 250 in savings should pay the full cost of their care is fairly evenly split with 38% agreeing and 39% disagreeing.
- § Half of the respondents (51%) agreed that people with less than £23,250 in savings should pay no more than £125 for their care after an income assessment with a fifth, 21%, disagreeing. Interestingly only 28% of the BME community agreed.

Table 5: Thresholds for paying and payment issues

Statement	Agree	Neither agree or disagree	Disagree	Don't Know
People with more than £23, 250 in savings should pay the full cost of their care	38.4	17.8	38.7	5.1
People with less than £23,250 in savings should pay no more than £125 for their care after an income assessment	50.7	18.1	21.4	9.8
Where charges for people currently receiving care increase by more than £20 per week they are offered transitional protection for a period of 3 months, except those with savings in excess of £23,250.	45.1	22.9	17.9	14.1
People who require the support of two support workers should pay a double charge	11.2	12.0	69.9	6.8
The reablement service should stay as a free of charge service for all eligible service users up to a maximum of 6 weeks.	63.0	12.9	10.4	13.7
Carers services should remain free of charge	64.5	13.7	13.5	8.3

- § A transitional period for people who will need to pay £20 per week more , who have savings less than £23,250, was agreed by 45% of respondents with 16.8% disagreeing. Once again the BME community was less likely to agree (25%).
- § Few respondents, (11%) agreed that People who require the support of two support workers should pay a double charge, with over two thirds (70%) disagreeing. The BME community is even more likely to disagree (77%)
- § There is considerable support for the reablement to stay free of charge (63% agreeing). Relatively few (10%) disagreed.
- § Respondents also strongly agreed (65%) that carers services should remain free of charge with only 14% disagreeing. Those that current use adult social care services are more likely to believe carers services should be free (70%)

Figure 5: Percent who agree/disagree with statements around thresholds for paying and payment issues



Verbatim comments

- The questionnaire asked two verbatim questions, there were: 'Please use the space below to tell us what help do you think the Council should provide to people who need to make alternative care arrangements' and 'Please use the space below if you have any other comments'
- The full verbatim texts for these questions are shown as appendix two and three of this report, the statements were also analysed to look at any common themes emerging from them and seven key themes were identified:

Theme	Number of responses
1. Provision of advice and information for social care users	74
2. A list of approved suppliers of care services	52
3. All social care should be free	34
4. £23,250 threshold not high enough	28
5. Respite care needs	16
6. Concern over loss of services for those with moderate needs	17
7. Savings should be found elsewhere	10

Demographic profile of respondents

- Respondents were asked what disability or physical impairment they had if any, half of the respondents (43%) said they had a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying. 31% had no long standing condition (see table 6)

Table 6: Disability /impairment

Disability /impairment	Number	Percent of responses
A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying	407	43.2
No, I do not have a long-standing condition	254	30.6
Other, including any long-standing condition	219	26.4
Deafness or severe hearing impairment	173	20.8
A learning difficulty	133	16.0
Blindness or severe visual impairment	98	11.8
A long-standing psychological or emotional condition	88	10.6

- Around two thirds of those who responded said that they had a Long-standing health problem or disability (table 7)

Table 7: Whether respondents have a Long-standing health problem or disability

Long-standing health problem or disability	Number	Percent of responses
Yes	497	63.6
No	285	36.4
Total of responses	782	100.0

- Half of the respondents to the survey (table 8 and figure 8) are over 65 – 27% were over the age of 80, with very few (2.3%) under 24

Table 8: Age Profile

Age	Number	Percent of responses
18 - 24	21	2.3
25 - 44	142	15.9
45 - 64	284	31.8
65 - 79	218	24.4
80+	229	25.6
Total of responses	894	100.0

- The respondents to the survey are predominantly white (90.6%). The largest minority community to respond were of Asian or Asian British – Indian heritage (4.2%) who constitute 50% of the BME responses (see table 9 below)

Table 9: Ethnic origin of respondents

Ethnicity	Number	Percent of responses
Asian or Asian British - Indian	37	4.2
Asian or Asian British - Pakistani	13	1.5
Any other Asian background	1	0.1
Black or Black British - Caribbean	11	1.3
Black or Black British - African	1	0.1
Chinese	1	0.1
Dual Heritage - White and Black Caribbean	3	0.3
Dual Heritage - White and Black African	1	0.1
Dual Heritage - White and Asian	1	0.1
Any other Dual Heritage background	3	0.3
White - British	753	86.3
White - Irish	18	2.1
Any other White background	22	2.5
Any other background	8	0.9
Total	873	100.0

- 75% of respondents are Christian, 17% stated that they have no religion and 4.0% are Sikh (see table 10 below)

Table 10: Religion of respondents

Religion	Number	Percent of responses
Buddhist	2	0.2
Hindu	3	0.4
Any other religion	7	0.8
Prefer not to say	8	1.0
Muslim	13	1.6
Sikh	33	4.0
None	138	16.7
Christian (all denominations)	622	75.3
Total	826	100.0

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- As with most postal / self completion surveys, slightly more females (59%) than males (41%) responded to the survey (table 11 below)

Table 11: Gender of respondents

	Number	Percent of responses
Male	363	40.8
Female	526	59.1
Transgender	1	0.1
Total	890	100

- Over 90% of respondents are heterosexual, with few, 4.2% being bisexual, gay or lesbian (see table 12).

Table 12: Sexuality of respondents

Sexuality	Number	Percent	Percent of responses
Bi-sexual	17	1.8	2.7
Gay	5	.5	0.8
Heterosexual	586	62.1	93.6
Lesbian	3	.3	0.5
Other (please tick and specify below)	15	1.6	2.4
Total	626	66.4	100.0
No reply	317	33.6	

Appendix One: Respondee receiving Other types of care.

'10' Per week Carer's Direct Payment
'2' carers 3 times a day
'2' Days at Morleston day centre, 2 X 3 meals and 2 X free transport
Adults learning disability services
Agency
Assessment not yet completed, therefore no services provided as yet
Attendance allowance pays for care services.
Blue badge equipment
Care link
CPN regular once a fortnight
Crossroads Agency
Direct payment employ 2 carers
From Radis
Go to Whittaker Day Centre
Gym, 1 hour a week
Help with shopping.
Home help personal care twice a week
Housing 21
I go to Whittaker Road Day Centre once weekly
I have a carer visit three times a day, 1 hour morning, 30 minutes lunch, 45 minutes evening.
I have already filled in the forms before
I have my weekly shopping done by Disability Direct and pay for this service.
I have shopping by Disability Direct
I keep my disabled sick brother. he does not live with me
I pay 12 per week for one days care at Morleston St also 10.21 for bath once per month
I receive attendance allowance
I receive Attendance Allowance
I receive daytime support from Oakland's community services/care
I receive support from Housing 21 at Cedar House
I received DLA as well as Direct Payments
ILF
ILF and direct payments from the Council
living in castle park nursing home funded by social
Lunch club once a week
Lunch is cooked by home help, shopping
Lunch is cooked by home help. Shopping
Mix of Soc Services carers visiting home & Direct Payments for Clean, shop, Soc
My wife cares for me
Not sure if the ladies that come in the morning and day care or carer services.
Once a day
One night a week
OT Support and reskills advisor
Pay for laundry and cleaning and collecting my pension as my daughter-in-law's health has prevented
Private PA's
Rene has a Care Worker, goes to a day centre and has Care UK personnel in the day.
Rent payments from Derby City Council Housing Dept and Council Tax Payments voided due to Income Support Benefit.
Residential Care home

Respite only when received (e.g. when my daughter is on holiday)
Rounded placement at enabled art and transport. support from Headway Derby
See 'other comments'
Sheltered housing with monthly warden visit.
Shopping
Should look how much NI contribution paid by the person and give to those who have contributed.
Social worker for general assistance
Social Service - Unit for Deaf People
Social Worker
Support from a Social Worker
The population is growing fast in the Elderly Sector, more provisions / placements will be needed
Transport door to door.
Use community transport, luncheon clubs, respite care but do not receive these through the Council
Used to receive care. Has received Home Care, Adult Placement, Day Services and Respite Care.
Voluntary Sector Provider
Warden calls weekly
Wilson St Panther club

Appendix two: Full Verbatim Comments Question 5, Please use the space below to tell us what help do you think the Council should provide to people who need to make alternative care arrangements

1. list of approved alternative care providers 2. assistance with arranging care for those with impaired ability to arrange for themselves
1. Make it simpler to understand what alternative care arrangements/services are available. 2. More "hands on" approach with care, service Managers regularly visiting those needing care and constantly/continually re assessing how they will be provided. 3. Empower home visitors/carers with the methods of advising those they visit on alternative care that could be of benefit.
A central register of providers of the various forms of care with details of cost, availability and service provided would be of help to those seeking to arrange support from the private sectors.
A free service for people unable to pay
A fully accessible database of approved and regularly inspected care providers is an essential aid to anyone who is required to make care arrangements. That would be the best helpful service from a Council that can no longer provide care itself.
A grant should be made to cover private carers.
A list of care providers. Help with the process of finding suitable alternatives and the process of choosing and employing new carers.
A list should be published of care facilities available, approved by the Council/social services with prices
A long transitional period before anyone loses their support completely. No-one should be left on their own until it can be ascertained that an individual can perform the basic functions needed to survive: to feed, wash and clothe themselves, to manage their finances and pay their bills, to do their own weekly shop and to contact the right person in a variety of emergency situations are key examples. Anything else would be a dereliction of the duty of care to vulnerable adults; and would put their health, wellbeing and personal safety at risk. Everyone should be given a Carelink for free, and be shown how to use it, and to have made contact with a local voluntary or support group.
A set of account of savings (£23,750) as base for calculations is not appropriate as people have different commitments in life for which they need money to spend - even at times when they are unwell themselves.
A social worker should take responsibility for explaining all options. It should be the SAME social worker each time. Altering arrangements which suit the person at the present time should be avoided, i.e. no moving people from a care home where they are happy and settled.
A specific point of contact for advice, if there is one now I am not aware.
Access to information on care services available. A named worker to assist with arrangements. Funding information on available options.
Adequate care should be given to all who need it, with those who can afford it making a contribution of some kind.
Adequate care to be comfortable.
Advice, information and financial assistance based on circumstances.
Advice and access to information (Good practical advice given by people who know what they are talking about and appreciate the frustrations surrounding organising care for elderly dependents.
Advice and counselling. Signposting people to relevant services. Limited financial assistance dependent on income and savings.
Advice and guidance as to what is available and at what cost.
Advice and guidance without intrusion.
Advice and support to enable them to make alternative care arrangements and to make sure their care needs are met. Also monitoring and review of alternative care arrangements to ensure continuity of care / standards.

Advice on alternative organisations, which have been appropriately vetted. Charitable organisations which may be able to provide free or cheaper help.
Advice on alternatives which give a service as professional as the old service. Support in avoiding people who might want to rip them off for an inferior service.
Advice on care agencies to use and some sort of grading of their competencies.
Advice on costs, access to reports on the feedback from other users of the support providers. A list of all support providers, help with finding out what benefits and care are available and whether the person requiring the support is eligible.
Advice on what needed and what available together with costs
Advice on: availability and cost. Administering your own service. an hourly service for paying and administering carers a booking facility to arrange care.
Advice, guidance offer alternative care arrangements. Form links with partners so progression links can be made.
Advice
Advice, Support, Guidance
Advise on Retirement/Care Homes. My experience with friends shows that Social Services are not allowed to recommend (or indeed berate) homes by name. I see the point but this does not help the needy at the time.
Advisors
All care should be available to those who cannot afford private care.
All care should be funded as per previous questions/answers whether private or Council if there is a need
All elderly people should get this service free of charge. At the end of the day these people have paid into the system during their lives so they should be liked after in their old age.
All services should be free for people aged over 90 years old
All that is needed for a decent life.
All the help the individual required.
Although disabled myself (not severely) I care for my totally dependent wife, rather than have to go into an old people's home. The added stress of trying to maintain independence (I am 87 my wife is 86) needs easing rather than the worry of increased charges.
An approved list of providers and equipment available to help people.
An informed person who can help by giving UP TO DATE information on alternative care facilities available, especially relating to your relative/friend. One can feel so alone and ignorant when faced with finding alternative care for a loved one for whom you wish only to do the best for them.
An insurance scheme, with approved and guaranteed support available. A directory of services and signposting. Financial and welfare rights advice assessment.
Any alternative care arrangements recommended by the Council should be monitored to ensure the standard of care is maintained.
Any help is available to maintain a reasonable standard of living.
Any help that is needed.
As a carer myself caring for a disabled person I need a break as it affects my level of care for that person. I quickly become ill and need time out. If he loses this service this not only impacts on him but on me, his main carer. These services need to stay in place.
As applicable
As I am 93 years old unable to walk etc I do not want any alternative care arrangements thank you. I wish to stay as I am with Derby city.
As I have said below, you cannot tell how a person is day in and day out by first doing a 3 minute check there is not enough care. There is one elderly gentleman who is not fit to be on his own. If hadn't had helped him with his shopping he would have gone on the ice. It could have been serious. There are a lot of people who are not cared for enough.
As much as possible in a caring society. Cuts should be made elsewhere
As much as possible.
As much help as possible, within the financial restraints that lay ahead.

As much help and advice as possible.
Ask the Government for more money.
Assess independent carers and keep a check to make sure the alternative care system is giving value for money.
Assess on an individual basis based on needs required.
At the moment I pay for people to take care of me while I can.
Better communication than at present. Alternative activities which still enable carers free time and a break from 24/7 duties / care. Maintain bases so service users can meet and socialise, this is a must. Look at other areas to cut back and not people who need support.
Better training for social services staff so that quality of care is improved and service user satisfaction is increased. Inefficient and poorly trained staff miss problems and can lead to worsening of care issues. Ensure clients are in receipt of entitlements.
Briefly why should people have to make alternative care arrangements? It is a big enough battle fighting daily with pain, illness and disability without the added stress of the constant threat of much needed services being taken away. It is so short sighted, leaving people more vulnerable will inevitably result in more long term care in hospitals and nursing homes.
By giving them alternative care packages and companies.
By providing up to date alternative information.
Care arrangements should be assessed and implemented at the onset of care to give carers peace of mind if in the eventuality of the unforeseen emergency - not when the emergency happens. i.e. when care plan is drawn up
Care of long term sick - mental or physical - elderly or not should be provided on an even playing field. Everyone should be treated equally both financially and monetarily. Money can and should be saved elsewhere. There is too much allocation to non-essential areas in these difficult financial times for the country.
Carer services that are monitored regularly ensuring service and practice is to a standard and not solely rely on a paper trail to check. Taxis can fit in a wheelchair and have them securely strapped in. We have experienced standard cabs with ramps being sent when a wheelchair taxi is requested and the wheelchair has to stay sideways, un-strapped in position and held by the other passenger. When outsourcing it is your responsibility to physically check the standards are being fulfilled.
Charging is fine - a clear, publicly affordable sliding scale based on income with any required care costing above the affordable paid for. DLA etc should be probably spent on care and will therefore go to supporting chargeable care needs as assessed by Council. Support for moderate needs should remain available, pursue personal budget and provider agenda.
Christine thinks they should not go without the support they need.
Clear communication about reliable alternative service providers so they don't get exploited.
Clear friendly advice as to what is available and what is best for that individual. for those not able to arrange it themselves help with cleaning and shopping.
Completed by sister as address unable to express views. Full help should be given from the outset - filling forms, etc, until alternative care arrangements are running satisfactorily.
Continual free care
Council should provide as much help as possible with their budget.
Council need to provide adequate care to those most in need. Where people have significantly savings or care is provided over and above their needs this should be re assessed.
Council needs to look at care because carers are not spending enough time with clients or are late and it often falls to neighbours to do some tasks for clients. Some families should be more involved with caring.
Council run homes.
Council should always provide people with care arrangements.
Council should assess the quality of care give by private providers more thoroughly.
Council should charge for some services for people with high income/savings. People with low needs should use private agency staff which the Council should monitor.

Council should provide what the amount of help is required based on persons income
Council should take full responsibility and provide free services to all who need them.
Councils need to provide advice and practical help where it is needed. We have all been used to a day care service for so long, so many people will feel at a loss as to who to turn to for help.
Councils should be providing respite care on a regular basis. money gained from the government should be split equally but those who have worked hard all their lives should not be punished because they have saved over £23,000
Day services why should people have to make 'other care arrangements'
Decisions re care arrangements should not be based on the amount of savings people have
Depending on the alternative care needs: 1. information 2. support 3. recommending reputable organisations suitable to the need very often family members are not aware of options open to them are in the dark - guided by self/or significant others
Direct payment should pay for agency care. We top up by £300 per month and DSO wants to pass more hours over to agency.
Devise a support plan based on their needs and the type of support they require. If the Council cannot help, or can provide limited support then it should provide information on alternatives such as using an agency for cleaning and personal care, shopping and visiting services. Also different organisations that can provide help and advice. Then if the service user declines or family object or make alternative arrangements then this can be documented. Then if the needs change within three years some records are kept. Dementia and mental health issues in ageing population are a concern, as they may not wish to engage in services until their situation is desperate or they are unable to cope. Family are not always able to help.
Do not change things
Do not understand the question
Do you really care so long as you can have a nice new Council House so you can sit all day on your backsides making vile decisions about elderly people of Derby. Putting People First, don't make me laugh, you are the lowest of the low.
Don't feel qualified / experienced to comment.
Don't know
Don't know.
Don't understand
Don't understand what you mean
Don't understand.
Don't know
Don't know
Don't understand the question!
Each case should be judged on its own merits following discussion with the family.
Elderly and less able people need someone to provide care or supported living because family and neighbours are not always reliable to take care of parents etc.
Elderly people have enough problems
Endeavour to provide service that will allow them to maintain as independent a life as possible before full residential care becomes necessary
Ensure people who need such help maintain their dignity are not patronised and are treated with politeness and respect. Council staff should be cheerful, patient and not use bad language
Ensure priority needs are met
Ensure that good information is made available on what the alternatives are voluntary community groups may have a role to play supporting some citizens requiring care. Could the Council seek more engagement with such groups?
Ensure they are fully informed of the services available and if necessary, assisted to do this.
Extra Council care homes for the elderly, as they will have to have somewhere to go when their care is withdrawn, plus more respite facilities, i.e. Warwick house

Facilities that are suitably geographically based i.e. Warwick House / Bramblebrook in South Derby. People like visitors when in care and are unable to travel across Derby. They also prefer continuity of local medical services.
Family or pay.
Financial help with information on help access for the most needy
For older people to have the care and support that they have worked hard all their life and paid into and to give them the quality of life they deserve.
Free care
Free support until their 'alternative' arrangements have been finalised the process of 'AA' is upsetting without additional costs imposed
Free taxi services to care centres or surgeries if required. A team of well trained professional District Nurses working under Council control.
Free Transport to hospitals, a walk in clinic or day-care centre in certain areas of the city
Full 100% support for both user and family members if residential or nursing care home needed then liaise more with family i.e. choice and area more support in the community i.e. nurses, home helps and carers
Full and free information about all the services and service providers that people who need care (no longer provided by the Council) can safely turn to. It would be an help if there was some sort of regulation governing the amounts that service providers could charge and advice on which providers to avoid because they have failed to reach approved standards
Full information on what alternatives are available, plus details of costs for these services, bearing in mind that with cuts to grants provided to organisations and voluntary groups, these alternatives are likely to dwindle rapidly. Leaving people with little choice at all, because of the maximum numbers these organisations can handle at any one time, resulting in long waiting lists.
Funding and full support
Funding, Transport, Assisted appointments, Respite.
Give carers and patients time to adjust and think of the care needed and include the carer or family in the discussions.
Give guidance to people who have to make alternative care arrangements. Go and visit them to help fill forms, make phone calls on their behalf and plan their care mutually.
Give help - list of agencies organise for those who have no one to do it for them.
Go and chat with them more.
Good communication and choice.
Good quality service that meets the needs of the disabled that they can afford.
Greater availability of after hospital places for 1-2 weeks rehabilitation.
Guidance, advise. Personal review based on individual needs.
Have been a carer (to my husband) in the past and caring (24 hrs) was very hard. the alternative was a nursing home which he eventually went into. some of those homes are really good. Alternative warden controlled flats are really fab. I have some friends who live in one, they have independence and freedom but help there if needed
Have mature workers (prefer those who have had experience of being carers) to do the assessments, who can holistically view the person they are assessing. Don't agree with system of alternative care arrangements. Not filling a tick box form to an agreed agenda by Council.
Help move mental problems and disabled.
Help should be available, however if the case is extensive and requires a lot of work then a fee may be appropriate to be charged. Each case should be treated on an individual basis.
Help them chose and find the care.
Help to where they can get alternative care from as good as Social Services (or better), other services I have known and seen don't keep the standard of self hygiene i.e. not wearing aprons and gloves at all. Going from visit to visit, even keeping outdoor clothes on and always rushing doing the job in 10 minutes, not giving the person the time they are paid to do. If that's the best they can offer I'll struggle on my own.

Help with advice, support and information. Savings of 23,250 are not very much and would not provide much, if any income when assessing people it is more important to consider the person's income.
Help with home high charges if absolutely necessary
Homecare, day care, respite care, transport, meals on wheels, supported living
Honest, caring advice funding advice on how to access nursing home care
How can an old frail person make independent care arrangements - This is nonsense! Trained and monitored help should be "bought" from the Council.
How can people do this? They won't have any money to buy alternative care arrangements. Many people with moderate needs remain at that level due to services without services their needs will escalate to substantial or critical, if this happens costs are massively higher. Supporting people with moderate needs is a prevention strategy.
How can they do this without money.
I absolutely do not agree with the Councils proposals to cut care services to moderate needs and charge those people who have been careful with their money and saved sensibly to have a little extra later on in life. It always seems that those who have squandered their money, yet again come off better. It doesn't pay to be careful with your money in this country any more and I am so cross with potentially being penalised again. If you have to make cuts as a Council why not target services that are recreational (i.e. museums, libraries, parks etc). Which to me are a luxury not a necessity. I perhaps have visited a museum twice in my life, but rely daily on my care services and how can the Council justify paying millions on a new Council building when your cuts will effect the daily lives of people like me throughout our city. In my heart of hearts I know that filling out this questionnaire is a waste of time as you (as a Council) will have already made up your minds about the cuts. You are just putting us through the motions and pretending to include us. Who (realistically) is going to be in favour of your proposed cuts and service charge criteria. None of us. I have lost my faith in Derby City Council
I already pay Council for care and I appreciate the work they do.
I am Pete's mum. I have to do everything for him because he can't do it his self. He is trying to help his self in a way, he can pull his own trousers up, he sits in his wheel chair on his own, he can take his coat off on his own, he goes upstairs on his own, gets out of bed on his own.
I am sorry I have no idea. I also apologise for this questionnaire having been overlooked and late.
I believe that all services should be free, no matter how well people are or the state of their health. If they have worked all their life I feel they deserve this service, also if partners or parents have worked.
I believe that people should not need to make alternative arrangements. I do not understand how one's ethnicity, religion and sexual orientation is relevant.
I do not agree with alternative services being provided. Derby City Council provides the best care. Outside agencies are not as good as Derby City Council.
I do not know
I do not know if I need alternative care arrangements. I am happy as things are.
I do not understand the question
I don't feel capable to re-plan my care. I lost my husband and daughter in 1979 and my son 4 years ago. My daughter-in-law is suffering bad health problems so I cannot ask her for her help.
I don't really understand the term 'alternative care arrangements'. What circumstances would make this necessary?
I don't feel able to comment as to date I have no experience to base a judgement on. Very interested in learning more for my future needs.
I don't want to go in a care home and I cant afford my care
I don't want to lose my friends at day centres I go to and lose their place cause they moderate and I have no family. I strongly rely on Council to provide me with care as husband is disabled and gets service from Council

I fail to understand how people will be able to make alternative care arrangements without funding. 'The Big Society' and services run by volunteers is all very well in theory but in reality voluntary sector groups need to be run by experienced, qualified and paid staff.
I feel people who need alternative care arrangements would be assessed carefully and given the correct care needed.
I find it difficult to think of conventional forms of help. Balancing monetary help will become increasingly difficult as the earner /dependent ratio changes for the worse. I do not envy the task of those who must make choices. could 'outside the system' solutions circumvent monetary dilemmas? e.g. market gardens staffed by volunteers / unemployed generate 'wealth' in the form of produce used to 'pay' carers (in part) with the carers and dependents forming part of this agrarian set-up? (diffuse village?) Yes, embarrassingly utopian I know but there will be a need for unconventional ideas (outside the box) (any more like that and I'll end up inside one!!).
I find this questionnaire very difficult to answer because it is such a precise set of proposals you are consulting on. Perhaps it would be easier to consult on the idea as a sliding scale of charges linked to income.
I know money etc is short, but I think meals on wheels were a very good service sometimes the only person that a lonely pensioner saw in a day.
I know this may sound unrelated, but what about getting rid of the big screen in the centre of Derby? This is not a necessity in hard time and you rarely see anyone watching it. Without the need to run and maintain this, there might be more money to spend on necessary care for those who need it. Does the renovation of the Council House need to be quite so costly? What about a simpler refurbishment?
I live in a supported living scheme. if you assessed me as having a moderate need my life would change completely and this is totally unfair and I totally disagree with your proposed changes. Care should be free to all those in need. If you have to save money, find it elsewhere. Attack the services that are luxuries (museums, libraries, recreational services) and not those that effect our daily lives.
I really don't know.
I should think people who qualify are satisfied
I think Day Centres for people like our daughter, Lisa, with adult care needs and activities to help both Lisa and us as carers. If not we think something of that type would be left possible.
I think personal budgets are a good idea in theory. However, what would happen if not eligible? Especially with mental health service users to monitor medication compliance. Example being if the individual became non compliant they may relapse requiring hospitalisation at a greater cost.
I think that consultation between social workers, carers and people needing care must continue, only a social worker involved in any case can know how much help and support that person needs.
I think that people with more than £30,000 in savings and an income of over £15,000 per year should pay the full costs of their care. If you remove help for people with moderate care how are these people going to continue to live in their own homes? This 'moderate' care is keeping them living independently. Also what happens when all their savings have been spent on their care?
I think that until the alternative care arrangements are in place and up and running that the Council should keep their support there
I think that as a Council should support and provide the information to people who need to make alternative arrangements.
I think the Council should fast track claims such as housing benefit and Council tax benefit for people who first have to make arrangements for care to relieve some of the stress involved
I think the Council should look at other places to save money and keep the service as it is and look towards the needs requirements in the future. The Council is discriminating against any one who is responsible and been aware of social matters all their life.
I think there should be a 'tapering' arrangement for contributions rather than a straight cut off at £23,500.

I understand that care for elderly and those with disabilities is very expensive and therefore very contentious in austere times. However I feel that care should be based on NEED and there will be some, currently with MODERATE levels of need who will continue to require Councilled support. Where people are currently receiving support, but because of changes this is withdrawn, I believe the COUNCIL should make suitable alternative arrangements for the client before they are 'cast adrift'.
I would like the Council to offer someone to help me make changes / decisions if I needed to make changes.
If a person is assessed to have moderate needs the assessment should take place on a couple of weeks so that the Council get the true picture of the persons needs (I think I am substantial need. This does not apply to me.
If I get charged for my care I will be homeless or without food. DLA is being abolished and your getting extra money 2013 for this so if I have no DLA/SDA what do I live on.
If I were to loose my services it would make me feel, upset, not happy, annoyed, angry.
if people need t change their care arrangements as a result of this consultation the Council should as a matter of course provide full details (names, addresses, costings) of where an alternative service provider can be contacted and ultimately allocated.
If the Council are or not providing the care they should that any companies that are being used are as credited as they say so that the person receiving the care is happy and does not have to keep moving.
If the person is very disabled then they should get help. People who have help already should not get help.
If you are withdrawing care what help will you give? What do you call alternative arrangements? What support will be put in place to aid carers? What effect will this have on carer's rights? Where will people go / be placed if carers say 'enough is enough' as they cannot cope any more? How many new adult 'placements' will be made available to carers for respite? How much will this cost compared to current services. The ILF has been frozen to all new applicants and is in effect being wound down, what will replace this? This was a vital support system for alternative care, if this goes and you stop support for adults with LD there will be a massive upheaval for thousands of people all over the country, who looks after them? Who supports them? Who helps them pay their bills? Homelessness looms for many from withdrawn support and debts building up. Chronic health issues will quickly arise, putting a massive strain on the NHS. As far as I am concerned this goes against all the Human Rights Act and the Disability Discrimination Act. Weed out the liars and malingerers who feed off the backs of genuine applicants and bear in mind that carers save the country millions, don't make their lives more difficult, you will end up with deaths on your hands.
If you mean that all the Council only give care for 6 weeks then hop you over to an agency then I think the Council should keep a closer look at the agencies they use.
I'm happy with the care provided by Derby Council.
I'm not 100% sure of the question. Does attendance care arrangements mean a better service? Council should always support people that need care but not necessarily financially.
In the first instance each person should be physically, health and finance accessed so the Council can provide the right agency to help. This assessment should be on going say every 6 months, this should be done by the same person so that honesty and trust may e built upon. Help and training and support for friends and family would be a good plan, much better use day centres and door to door transport.
In terms of care there may be should be a joint venture between Council and NHS so there is no crossover in services provided and wasted money.
independent advice legal advice to rights of service
Independent panel to show what resources are available. No fixed date as this could cause stress.
Information provide list of alternatives review with people
Information - Finance/Benefits - Availability - Quality Information - Legal Information.
Information about what alternatives are available. Regular reviews and updates.

information and assistance this should include home visits if required
Information and easy access to services available.
Information as to who can provide them with alternative care arrangements
Information on all other care arrangements - charity etc
Information re all care resources available and the help required to access services - for elderly people and people with learning disabilities it's a nightmare to have to keep filling in forms giving the same information to different agencies/departments. See box below - provide the correct residential/day care/respite care for those vulnerable people unable to manage their own lives.
Information to what is available
Information, support and where necessary negotiation.
It can be very difficult to find carers. I know from experience that agencies are often unreliable, Also they are very expensive sometimes over £20 per hour. I am worried that the help just isn't out there and if families are left to cope alone, more disabled people are going to end up in residential care homes, and surely this will be at far greater cost to the Council?
It is all very difficult and obviously comes down to available funds. Basically I trust the Council to do their best with the funds available.
It is Councils job to provide a service. We don't agree with any of these proposals.
It is difficult for me to say as I now receive very good care from all the carers, each day different problems arise. I don't believe in the word 'can't' I say I will try, as of now my fingers and hands are not good, I can't stand without holding on my Zimmer as I loose my balance. Never thought I would end like this but I am sure there are others worse. I will have to rest my hands a bit.
It is not my fault the Council is running out of money and my needs have not changed or the support I need. I don't want to be re-assessed unless I tell you that something has changed in circumstances.
It will be difficult for people receiving no financial support to make alternative arrangements. It is likely that people will degenerate through lack of support, lack of social interaction and lack of acceptable living conditions and will need crisis intervention which will be more costly than current service costs.
Just think you will be old one day. Would you like all this going off about it not being your fault your old and frail and a Council that thinks it more important to axe people in place of money to revamp the Council house and pay councillors large sums of money and consultants doing the job for no brain workers. I ask how did they get the job in the first place if someone needs to be called in to help. The old people are the people that made the life for you.
Keep care on until alternative care arrangements have been met.
Keep people as independent as possible. Departments should talk to one another - left hand doesn't know what the right hand is doing. Many disabled people are prisoners in their own home cannot afford £125 per week, have to live in sub-standard Council housing waiting a year for basic repairs to be done. Services must be kept in house. Private companies do what they like, don't care, are not accountable.
Kindly ensure disabled persons keep their independence and dignity by staying in their own homes.
Learning disability/disabled people need to be given full support in care arrangements. Cultural and language support is needed to enable carers to help the cared for people at home and the community. The questions in this are confusing - they need to be explained better and simpler. I do not write or read English and find it very difficult.
Let them have help from Council care staff who they trust, even if they have to pay the full cost, rather than just signpost to agencies who can't offer a familiar face everyday.
Listen and act quickly to what next of kin or carer says regarding need for emergency respite care.
Long transition period and a great deal of support
Lots of people will not know where to go, or who to contact in order to make their alternative arrangements. I think there should be access to a list of approved providers, much as the Council will issue a list of recommended builders. Perhaps also someone they can talk to talk them

through what they need to do to access their new arrangements.
maintain register of endorsed providers and make information easily available
Make sure that the people needing to make alternative care are given guidance and support in making these arrangements.
Make sure the people concerned have all the information they need to achieve the right results
Make sure they get help to access right services, one point of contact and financial support if required.
Make sure we have more money.
Many elderly residents are not confident to arrange their own care and can be treated poorly by the many substandard care agencies. A high level of support both in establishing care and support for the monitoring of services should be provided.
More adult family placements as so there is more choice. Provide holidays
More adult placements for people with learning disability
More choice - true choice based on cost and quality and variety
More day and night care to give carers a break.
More day care services available to carers a break. review eligibility of respite care to ensure people are getting appropriate breaks
More definitions.
More drop in centres. More day centres with all day / night opening.
More flexible support e.g. emergency home care teams, weekend day care, through the night services etc. Generally more support services to be in place.
More flexible support services
More help for carers who do not rely on the Council. More info about the help and benefits available not all are able to attend forums.
More money needed.
More money.
More regular advice. Without this the person does not know what's happening. The care agency should be kept an eye on. Some say they do 8 hours work but only do half. That's Council's money wasted. Any agency staff must be checked on too many staff not doing proper job.
More respect, support appointments, transport.
More respite facilities in Derby. More adult placement services.
More respite facilities in Derby. More adult placement services required.
More support needed.
More transport to get around Derby City a long way to walk from Post Office on Victoria Street to the Bus Station, bring back the Hopper Bus to take us round town.
My son is very disabled and I don't get much help as there is not much out there to help him yet the Council help people who don't need it where is the right, I don't think so. So very wrong.
My son who has learning difficulties and could not fill in this form is happy with the services provided at the moment. We do not fully understand what the Council is trying to achieve but suspect he will end up with nothing.
My thoughts are I don't feel capable to make changes. I lost my husband and daughter 32 years ago and my son 4 years ago so at 92 years I am waiting to join them. Without the carers my life would be empty. Every day is difficult
My wife and I are both disabled and feel that you should find alternative carers at a similar cost, which provide the same services

N.B. (1) There are different levels of "MODERATE" care requirement, as at ANY requirement level. It is UNFAIR to put people in such large "blocks". (2) How much notice is taken of different levels of ESSENTIAL bills to pay? - e.g. Council Tax, water, heating, home maintenance, insurance, transport availability, access to shopping, etc, etc?? All these vary considerably, and make great differences in ability to pay for any help, or need! "ASSESSMENT" is not as accurate as it does NEED to be.
N/A
No comment
None the Council should help
Not sure
Not sure
Not sure.
Not willing to answer.
Offer alternatives - do the ground work for them
Offer them names of companies that can help them
Our daughters need a minimum of 2.5 hours care for showering and dressing. Also she needs the outreach services and the bus.
Pay for it
Paying for domestic cleaning for a start.
People moving into residential / nursing homes are receiving 24 / 7 care. People in their own homes are receiving a few hours per week and are mostly dependent on family for majority of care. Appropriate information and support needs to be given when people need to make alternative care arrangements.
People should be provided with assistance for alternative arrangements. Many people receiving care are elderly or disabled and do not have carers or family to assist them.
People should not need to make alternative care arrangements. People who have lived, worked and paid taxes in Derby should be cared for in their old age.
People who need to make alternative care arrangements need free support by people who understand their needs and are trained to give appropriate support. Alternative care arrangements need to be available. It also needs to be properly regulated and reliable. Counselling needs to be given to people effected and their families. Social Services need to monitor people who need to make alternative arrangements.
Person's needing help either to live at home or in a place of care should have it free of charge unless they volunteer to contribute.
Personal care, cooking, cleaning.
Personal care for severely disabled people should be free.
Placement with people my daughter knows and trusts, or someone to stay at home with her so I can go away.
Please always look past for their contribution at least 15 years. If person male/female not in this band completely stop money and advise to Home Office. They send back where they come. Do not spend public money wrong way. If person fully contribute, then able to stay in services in future. According to my views, 60% people paying wrong. Please save and look after public funds.
Please help us to remain active and healthy. Will you please work with Police to enforce laws re: cycling on pavements. These law breakers cause a great deal of tension to those of us who like to walk on pavements. I have been knocked down 4 times, but Police will not carry out their duties. Nottingham and Birmingham work with Police to a far greater extent and show care. I am within 20 minutes walk from the city but feel forced to wait for buses as I am not safe walking on pavements. Previous champion Robin Turner supported us well. We have now even lost that support.
Plenty of advice

Promote the good work being done and highlight the Council's care home and the environment they provide. Whilst remaining in your own home give the feeling of independence, the care provided by the homes means that a carer is on hand 24 hours a day and services are not spread so thin.
Provide a list of agencies (private)
Provide a list of private care companies that have been vetted and deemed to be reliable and provide competent workers and carers.
Provide a list of reputable / recommended care agencies.
Provide access to staff that are trained and vetted, who also receive training in caring. This is difficult to assess when looking at different private agencies and is concerning. Also agencies are run as businesses it is wrong the care can be for profit. I would prefer to any the cost of Council run services knowing that staff are trained and monitored rather than care being an investment opportunity in private sector.
Provide accessible easy details on how this can be done. I have no idea where I can get this information.
Provide advice and home visits to reassure people who need extra care or need to go into 'respite care' that their best interests are what matters.
Provide care service free of charge for hospital and doctor visits
Provide information on trusted carers available to avoid vulnerable people in need of care being abused by the cowboys out there. the trusted carers should of course have had their credibility and suitability checked by the relevant authorities information on appropriate charges which are fair to all - carers and those needing care
Provide information to help carers, be accessible to carers. If we have information we can then make decisions.
Provide sound knowledge of what they are agreeing to do - not be harassed into making a decision.
Provide support and funding
Provide them with a list of reputable home care service providers who charge a reasonable rate and provide an excellent service and most importantly are thoroughly CRB checked. Also help them choose a new service provider and make sure there is a smooth transition to the new service provider. Many elderly people who are unfortunate enough not to have any relatives aren't capable of choosing a new homecare provider and are in danger of not having a home care service at all, or more alarmingly may end up with a disreputable company who "rips" them off. Also if the service is more expensive, SUBSIDISE it. Many elderly people are stretched to the limit - I know my mum is.
Provision of free transport to allow access to day care services
Put individuals in touch with organisations that provide care, that are reputable. Offer support & ongoing support for those that require it.
Referrals to Council Approved/Monitored care providers. These care providers should be regulated. Referrals to Council approved providers of specialist equipment to help people who require their homes to be adapted to help them in their daily lives.
Residential care places need to be expanded with a reduction in home help. there is, of course, cases where home help is best and quick assessments are a key factor but where there are no residential places available then care in the home is needed if not the best solution.
Respite support to appoint more time with support
Respite transport aid to appointments
Respite transport meals shopping support appointments
Respite - Ashlea Support with appointments.
Set up support networks and offer reduced support/transition period. Preventative services should be increased. Better liaison with multi-agencies and families.
Should be cased managed without subjective assessments by panel of people not by means testing.

Should be simple and easy to access. As people get older their confidence is low. They feel they don't want to bother people or become a burden on their family if they have any or their friends. Keeping their independence helps them to recover quicker and live a fuller life.
Should be taken on an individual basis.
Should let you have the best information for your care needs and the best social responsibilities people for my care.
Should provide at least 6 months notice of any change/withdrawal of support. should arrange alternative care arrangements for the person concerned as cannot expect very elderly people to do this on their own. should recognise that there would be significant adverse impact or loss of service/support to very elderly people even if they are assessed as having moderate needs
Should provide FREE service to manage cash if doing 'personal budgets'. Unfair to expect person needing care to manage securing the care service.
Should provide help and support especially with charges
Sign posting to reliable services.
Signposting - however this may not be enough for people unused to employing service providers and voluntary agencies cannot meet all needs. sometimes a regular contact is enough to give confidence and advice
Signposting and transitional period
Signposting to appropriate agencies working in partnership with other agencies to ensure continuity of essential care needs. ensure alternative care arrangements are in place and available
Sound advice involve relative/friends prompt action. Respite to help make decision in allocated place. Care in home where needed.
Stop closing care homes run by the Council and run them more efficiently. Remember you will be old one day and your good life could come to a sticky end.
Supply adequate information about providers for this service
Supply information on alternative day care facilities available in immediate area. Help in accessing same. Maybe help with transport provision.
Supply list of approved staff. Not just have schemes just for deprived areas. Run a 'big society' scheme is obviously what the government intends you to do.
Support and clear advice (plain English) help to fill in form and claim any monies that people are entitled to.
Support from Case worker/Social Worker throughout the process. A list of possible alternative care arrangements. As arranging alternative care can take up to and more than 1 month, depending on needs, enough notice for these arrangements to be put in place before removing current arrangements.
Support that is easy to access including a quick and easy assessment if circumstances change. Case workers responsible for and with a duty of care that ensures people adapt and are not overlooked or presume that things are ok, because people haven't contacted them. Care needs to be taken with cuts to people's support to ensure people don't suffer further isolation and that is the real threat.
Support up to ability to pay
Support, a reliable vetted alternative care, affordable, easy accessible, means of a reassessment if health deteriorates.
Tell them positive things about themselves (patient). Tell them important factors in their lives. Tell them the Council has fallen short and hit bad times and cannot meet their requirements.
The amount should be related to the income of their wages / salary. If in receipt of Income Support / Job Seekers Allowance / Disability Living Allowance / Sickness Benefit or Pension then
The back list is needed to keep these services going, we need your support.
The best advice at individual level
The Council income should not money from disabled people in wheel not to charge any money from them. the Council should pay that because I don't think it fair to them for home care charges

The Council need to help people to stay in own home and stay well that will reduce cost to Council
The Council should be more flexible in giving the care that is needed.
The Council should cut paperwork in this area and focus on the needs of all elderly residents. I think a specific person should be in regular contact with carers, not just ring every 6 months. Carers needs are great and more emphasis should be made on this. I think a 24 hour help line would be an asset as situations can change very quickly.
The Council should do what is best to meet each person's needs.
The Council should encourage care in the home by charging a minimal fee. This would reduce the need for care homes.
The Council should give more help.
The Council should give to people free care. They should not have to pay for their care. They should help people who need the care more than older people who can not walk very well.
The Council should have care homes for the people have need. By closing all or most Council run homes greedy people have opened/are running sub standard care homes. Re-assess your spending. these are not necessary: fire work displays free bus fares over 60 free concerts refit of the Council House
The Council should help people to make arrangements, and point them in the right direction.
The Council should help people with everyday activities that able bodied people take for granted, e.g. changing a light bulb, hanging washing out etc. We should keep people in their own homes for as long as possible (if person wants this) - better for person, cheaper for the authority. Council should work with young offenders, unemployed to get them clearing public pathways, helping with carrying out shopping, minor home repairs. We all have a right to a decent standard of living
The Council should make regular checks to see care arrangements are being met.
The Council should make training available on request for carers.
The Council should present a full array of possible care provisions, All of the available approaches to caring for a person should be made clear to them. The person in need of care should be allowed to make as many decisions for their own care provision as possible. They should be allowed to make alternative care arrangements, but the likely outcomes of alternative care should be explained to them.
The Council should provide a list of available, accredited people for private engagement.
The Council should provide advice and help to people who need to make alternative care arrangement and substantial / critical care should be safeguarded to allow those in the most need to have help from the Council and stay in their own homes.
The Council should provide care arrangements free of charge. Save money by not spending 40M on the Council House. Not going over the top on light fittings new chairs, carpets etc. What a waste of tax payers money.
The Council should provide care for all old people that need it.
The Council should provide clerical and administrative help for people who for various reasons are unable to manage their own finances: for example, people with dementia etc, or blind people who are unable to read documents.
The Council should provide everything. they are not in this situation by choice
The Council should provide free care for people who need it.
The Council should provide more help in assisting people to choose a good/reputable home care provider. It could run a register of all qualified people to choose from. It could put people's (carers) in touch with one another who have similar needs and issues.
The Council should provide support and help in making alternate care arrangements as this can be confusing if you do not know what departments to contact.
The Council should sort out the alternative care. Many old people cannot do this for themselves.
The Council should still provide day care services as they provide the social skills people need.

The Council should support people financially with alternative care arrangements, especially when majority of people tend to give or change to part time employment to look after a family member. Although this care is much cheaper than Local Authority / private care it is better for the person needing the care and the carer and these people should be supported financially or with other extra support.
The Council would perhaps provide the best financial advice to the person concerned.
The current activities provided during day times for learning disabled adults are largely all under threat from a lack of funding. This has the potential to have an appalling effect on the lives of some of the most vulnerable people in society.
The enclosed documents refer in the main to older people, who have possibly and definitely paid their national health and taxes all of their lives, without a claim on the state. Who now find themselves in need and are having to pay because they were sensible enough to save a few bob for a rainy day. There are others who have spent their monies on trivia, who will be seeking support, and who have possibly been on benefits (I might have knowledge). Government in the form of the coalition should take the money from the people who have caused the problem (the bankers) not the people who have bailed them out.
The Government must not back away from some of the responsibility and provide partial funding. The Council however should provide support and ensure no one is left without care.
The Government should pay the Council more money.
The new leaflet states that Adult Learning courses will be delivered with the Express Newspaper. We never receive the express so how will we get the details.
The same as now the Council still have a legal obligation to provide social services social workers etc. the law has not changed or our basis human rights laid down by courts in Strasburg.
The same kind of financial assistance.
The services should be kept in house. Any charges must be given affordable and criteria the person's ability to pay. The private sector are a poor and expensive replacement for Social Services.
The threshold of £23k is probably a little low. it should most certainly be reviewed annually
The use of punctuation in your sentences would make the information more easy to understand. It would take a huge difference if you actually did listen to people. Continuation of people helping instead of being passed from one to another nobody knowing what the last one did.
There are no really free services, even voluntary services cost.
There isn't enough respite care for carers so they themselves become unwell. System is too fragmented for people to get help quickly and smoothly.
There should be a group of employees who have up to date information and can think broadly about alternative services.
There should be no charge for people who live in warden controlled for those who don't receive care
There should be no need to make alternative care arrangements all the care should continue.
These people should not have to make alternative arrangements. They have paid the Council all there working lives and now deserve to be able to live out their last few years in comfort. money should be available for all people who require home care. These proposals will increase the pressure on all the people who, like me have struggled for years looking after, in my case, two elderly relatives. I do not get paid one penny for this, I have no holidays, no life. the Council should look again at these ill thought out plans.
They need the care services, they don't need advice.
They need the help of a care manager, especially if they are very old and do not cope with money well and do not understand what is happening. they cannot phone round agencies trying to organise care, they will just sit at home and deteriorate
They should assist them in every way and not penalise them by introducing care charges. Some elderly people have worked all their lives and paid taxes now when they need help they should not have to pay for the help. It is a form of punishment to charge and also discrimination against the elderly. You don't charge children so why the elderly.

They should have someone who can talk to that person to find out their needs and as they will be doing this in the persons home they can also their needs
They should have their Council Tax payment adjusted accordingly.
They should make detailed and accurate assessments of ALL people who need care and support in any way. People with moderate needs are in this category BECAUSE the services are there and available. They will not be able to 'buy in' alternative care due to their financial circumstances. This will inevitably lead to increased costs in the long term, to the local authority who, let's not forget, have by law a responsibility of care to ALL vulnerable people.
They should provide a list of approved and 'fully vetted' private care providers.
They should provide whatever requirements the service user needs to live independent lives
Think about the upheaval to elderly people in changing anything.
This is a difficult one for me to answer as I am not sure quite what to say.
This question is too vague to answer, particularly by those with no personal experience of needing the care system.
This should be a free service to all who need it most and cannot afford it.
Those genuinely in need of assistance to lead an independent life in their own home should be supported without charge. Assessments should be rigorous and regular. Supervision of carers should be rigorous and regular. For those being cared for by relatives or friends respite care should be readily available free of charge at regular intervals. Those with dementia or such physical or mental disablement that they need round the clock nursing should be cared for by the NHS in nursing homes without charge. Why should they be discriminated against?
Those with moderate needs who will no longer receive care will be unable to undertake their own care and will helpers be expected to live without the means to be adequately washed or dressed or receive adequate nutrition which is a basic human right in a civilized society. Those who require 2 carers do so with no fault of their own and do so solely because they are disabled enough for this to be necessary therefore why should those in most need be punished financially for this? I hope when you sit in your newly constructed Council House you will think of those whose budget you used to achieve this.
Time to make other arrangements
To be fair to the Council has a difficult job, but I believe care should be provided irrespective of ability to pay. Although abuses are inevitable, as a society our first priority should be to those who need help. I am happy to pay higher taxes to ensure people are looked after. The Council is a better provider then private care where fees are exorbitant.
To ensure organisation and administration facilities are available to assist individuals and support for their families.
To give an assessment of Residential Homes. A true one, not what the Home says.
To give the CORRECT information not a long waiting time to no were you are with the form filling. Be able to talk to a person not a phone call, computer. As not all people like to deal with them.
To offer me advice on where to find the support I need
Too complex to discuss.
Too much paperwork forms etc, very difficult to understand
Training to deal with Personal Budget management. A directory of useful contacts for different care options and grading of institution. A booklet or available on web site, what a newcomer needs as a tick list to enquire or apply for a newly disabled person, i.e. social activities, nursing / residential homes, agencies / carers, benefits and discounts and associations and relative help details. This is needed at useful places, i.e. the hospital as part of the discharge package.
Details of carers' associations and other relevant help / advice associations for different ailments, old age, mental health etc.
Transport for day care services when a carer is unable to take service user to provision due to illness or work commitment.
Try to support these people.
Unable to understand concept of question due to severe learning disability.

Unit for Deaf Social Service. They are specialist for deaf people. Sometimes Interpreters can be hard work, prefer Social Worker with BSL.
Up to date impartial information available to person needing care and their carers/family. Lack of information can lead to poor decision making.
Very difficult to answer – I've never been in this situation
Vet agencies, companies who would like to provide services - are the agencies fit for purpose? i.e. CRB checks, qualifications and so forth. Directory of services available, in the area training for family members who want to care for a relative. including support groups for family carers, source of info, and management of care and finances
Vet the potential carers. Provide rules to sub contract on the amount of money they are able to extract from the services users. all people entering services users homes and carrying out tasks should be: police checked trained to perform the task companies should be audited on records by the Council to assure quality and staff suitability
Vetting of the qualifications of such alternative care arrangements and periodic inspection
VOLUNTARY ORGANISATIONS. Make sure that if they are entitled to any benefits they are provided with that information. Signpost to alternative care in the private sector. Make sure that there is enough alternative care in the private sector to access. Publish alternative care prices so that people can make informed decisions about what they can afford.
We do not agree that the Council proposals should be implemented.
Well I am 103 years old and I think in cases like this or similar the Council should not make any changes to the support and charging.
Well the best thing is if the Council still keeps up with peoples care needs and if people make their own arrangements then they should be based on affordability.
What alternatives are there?
What does this mean?
What happens when they reach £23,250?? £125 per week??
Whatever their needs need to be met
Where can they receive care arrangements from? Who is the point of call? List of costs amounted with each care e.g. personal hygiene. Telephone numbers. What is available free? What services are available?
Why do they need to make these arrangements.
Why should I have to pay for my services when I have been good with my money and have savings. Why don't you target other Council services and leave people's care services alone.
Yes
You should help all who need care, not just the most serious. My DLA benefit would have to go up from low to middle rate.

Appendix 3: Verbatim responses to Question 6- Please use the space below if you have any other comments

I'm on moderate care for 2 or 3 jobs weekly. Losing one of them, shopping would leave me helpless. No family or friends to help out. More benefit would help to pay for it independently.
1. £23,250 is too low a threshold in relation to the current cost of living. The savings of a person needing a high level of support would soon be exhausted. 2. "Reablement" do you mean "re-ablement"? Even with the correct hyphen to make the word readable, this is still vague jargon.
1. When assessing the "ability to pay" sums of money used to provide the person who requires care or is the carer with an income should not be included in their "savings" assessment. 2. The "family home" of the person receiving care, and/or, the carer should be excluded from all income based calculations and assessments.
£125 per week amounts to £6,500 per annum. Less than four years purchase of services for someone with savings of £23,250. Impossibly punitive for the poor.
3.2. Amongst other reasons. 3.3. Sometimes. 4.1. 125 per week is too much. 4.2. Everyone, regardless of income needs to budget. Preventative services may overlap with Occupational Therapy. aids supplied by the Council, also adaptations are genuinely going to be used. Consideration should be given to family circumstances i.e. some people are lone carers, others have family support. It is a difficult situation to make financial decisions for people at their most vulnerable. Not everyone needs or asks for help, or even wants help. I care for someone who asked for nothing until the age of 95.
3.2. People are also living longer because of healthier life styles. 3.3. Many old people make no demands at all from the Council. 3.6. The Council should re-assess everyone, not just those with moderate needs. 4.4. £125 per week is an excessive amount for people on a low income.
A great deal of "Adult Social Care is given by people who are already well over 80!! - most of whom are on incomes more like £7-£8,000 annually, or even less. They often belong to voluntary organisations, churches and other caring groups, and give sacrificially without any recognition from statutory sources. The demand for "Social Care" would be much more massive without them. Some recognition of this might be sensible at a specific level of "HIGHEST income" taxation???
A lot of old people are made to feel like they are charity cases when of course they are not. It needs understanding of their needs. Some officials are quite forceful with their manners.
A lot of people are unable to manage a personal budget and do not want to do so. A lot of elderly people find it a bureaucratic waste of time. They just want the help they need when they need it.
A measure of a civilized society is how they care for their elderly and infirm not how plush their offices are. The Council should redirect 34 million pounds to be spent refurbishing the Council House into ESSENTIAL services.
Absolutely awful questionnaire. Questions are loaded and do not ask the right questions. Simple paper exercise to put services to the weakest in society whilst the Council continue to pay principal officers far too much money, wasting money on new Council property and supporting those who have no intention of working rather than unable to work due to ill health.
Adult Social Care issues are very complex and different people will require different levels of care and support. Elderly people (sometimes living alone) may need more 'company and support i.e. Day Care at a centre which seems difficult to get to know about. It is not 'one size fits all' and economies for the Council could be sought by providing more community care i.e. day care - rather than just in people's homes in isolation. Respite care is vital for carers, quality of life is central to considering care needs and arrangements.
Adult social care should be free at the point of delivery and funded out of general, progressive taxation.
Adult social care should run by the same rules for the entire country - centrally set. The so called "post code lottery" is most definitely unfair.
Adult social care workers and users should be compatible
All care homes whether nursing or residential should be kept the same right across the board whether Council or private.

All care should be means tested.
All people should contribute (e.g. 1) nothing should be totally free
All services should be looked at to improve efficiency and cost/charges should be means tested.
Although I agree to a general parameter to judge the care required I also think there should be an ability to take into consideration other obvious care requirements not covered by the general form
Always been very helpful to me
Any reassessments should be carried out quickly to ensure people's needs are met/continued in full until the assessment is finalised. If reduced allowances then a period of notice should be given.
As a carer of a person who has both a physical disability and learning disability, also long term health issues, I hope the Council take into consideration the stresses and strain involved. Any major financial changes to my son's services would only add to these pressures, not just for me, but for my other carers.
As an older carer of an adult with learning disabilities living at home, I would only be able to continue to care as long as good services that meet his needs are provided by Derby City Council. I must have confidence in quality of day service. Keep front line services and look hard at salaries of executive staff.
As asked before, will the percentage of adult living longer will increase? Some people will not be able to pay for their care.
As far as I am aware Derby City Council provide a very good Adult Social Care service
As I have a carer I have found Adult Social Care provided extremely poor bureaucratic and unresponsive. All sorts of ridiculous limitations have been put in the way of my caring more effectively.
As my husband and myself will be eighty in February 2011, I feel my son Ian needs the help he currently has so that he can continue to live independently as we have worked very hard over the years to achieve this goal. Incidentally, Ian does pay for this service. I do feel the Councillors making these decisions have no idea of the work involved with someone with learning disabilities. We have spent 40 years to achieve the above result!!
At present my husband and I are new to the service we receive, I cannot fault anyone at present for anything
At question 4, how did the Council arrive at the £125.00 threshold? The double charging for '2 support' workers seems a simplistic way to calculate charging. Free Carer's Services - surely this should be means tested and based on the ability to pay as with all other services.
At the moment I find it fine. If it changes in the near future it would make me very depressed.
Better communications between statutory agencies e.g. Health, Social Services. More support/information on diagnosis/progression of condition. Improved access to the relevant service without having to be transferred from pillar to post e.g. named worker or service and correct telephone numbers. This happens when users go into a new age range e.g. young adult, adult, older adults. This can be very confusing, time consuming and costly.
Better services for people suffering from brain damage, for respite care my husband has always had to go into residential homes, which isn't appropriate! Because of his brain damage he requires a lot of one-to-one and respite care used to provide this years ago (a place called Whitecross) but this closed. This was ideal but now we very rarely have respite care as a residential home cannot meet his needs. A SERVICE IN DERBY THAT ASSISTS SEVERELY BRAIN DAMAGED PEOPLE WOULD BE IDEAL!!
Campaign for looking after yourself in old age.
Can the Council charge market rate for care given to moderate needs clients who have more than £23,250?
Can't pay too much, will run out of money.
Care needs to be taken that one assessor's perception of domestic needs isn't shaped by tick boxes and rigid definitions resulting in vulnerable people being neglected and that's the reality of Government cuts. Full cost of care is expensive to say that one small amount of savings stops someone getting some financial assistance is wrong, a detailed plan and agreement of contributions is fairer and that a person can be at the end of their life knowing they still have something to leave their loved ones, this means a lot to someone dying.

Care should be provided regardless to those in the greatest need. It should not be based on the ability pay as we have made our contributions all our lives. Services should not be cut, this is a great worry to me, I rely on the service.
Carers, as I am needs electric wheel chair to get out of the house for relief from patient, my wife, with Alzheimer's
Carers need extra training e.g. some are very caring and encourage disabled people i.e. to be washed, to eat properly and tidy up after themselves as well as for the person they are caring for. Some do not bother and person is not looked after properly and get worse because of this.
Carers provided by Council should not rush from one job to another
Carers should be in attendance for the full time that is paid for and not leave early because they are busy.
Carers stresses will increase if services are removed (there is available evidence to support this). The crisis teams will be over run with referrals as both people with moderate needs become unable to cope and this escalates to their carers too. Services cannot run by volunteers alone, and an infrastructure of trained management and staff is essential. Big Society volunteers can improve and support service delivery but they cannot do this without an organisation to volunteer for. The Council needs to look at the long term costs that could occur by withdrawing vital services. Pushing costs on to the Health Service (when people go into crisis) will not help my country or city to recover from financial crisis. Pushing costs onto the Police (if people get in trouble with having support and guidance needs not met) will again not help in the long run. A needs assessment is only relevant on the day and time it is done and often these are inaccurate if the assessor is unfamiliar with the communication and presentation of the individual. Whilst obviously some assessment is needed current systems are flawed and provide unreliable data. For years we have worked hard to prevent social isolation, this will come back and be a real issue if people are no longer to access services due to their assessment. How much will the additional 'safeguarding' costs be when individual are left more vulnerable. How will people be kept safe? Derbyshire County Council are looking at a 'higher moderate' new category, should this be examined too? It seems in all very short sighted approach to saving money, where is the proof that savings will be made once the additional crisis responsive costs are borne in mind. I am happy to attend the Cabinet Meeting.
Charges being based upon incoming money can appear fair, however if you really want to be fair the Council should in each case view the persons outgoings - electric, gas, phone, food, clothes, items of personal care needs; then assess what they can or cannot afford
Charges should be the same for all, regardless of means. It is unfair to penalise people who have been careful with their income and lived modestly their entire lives, and support those who have been profligate or never done a days work.
Claim money back from Scotland it should be a level playing field!
Closing elderly Care Homes is only a short term benefit. The long term effects do not justify these actions.
Completed on behalf of the cared for person by the carer
Concerns over closures of Day Centres. Could more be done with Live at Home groups? To include more people and provide help with transport, so that the less capable could attend and not feel left out /a burden on others. Many older people rely on friends and neighbours for help and support, but they don't understand what else is available and may be too proud to accept help.
Consider how much it would cost the Council if carers did not get the amount of support which they get at present which is still not as much as needed in some cases and they find that any reduction would make them unable to cope and the person they care for can no longer be looked after by them and they have to be put in Council care.
Contact with key worker needs to be kept
Continuation of care, the person that needs care should be known by the people sorting out the care.
A real understanding of the persons needs. Never to forget that they are people.
Cost more in the long run if people go into crisis. What about the impact on carers and their health?
Couldn't manage without it.

Councillors and Heads of Department have no idea how to survive on low pay, poor mobility, cold housing etc. Every increase made to those less than £20,000 (in earnings - £10,000 in savings) for home helps should be met half way for all Council workers and Councillors earning more than £35,000. whole tiers of management could be taken out to fund social care. These managers would not be missed - you know that too.
Current system adequate
Day Centre Services should remain as they are. They provide a good service to the elderly and is some people's only means of socialising with others.
Day Services are a very important part of every day life and they need to be kept open.
Derby City should subsidise care for vulnerable adults from their reserve funds for this initial year when the cuts have been more then expected and then re-think these huge cuts in the next financial year. There should be a trial period for the assessments (RAS) in the case of people with learning disabilities as their assessments are very complex in relation to other client groups. When the individual budget does not provide enough money for services then another assessment should be done. Is the assessment process suitable for all clients?
Direct Payment doesn't cover the cost from the agency so we are already paying between £300 and £400 a month in top up. Services are shared between home care aid and agency. The agency costs should be taken into account otherwise services could total £900 per month!
Don't understand
Don't understand
Don't just let people be left to fend for themselves so the Council can save money. I had nothing was told I am not a necessary user.
Don't make cuts on the vulnerable and elderly
Don't mind paying care charges but only the amount I can afford to pay. This depends on how much I get in benefits. Don't agree on using my savings as I have worked hard and paid my tax and NI.
Each case should be treated on an individual basis all on-going cases should and must be reviewed to see if help/support is required. Don't just assume the ongoing costs should be incurred. If an individual has savings, these should be used to fund help before the cost is passed on to the Council/tax payers.
Each person should be assessed as an individual and each case treated on its particular needs. Communication on all levels.
Employ carers who are prepared to fill the time they have at each location effectively. To go the extra mile. Instead of less, do more. Treat others as you would be wanted to be treated yourselves.
Everyone should be able to use these services, everyone is equal no matter how much money they have and don't have, it is not their fault they need these services. It is a must have for them.
Fairer charging contributions need to be more transparent and easier to manage.
Free prescriptions for over 65's and free social care
Governments/Councils have been more than happy to take taxes off people to provide services for their later years etc. It seems illegal to me that someone could pay in for decades, only to find that they have to pay again, for example, if the service was a car, and the tax paid over decades was a finance agreement, the payer of the finance would be able to claim compensation through the courts.
Having adult social care issues are to be more independent, helping others, working as a team, team effort.
He enjoys coming to his Day Services
I think the Adult Social Care is absolutely brilliant. I do not have a lot of money but what help I get is reasonable
I agree that those with savings over £23,250 should have to pay for their care however this should be reassessed regularly so that when savings fall below this level they are entitled to subsidised care support. Additionally no-one should ever have to sell their home to pay for their care needs
I always get the impression that when the Council visit or call, they lack empathy and just want to tick the boxes to keep records straight. These people need to be more sympathetic.

I am 40 years old. Still a child in so many ways. Entirely reliant on my mother who is 80 years old this year and whose health is failing. I need help with personal care not able to read or write, do not even know what day it is. I need to be taken everywhere for any appointment, clubs etc. Do not have any road sense or appreciate where danger exists. I will always need help and full time supervision in everything I do. It is not appreciated how much carers sacrifice to look after their children and how family life is affected.
I am 76 years of age with severe mental problems i.e. deafness and diabetes etc. I do not want or need help from care services. My savings are in excess of £23,250 and my income is about £25,000 per year. Clearly I would not receive help from care services but lots of people like me may need advice and information from the Council or just someone to talk to.
I am a carer to a 90 year old lady who has Alzheimer's and is rapidly deteriorating but is still in her own home. I have completed this form as she is not able; I am her son's wife. The about you form I have filled in for my mother-in-law but refuse to complete pages 8 and 9.
I am a DEAF PERSON. I am worried about my deaf club at Rycoats centre. Will it close? I don't want it to close it is important to carry on being open for deaf people to go to. It is important for the happiness of deaf people that we have a place to go for our social purposes, to meet, to communicate in sign language and where we are comfortable. Leicester Deaf Centre has closed we do not want the same.
I am a single mum who doesn't get help I get one night a week in a rest house which I do not like. I haven't been offered much yet all this comes down to money, not a life and it is wrong.
I am appalled by the service. The girls are excellent, most of them. But the arrangements made by the office are pathetic, and the fairer charging team are either incompetent or dishonest.
I am aware of a number of instances where money has been transferred into relatives names to avoid paying for social care
I am aware that due to current situations things are difficult. But I currently received Direct Payments and employ my own staff. I also contribute £100 weekly to my care, I feel anymore than this would affect many peoples every day life. People should contribute if they have the money, a lot of people don't and should not be penalised for being old or disabled.
I am beginning to feel out of touch. Pity you can't give us a pill when we reach a stage when we are no longer useful but I suppose they would be too expensive. The carers deserve medals for the time and care they have given especially during the very bad weather.
I am dissatisfied with the means testing that the Council intends to employ. It is anything but fair and is discriminatory to those who through no fault of their own require help. Those who have worked hard all their lives will grow old/develop weaknesses just as those with less income will. We will all grow older or/and have social care needs and health needs. Where is the incentive to work/save? People will be vulnerable and more likely to decline the very help they need if they feel unjustly penalised. Put £10 per household on the Council Tax if you need ideas.
I am happy about the care workers. I don't think I should have to pay as I don't have a lot of money.
I am the carer to 2 adults who have learning disabilities who would probably come under your description of people with moderate needs. If Day Services for these people were to be withdrawn I would have to reconsider my role as their carer as I would not be able to cope 24 / 7.
I am the daughter of a lady who has daily carers. She has been frequently assessed. She has, over the years, paid moderate amounts, then NOTHING, then quite a lot. This is confusing and frustrating. The authorities seem to have no long term plan. I feel money can easily be saved by other measures such as: removal of "white elephant" giant TV screen in Market Place, cancel free firework display in Markeaton Park, cancel free Darley Park concert, stop using 1st class post (as in the present instance), cancel expensive newsletters. Use cheaper paper, cancel flood-lighting of city buildings. She depends on her carers; they are friends as well as helpers. We will pay as necessary to maintain this valuable support system. My mother's wellbeing and morale would severely deteriorate if she had this care cut.
I am very grateful for the help and support I get.

I assist running a Darby and Joan club in the centre of Derby. As people are living longer and therefore there will be more people in the upper age bracket in future, clubs like this should receive grants to help them provide assistance for these people. Clubs of this nature are face to face each week with people who want to live independently and who need confidence to do that. They learn from speakers who come to the club to talk on safety in the home, falls clinic, police - safety in the home and on the street, Age concern, British Legion, library services, Telecare services, etc. It is a place where people can get out of their homes and meet and make friends and chat together, sometimes having shopped in the city centre and then come on to the club and afternoon entertainment or advice. At risk and vulnerable people are kept informed and encouraged as to their situation which makes way for them to remain independent of social care for longer. I would ask that grants continue to clubs that assist in independence and encourage a healthier lifestyle that does not lead to depression and related illnesses.
I believe reassessment of people with moderate needs should be reassessed along with people with greater need. However I disagree with the definition of moderate needs and the disruption of people's lives when people lose existing services.
I believe that the money that will be spent on refurbishing the Council House would be better spent on the vulnerable, disabled and elderly, who have probably worked hard and contributed much over the years. Bricks can be replaced, people can't, we all hope to live to grow old and God willing, not become disabled, but unfortunately there are no guarantees, therefore we should do our best to make life as easy as possible for those in need.
I believe there should be a better assessment by Social Services on people that go into supported living (private companies). The information is vital for the smooth transition for the service user.
I comment on my disagreement with many of the items on previous pages. I do not believe that because a person has more than £23,250 in savings they should pay full cost of care even if it exceeds £125 paid by those with less than £23,250, this is an arbitrary figure and penalises people who may have worked hard to accrue savings and could not be described as FAIR. I understand both the Council and National Government have problems but care should be based on NEED and be free or the same charge for all persons.
I did note that in your information pack it stated that by reading the enclosed information I may find it easier to complete the questionnaire. There were 27 pages of jargon to wade through, I would say I'm reasonably intelligent but found I had to get out the dictionary to decipher one or two words, God knows what the confused would make of all this.
I disagree with the sum of £23,250 savings being the trigger for people to start paying. This figure is no longer a significant sum.
I do not have money.
I do not understand the question
I don't know enough about costing or charges to comment either way which is why I ticked neither agree or disagree. Also I do not know what carer charges are.
I don't want to lose my brother's Day Services.
I don't agree with the shutting of Day Centres because there is no where else to go and it changes the social interaction. People are split up especially as I have been going for years
I don't have any problems myself as regards social care but have found Care Link lacking in passing messages on to my warden if I am going out.
I feel Adult Social Care is better run from within Derby City Council whose employees care about the elderly people they work with and build a rapport with them. My mum looks forward to seeing her Home Care Aide each morning. It's a friendly face to see when I'm at work and can't always be there. Private companies are out for one thing A BIG FAT PROFIT and don't actually care for the elderly people they are supporting - its all about one thing - MONEY.
I feel charging the elderly is unfair system. I feel discriminated against just because I can no longer do certain tasks for myself.

I feel that it is hard to distinguish between moderate and high needs when it comes to Mental Health issues as someone can have moderate needs one minute then it can quickly change to high needs the next. I feel that the people on moderate needs should not be punished for being and keeping well. There is a risk of people on moderate needs becoming so stressed through losing out on moderate needs that they in fact become high needs. What's the point in making everyone high needs unnecessarily, where those on moderate come to depend on support to keep them well? I am concerned that below the threshold of £23,250 people will pay £125 regardless of how much money they have in savings.
I feel the Enablement Service is the way forward, I feel we should own our own assessments to all service users going through the enablement process in adult care.
I feel very let down and disappointed with the proposed changes and cuts you intend to make. I also feel very anxious about how all these changes will effect my life. I do not want changes no way!! Please reconsider.
I had to put a lot of don't knows as I don't know what sort of care these people receive and don't know if it is people who should be in a home, or after reading the info, what things they need help with if they have moderate or low needs
I have found the statements from the Council very confusing since they started the direct debit system. I have to use the telephone and cannot understand the explanations given to me in answer to my questions and have asked if someone could visit me, but have been told it is not allowed. I don't mind paying for the help I am given, but it is now very complicated since it is all done now through the direct debit.
I have got Parkinson's. No comment
I have not filled this one in as I have completed 4 already, I can't see any difference. I have said on a previous one it gets difficult writing. I have waited a while before trying again. What a waste of money for all the paper as well as postage.
I have worked with individuals who have been re-assessed and able to live independently and within a short period of time have fallen into decline, one individual becoming an alcoholic as they couldn't cope and were unable to ask for help and were hospitalised (costing the government a considerable cost to the NHS). If many services are closed down or deemed to those assessed as low – moderate, then I feel they will quickly become isolated from society, leading to depression or mental health issues (another cost to the government). All levels of disability should be catered for. Even low level of needs is enough to affect the ability, lives and living of an individual, affecting their self esteem, confidence and communication and interaction with others.
I hope the Council take account, that any severe cuts, or the cost of help rising steeply will have an enormous impact on disabled people. Please remember we don't want this service, we wish we could do things we need help with for ourselves, but to take the help away from us, or increase charges too highly will in the long term not be of benefit to the Council, because people will be unable to cope.
It is not right to penalise people who have worked and saved hard all their lives when they become infirm and require care services. People who have worked and saved all their lives have contributed regularly through tax and NI contributions so should be entitled to care if they need it in later years. It is time to penalise the shirkers and lazy time wasters.
I know everyone is not as lucky as everyone I know who receives social care services. Taking into account all I know I think your doing a great job!
I live on a complex, I know the worker goes round every morning to see if everyone is alright but that means nothing. My friend and I run the community room voluntarily. Last year one of our neighbours took ill and was on the settee all day ill because the workers did not check. I went over as I had got a key he was admitted to hospital. That is what I call neglect as I think a lot people are.
I need as much help as possible. After finishing the five year course of treatment for the second cancer operation 2001 I was speedily affected in all my joints and also for some time now, muscles as well. The spinal clinic at the Royal Hospital could give you any information regarding my situation and help needed.
I think the services should stay the same.

I think if you used carers that lived in the same area as the people they care for, it would be a lot better than the system that is used at the moment e.g. carers coming from Mackworth after seeing one client and having to get to Alvaston within a ridiculous time which isn't possible. This would save the client wondering if the carer is coming and getting agitated and also cut down on petrol costs.
I think it is dreadful to close care homes where very old people have felt safe and settled for years and have made special friends. You who are younger and less vulnerable would hate to have your home life disrupted and living arrangements completely uprooted and altered while having no say in the matter. Think what it must be like for them.
I think that having a single threshold of £23,250 means that those with just above this amount would lose out. There should be a graded threshold whereby those with over £50,000 or agreed amount would pay more than those with £23,250, but all should have some kind of subsidy. It's not their fault they are needing support and they shouldn't be penalised for having savings.
I think the £23,250 limit should be raised, but also look at people with savings to see what their weekly income is because if they have savings they cannot claim extra 'perks', so often are living on a very low weekly income, often needing their savings interest to top up their weekly income or even have to spend those savings to make ends meet. Also why penalise savers when other people have spent all their money. I know there are exceptions to the rule and that some people have never had the opportunity to save, but many have and have chosen not to save. I'm not talking of rich people, but ordinary working class people.
I think the carer (the person going in to help the old etc) should do more variety duties e.g. help turn mattresses round not over, put washing in and hang out, vacuum etc.
I think the threshold of £23,250 is too low considering current circumstances with rising inflation and soaring food and power costs. Why jump from paying nothing (dependant on income) to paying everything above a single level. A second band where service users pay more than a maximum of £125 but short of full contributions should be introduced. The transitional period of three months for service users who face an increase of 20 or more seems too short as these proposals will obviously affect them for several years.
I think when carers are coming late or change to other people they should inform the person as it is very upsetting if you don't know them.
I wrote along the questions as well. If you look and consider sympathetically consideration for the public fund, you must look at my comments. Comments were - Fair Access to Care Service questions: Depends on their contribution paid. Do not waste public money. Fairer Contribution questions: It depends on individual pension contributions made in the past for this country. If the person did not contribute, please completely stop their benefit and pay fairly.
I'd like them, they are more approachable also easier to contact them, the service they used to give was better than now.
If a person does duly need to be cared for and this is what is best for them, providing they will still retain a degree of independence they should be reassured by any care proposals that involve them.
If all of my services close what will I do?
If already receiving full care with no contribution as needing critical/severe, then there should be no contribution. Staying at home is still cheaper for the Council than Nursing Homes.
If care arrangements are withdrawn people will become isolated and withdrawn, resulting in long term illness. They won't be able to be assessed again due to not knowing how to, or a long waiting list. People's needs change constantly so they would have to be assessed on a regular basis.
If people have lived in the city, worked for the Local Authority and paid all their taxes why should they pay for care while refugees, asylum seekers, Eastern Europeans can claim free care and have done nothing to help the city!
If people no longer get any social care what will you do with the people deteriorate, resulting in requiring hospital care relating to mental and physically downwards spiral, resulting in a greater Government / Council burden / costs.
If plans go ahead to raise the eligibility criteria a lot of very vulnerable people will be left open to many forms of abuse and put demands on other sectors of Council budget.

<p>If present services are reduced this will inevitably put further stress on individuals and of course their carers. Their circumstances will significantly increase the already fully stretched crisis teams trying to cope with limited resources. Any thoughts on the use of volunteers to provide the shortfall of care should be thoroughly based on the concept that volunteers are there to complement but not replace these vital services.</p>
<p>If the care my mum receives is withdrawn she would end up going into residential care. My mum cannot remember to eat or take medication.</p>
<p>If the elderly person is confused, suffering from memory problems the Council should contact a relative or carer rather than solely contacting the person suffering, as in my mother's case, she hides letters etc!!!!</p>
<p>If there weren't so many new comers entering Britain, there would not be a shortage of funds for the residents who have lived in the UK all their lives</p>
<p>If you can spend 40 million pounds on that dump of a Council house where their are offices vacant in Derby and you are quashing the social care system, it takes my breath away</p>
<p>In my dealings with the Council Social Care providers – I get distinct feeling of having to have the situation we find ourselves in, manipulated to fit the agenda in vogue at the time that the assessment is made. Not a very caring person centred approach. If the Council didn't manage they would still be able to give a good service as a few years ago, before the alternative care arrangement scheme</p>
<p>In my opinion those who NEED help should get it freely if they wish. Money shortage does not take away NEED.</p>
<p>In relation to adult social care, assessments should be taken fairly, as I do not believe they are - as a person receiving direct payments, my payments have been reduced, where as I am aware of some people living in my same complex, who are receiving more and are playing the system, they are mobile, out all the time, however when worker goes and to see them they make out they can not do anything. However people like myself who is housebound, genuine lose out.</p>
<p>In the cabinet report, you do not give the people who are to take part in the consultation much hope of having any opposing views taken in to account and, God forbid, influencing the outcome which by the look of this report is obviously already a "done deal". If you are saying that: "3.1 - The current eligibility threshold of moderate for adult social care services is unsustainable in the current demographic and economic environment." and then you say at "3.2 - There is a requirement to consult with the public on any substantial change to the eligibility threshold for adult social care services", can you tell us exactly what are you consulting us on? Looks to me like it is the fact that it is already a DONE DEAL and you are merely using the consultation to tell us that you have made up your mind because you are very clear that the current situation is "unsustainable" and that what you are actually going to be doing in this consultation, regardless of any public outrage or opposition, is to tell us what is going to happen anyway. Consultation! I don't think so! This consultation is flawed and skewed. The questions are phrased in order to get the outcome you want. It is an underhand way of providing you with justification to make cuts to our vital services. How can you expect people to choose between services to keep and services to close! These are safety-net services. They should always be available. It is horrifying that you have not been given enough money from the Government to provide our vital services but why don't you show some moral outrage on behalf of your residents and refuse to make cuts. Prepare a proper budget that provides the proper amount of services for your residents, show this to the Government and tell them they must make up the shortfall. Carers and disabled people should not have to suffer, go without or DIE to pay bills that should be being paid by the Government. Go tell them and stand your ground. Refuse to make cuts in eligibility. It is the most disgusting argument to say that you are merely "coming in to line" with lots of other Councils' level of eligibility by your proposals to reduce yours. So all it is a "race to the bottom". Can't you be a Council that is proud of your existing eligibility criteria and services and challenge other Councils to come UP to your level of accessibility and quality for your residents. Don't take this rotten deal you have been given from the Government. Get down to Number 10 and on your residents' behalf tell them that your allegiance is to your residents NOT to them! Your DUTY is to Derby residents no matter how many more older and disabled people there are going to be in the future. We are not just COST PRESSURES for you to chuck away. We are people and you are the Council and you are there to PROVIDE services for as many of us as there are in Derby and will be in the future. Go to the</p>

Government and tell them to give you the shortfall. It is their duty to protect the residents of Britain. You act as if you are doing us a favour providing us with services and think that you can just cut or close or stop them if you feel like it. It is rubbish the level of grant the Government have given you, but you should not be cutting social care services. We all know that there are vast amounts of money available and this is just a political, ideological choice by the Government. Don't let us down just because of money. People matter more than money. Go and tell the Government. You have NO CHOICE BUT TO DEFEND YOUR RESIDENTS AND THEIR CURRENT LEVEL OF SERVICE and that you are refusing to make any cuts.
It appears that the most vulnerable in our society and those with the smallest voice are easy targets for cuts in expenditure
It is the right of the elderly to receive subsidised care from Local Authority or Government. They should not have to sell their homes to pay rent in a warden controlled area and then pay in excess of £125.00 per week for care as well. They looked after us. We should do the same.
It is understandable that cuts need to be made with the current climate, however, when there is a need to make cuts in the care sector it should be thought through very carefully not put vulnerable individuals at risk from abuse.
It is unfair to make people using adult social care, make real and life changing sacrifices in an attempt to save money. Council projects i.e. revamp of Council House, use of consultancies are the areas that need cutting. Expenses for Councillors should be stopped. Man reduction of management in the Council is required. Front line should not be cut.
It is very confusing and complicated and without an able carer I am not able to ask for the help I need. There are no groups I can join for my age group (118) which makes me lonely.
It is very easy for healthy, self sufficient people to make a judgement about who we should help and how much help should be given - unless you "have the t-shirt" for people's various problems. Are we (panel members) sufficiently informed to be able to make this judgement? I don't know the answer either. It's a very difficult job - balancing budgets
It seems like a thankless task and demanding at most times with ever lower budgets to work with.
It seems likely to me that many people on low incomes and having no significant savings would find it extremely difficult to pay £125 a week. Could there not be a graduated cap related to people's income.
It would be nice if it was possible for carers to take the dogs for a walk if the support were a single person like myself housebound just a thought. Thank you. It would be nice if you could organise day trips for those people with sporting interests like fishing, photography, swimming etc say from 8am to 5pm to make a change to the day.
It would be short sighted to reduce funding for services provided to help reduce admission to residential/nursing care or hospital admissions i.e. reablement and Telecare services.
Just a little bit more now. The carers deserve medals for battling through the recent weather, where would I be if they didn't come. My husband and daughter passed away in 1979 and my son 4 years ago, so I am waiting for the call to join them.
Keep caring for people despite the Government pressure not to.
Less form filling. More compassion. By the time you finish all this people will have died or been terrorised into ill health
Look ahead and plan accordingly, ensure surveys ask the right people the right questions i.e. 99 year old person currently living at home with care will always state that they prefer cooking/independence although they really need total care.
Make any assets programme strong enough to sort out the scroungers in society. Save more money by addressing the abuse of parking permits, by marking those not entitled to them pay car parking fees.
Make sure everyone is accountable for the services they are paid to provide. Make it open and transparent. All information should be accessible through local Councillors. The word reablement doesn't appear in my dictionary. Plain English please.
Make sure it is free to all who require it.
Make sure that the help goes to genuine people who need a level of support and not to people who are just taking advantage and are perfectly capable of helping themselves.

Many of the older users will have paid into the system since it began post war, believing their contributions would help them if needed in later years. Why did they bother. How much more frightening will Government make our lives? We didn't choose to be ill, disabled or elderly.
Means testing often results in some people with a good income and/or some savings losing their entitlement to grants or services without taking into account their outgoings. Some elderly/disabled people have a mortgage to pay or rent but others do not. Often financial commitments and maintenance for absent children etc should be taken into account at the financial assessment stage instead of a 'one rate fits all' approach that does not necessary reflect that families outgoings.
I am completing this on behalf of a service user who has learning disability and struggles to read or write so can not fill in questionnaire. I am his Occupational Therapist
More help and advice. Some times Social Workers don't get back in contact for two years. Should be one Social Worker in control That's when people need help but the social workers does not know what is happening.
More joined-up working / thinking between Health and Social Services. I feel people with learning disabilities who are still young are being penalised to ensure care for the elderly. Direct Payments, for me, doesn't really work.
More preventative early onset type services so people don't progress to substantial and critical levels as quickly as they would, thus saving the Council more money in the long term. A more plain English questionnaire where answers could not be taken out of context would have been more useful.
More residential places need to be created for vulnerable adults to be given full personal / domestic / social care.
More services for whom English is not 1st language
More social workers are needed so waiting lists can be reduced and assessments can be completed quicker as there are many Social Workers who go off sick, the Council shouldn't be getting rid of agency workers. How many hours of care would £125 cover and how often would you pay this - weekly? Respite care it should be income based. I am a carer for my mother, I don't have any health problems but my mother has dementia and is bed bound.
Much better inspection and control of private residential and nursing care homes. Nursing should mean nursing in the original sense of the word, by highly qualified individuals
Must not put pressure on members of family to be the main carers. Too much stress.
My carers have lost their care allowance, I find this unfair.
My health has deteriorated greatly over the last 12 months.
My sister and I are both pensioners. Although my mother who is 97 years old, would be considered to have only moderate needs, without the help given we would no longer be able to care for her in her own home. We are both at present at full stretch. To remove the help we are now having would be the last straw. There must be many more like us who are able to continue giving care due to the invaluable help given by Council carers. In fact we have asked for more help due to mum's declining condition, but this has been declined. If help for moderate needs is refused, more elderly will need nursing home care.
My wife is my carer. I walk on crutches (about 20 yards) and cannot use buses.
My wife used adult social care services for about 14 years before her death. I have never believed that people who can pay should get free care. On the other hand I do not agree on hourly rates being charged. It is an expensive system to implement and monitor. I believe the best system is a fixed payment graduated to cover the number of hours needed.
Need to ensure there are sufficient residential and nursing placements available for our rapidly aging population.
Need to review criteria. How do you define vulnerable young people? Some people are falling through the net.
Networks of friendship and support are as important to adults with learning difficulties and mental health problems as to any other adults. Alternative arrangements by already hard pressed carers are often piecemeal and they are no substitute for the excellent care provided by organisations who provide for groups of socially isolated people and offer activities, friendship and support and effect psychological well being in the clients / users.
No

No
No comment.
No other comments
Not sufficient knowledge of subject
Not sure
Not willing to answer.
Now should be due to illness, disability, benefits claimed or pension. Each persons' savings amount varies so that can be an additional factor too, their financial circumstances i.e. rent or mortgage repayments. Age group i.e. pensioners may need additional help due to age and illness. Disabled persons or children also will need additional help and services.
Old people needing care should have it.
Once care issues are cut or reduced, they never pick up later and standards drop. Funds must be made available by the Government and Local Authorities - as a priority.
Our experience of carers/agency giving bed baths is poor. We are expecting to be washed with soap and water and dried. In practice it is a wipe with a wet flannel that at best rinsed once when 'bathing the whole body' There should be standards set and the patient informed what to expect. The community bed baths are very different to ones in hospitals should they be? It is the responsibility that outsourced services like caring is monitored effectively by having people there to monitor services at a practical level.
Our total family income including child benefit is less than £18,000. One child is 15 years, other child is 8 years. No savings. I believe all people whose family income is above £20,000 per year should pay.
People should not be allowed free care if they have come from abroad.
People should not have to sell their homes to pay for care
People who are severely disabled with a life long illness should get free care.
People who have very moderate capital above £23,250 have undoubtedly worked hard, paid taxes and NI all of their lives in order to pay for their retirement/health benefits. £23,250 is a very modest sum to pay for their choice of "extras" covering a period of 20+ years in retirement, e.g. Christmas', modest holidays, etc. The threshold for capital should be a minimum of £60,000. Those who have capital of less than £23,250 have probably (i) been carefree/careless with income during their working lives or (ii) been recipients of benefits before they reach pensionable age. GET SOME FAIRNESS INTO THE SYSTEM FOR THOSE WHO HAVE ALWAYS BEEN FISCALLY CAREFUL.
People with learning difficulties need to be happy
People with more than £23,250 could see a rapid erosion of their savings, which would obviously increase the load on assistance required. Where the provision for the possible increase would be coming from. As I see it this can only be accommodated by new dependents with more than £23,250 and outgoing dependents by death.
People with savings in excess of £23,250 may need support with care if they have no family or friends to offer support
Peoples needs matter more than costing
Planning for ones retirement and future care needs to be encouraged. The cost of ensuring a comfortable life style can be minimal when planned early. With the rise in a long living elderly population the Council needs to be redirecting more people towards self sufficiency i.e. personal pension plans, critical illness cover and savings (ISAs).
Please do not take my help away from me, I need it.
Please do not under estimate how much it costs a person with a disability to lead as normal a life as possible. Often one or even two carers are required and it is expensive to get around and enjoy entertainment etc. In Q4 the question suggests that people who need 2 carers should pay a double charge. This is wrong as it penalises our most disadvantaged and vulnerable people the most.
Please note we have altered the savings allowed from £23,250 to £40,000.
Process is complicated and laborious. My mother who receives services from health and social care and private agencies is subjected to harrowing assessments reinforcing her very poor state of health. The whole process causes her great distress. She is severely disabled and pays vast amounts of

money for her care already privately and to social services. If extra payment were required it makes us feel there is no care or justice in the system for the chronically very sick people of society.
Provide places for people like my son (Down's Syndrome) to be cared for appropriate to their need (not all can live an independent lifestyle) - apparently no residential care places available in Derby City at the present time. A DESPERATE situation - I am 85 with heart problems and totally reliant on my family for help. My daughter is disgusted that her city of birth, where we've always paid our dues, has now shown itself to be negligent in its duty of care to a vulnerable person.
Punctuality of care staff and care given at a regular time, convenient to the user is important. Where meals are cooked in the user's home the carer should be sufficiently competent in cooking.
Put more money into place for moderate care, i.e. copy authorities who have introduced a higher moderate group. Moderate needs group is large and some people especially younger people and those living alone are at danger of becoming socially isolated. Also at risk of self neglect as unable to do more. Keep some help for part of this group, this would be a preventative action. Assistance to get out, cooking, personal care.
Putting cost aside, I would like to say that the direct payments I receive have enabled me to live an independent life as much as I can and maintain some dignity as much as my illness allows.
Question 3 - a lot of emphasis on people with the highest levels of need only. It should be more generalised. There seems to be plenty of money in some areas of the Council i.e. £40-£90 million for the Council house refurbishment. Consultant's fees, modifying and correcting defects at the Quad, architect's fees. Not chasing money back from the owner of the hippodrome fiasco. It all adds up to a lot of money which would help save some of the cuts in Adult Social Care.
Questions 11 - 14, my ethnicity / religion and sexual orientation are irrelevant. The only criteria for care in my old age should be that I have lived in Derby and paid taxes into Derby City Council's coffers and now deserve whatever care I need from the authority as I grow older.
Rather than pay private companies to deliver care/support, why not extend the Councils own workforce to deliver this support. Also service users who live in private company's property's housing benefit claims are usually much higher. Therefore if the service users lived in Council properties the overall housing benefit cost would be vastly reduced.
Response should be quicker. I waited 1 year to see a Social Care Manager.
Response to item 6 - comments about Adult Social Care issues. My experiences of adult social care is limited to looking after parents during the later stages of their lives and so find it difficult to comment on some of the questions raised in this consultation document. I do however, realise the substantial financial burden that care of the elderly places on local authorities and the complex nature of the problems concerned. I do have some views that may appear a little radical but I am happy to put them forward within this questionnaire. I have concerns that modern society in this country is becoming less self dependent and certainly less caring and considerate. The family does not appear to be held as important in the way perhaps that it has been in the past and appears still to be within some of the Asian cultures, therefore when care of the elderly becomes an issue within some families it is a matter of turning to Councils and the state to provide all of the care required when much could be, and should be in my opinion, provided by family members. It would be difficult I realise to reverse this dependency mentality, but unless a start is made, the hand-out brigade will continue to expect more and more from the state and this will place an ever growing burden on the responsible members of society who have to pay. My view of a threshold of savings of £23,250, above which social care services would not be provided by the Council is too simplistic and prejudicial to those who have worked and saved throughout their lives to fund those who have been a perpetual burden on society. I have witnessed people buying assets to purposely reduce their savings in order that they can still enjoy state benefits. I believe a full financial assessment, including any assets owned, should be undertaken on all applications for social care and all other benefits. If the savings and value of assets exceed the threshold then I believe qualification for free care or benefits should be refused. There needs also to be consideration of any gifts of money to family members purposely to reduce savings and enjoy free care. Many people are sick and tired of paying for those who sponge and scrounge. There can be no doubt the truly needy deserve all the help we can provide but I would bet that it is a far smaller number than are currently beating the system.
Same care ladies in one area, not different ones every few days.

Set up an insurance scheme so people could pay in for care they might need in later life.
Shouldn't be means tested - my parents are elderly and not able to care for me. This is not their fault, they have worked hard all their lives and should be able to enjoy their retirement without worries over providing my care or paying for it.
Social capital is as important as economic capital in these matters!
Social care issues should be under full control of the Council and not be ran by private agency. Council need to support and provide for the community it serves and not tender contracts for profit and loss purposes.
Some people have saved others have squandered and benefit accordingly. It is difficult to assess a fair policy.
Some time lack of service.
Son is sectioned 117. He has severe leaning disabilities and Bipolar Manic Depression. Needs one to one support because he is at risk. The only respite he can get is Ashlea, no other places have him. Ashlea is directly across the road from where we live so is unsuitable for Karl to access. Definitely needs more access to adult placement, been waiting 5 years so far for one to be allocated, no joy!!
Take people's services away and they are more likely to go into crisis, which will cost more.
There is a lack of appropriate social care provision. Parents / carers have already got too much responsibility without individual budgets and employing PA type carers.
Tell the government to reduce immigration into this country to stop foreigners putting a burden on UK's finances. Care services should be based on individual circumstances and not put into classification based on risk assessment i.e. moderate.
The £23,250 capital cut off point is now too low and should be increased in line with inflation.
The amounts you are trying to save are miniscule considering the impact they will have: removing vital care services from over 1000 people just to save an estimated £1.1-£1.6 million per year is an absolute travesty. You are supposed to be protecting the most vulnerable in society, not withdrawing all support from over a thousand vulnerable adults and extracting as much money as you possibly can from the rest. None of these changes should happen, and social services should join with service users in fighting these cuts unless you've forgotten what made you join the profession in the first place. Funding is already being squeezed in three directions: by pressures on care providers to slash their costs by 25%, the proposed replacement to DLA and the proposed scrapping of the Independent Living Fund. The amount of distress that will be caused when I actually explain the full extent of all the proposed changes to the people I support will be indescribable, but it has to be done. A few questions to you: will adults with moderate needs housed in shared supported living lose their home? Who administers a personal budget for those deemed unable to make an informed decision? If someone with moderate needs who lives on their own with a £50 hour ILF package keep their funding, lose all support or have to pay the full cost themselves, or something else? How do you protect people with personal budgets from being exploited by the people they choose to employ? If everyone who attends day centres will pay the full cost with no subsidy, will people with moderate needs be allowed to attend and pay their own admission? Doesn't the removal of support for those with moderate needs provide a powerful disincentive for people to better themselves and gain independence? If service users are not getting value for money from their day centre or other service, what rights do they have to demand a refund? Doesn't removing the cap for those with relatively modest savings provide yet another powerful disincentive to save? As one of the larger social care providers in Derby (Dimensions) with around 25 people supported and about 40 staff, why have you only sent out the consultation to one person within the organisation? Have you made sure that everyone with moderate needs and their carer / care provider received a copy of the consultation in a format they can understand? Why doesn't the Derby City Ambassador on the Learning Disability Partnership Board that I work with know anything about the proposals? Have you asked any service users, advocacy groups or anyone on the frontline when preparing these proposals?
The care I receive is beneficial not only to me as now I am cleaner – I Don't smell, I eat fresh food. It helps my husband who has to work a manual job and is too tired to assist with my personal needs and prepare fresh vegetables. I couldn't manage without the help I receive.
The carers that work on front line, that's with the people, should be listened to more and a wage to select this. It can be a very hard job. With travel, time slot's and working in difficult time's.

The Council gets enough money through Council tax (which is very expensive.)
The Council should employ direct caring staff, rather than sub-contract to service agencies, thus eliminating the level of cost. Also by this method having more direct control of care standard, consistency and time keeping.
The Council should leave people like me alone and not stop my services and the support I receive.
The Council should look towards their own collection of empty buildings and use the staff they have for more relevant needs/roles rather than office/telephone/desk staff. A more hands on approach is needed less red tape could save £1,000's. It doesn't help when the survey is sent in the same envelope, which include 'a day in the life of a mayor' with his chauffeur driven car.
The Council should provide social care for ALL who need it regardless of the level of said need. I do not believe that the Council has its priorities right, was there really call for a £40 million spend on the Council House?? The formulation of the questions on this form is deliberately misleading, it would seem that Social Services are making an attempt to "put words into your mouth" to cut services. Consultation between service users and their carers should be paramount before any decision about the individual's care is made. I am a disabled person with severely complex needs.
The Council should still provide care for people with moderate needs, if individuals lose all of the care provided people would very soon become high / substantial needs. I think the proposed action by the Council is very short sighted and in the long term will cost the Council much more.
The current provisions, particularly for adults with learning disabilities are inadequate, any reduction or increased charge for these services would be scandalous particularly in view of the money the Council has voted to waste renovating the Council House.
The difficulties of an on-going, longer lived population are not newly discovered. No knee jerk reactions please. Invest in a robust and sustainable society to prevent the problem growing over the next few decades.
The effort should always be made to encourage self help and support from their own families. There is always a difficulty of determining if home help needs to be provided or if residential care needs to be provided.
The elderly paid into the National Insurance scheme for years but when they need the help they are constantly under threat of having it taken away. Appalling!!!
The elderly seem to come in for cut back in services, when they are the ones who have contributed the most.
The enablement services should be expanded, all packages of care should be reviewed by staff who are confident and not afraid of saying no.
The facilities most treasured by us is the care and occupational interests in a communal environment and not a scattered one. A respite centre for short stays for disabled people. These clearly are already there at Wetherby and Ashlea House. They are very important to me and the people who care for me. I accept that the charges for them may need to rise.
The family of service users needs to be involved. This seems to be a glaring omission. Families may be busy, but they are best placed to ease the Council burden.
The figure of £23,250 appears to me to be arbitrary given that many elderly people will have frugally amassed savings in excess of this over their working lives in order to generate interest to then supplement their otherwise low income. Surely it would be fairer to base a person's ability to pay on the level of their disposable income or to introduce various bands of savings at which they would be required to contribute on a sliding scale?
The form is based too much on individual's financial situation - it should be based more on a person's need for services to provide independent living and access to social activities and socialising
The information sheets provided on 'transforming social care' and the 'fairer contributions consultation' etc, are far too confusing for myself and I am sure for other elderly persons.
The leading and biased/rhetorical questions involved in the questionnaires are shameful. If you really want to determine the opinion of your citizens kindly do so in a more reputable fashion. The policy of cutting provision for those with moderate needs will result in their needs becoming critical so as well as being unfair it is very short sighted.

The population is getting older, more not less people will require care in the future. These plans will be a disaster. It is obvious that the Council wants to negate all responsibility for the elderly. Harvey Jennings stated on Radio Derby (20th Jan 2010) that he wanted to close all Council care homes. He seems unconcerned that over £90 million is to be spent on the Council house. These cuts have only been suggested because of bad government, both national and local, and of course greedy bankers, why should the most vulnerable in society be the ones to pay the price of their incompetence.
The possible use of agency staff is worrying for people with several needs. Some service users need regular cares who are fully knowledgeable about the user. Agency staff - night worker of staff not reliable, not as professional as Social Services staff.
The recipients of Adult Social Care services, and their carers, require assistance 24/7. If services are cut as proposed, the increased costs of providing support for carers when they are at the end of their tether, because help is not available, will be immense. In the scheme of things, the £1 million, plus savings, could be more easily, and less contentiously, found in other areas. If the additional funds being made available by the government were to be "ring-fenced" instead of being used to supplement other areas, these cuts would be unnecessary, or, at least, minimal.
The rising numbers of older people has been forecast for decades, why then did the Council decommission many sheltered housing schemes especially level 2.5 when these prevented the necessity of many people entering or needing residential care. Very bad economics and a great waste of resources and equipment
The savings limit of £23,250 is totally unrealistic. We are being encouraged to save for our retirement by the Government yet if we are prudent and save it will be taken away by the state as soon as we need care. Why is the cap on payments £125? This is greater than the single person State Retirement Pension, why not a lower figure, a person with £23,000 in savings having to pay £125 a week means their savings will be gone in 31/2 years, if their only income is a State Pension what happens when their savings are used up?
The service is good but some people can't manage without help of Council. Putting them in homes costs more
The service you provide to the elderly people of Derby is disgusting, the Council is a non caring body who care more about buildings than people. Before long hospitals will be over flowing with elderly people you have dumped and left in unsafe conditions.
The system will not be fair whilst people with trusts and gifts can avoid paying
The Voluntary Sector needs to be utilised more.
The way we look after our old people we should be ashamed of ourselves. They have paid all their lives Adult Social Care should be free, let younger people like me pay more.
The wording in this survey is hard for a lot of people to understand for example what does reablement home care service mean? This is going to frighten a lot of vulnerable people
There are no free services.
There are no residential homes for older people with severe brain damage in Derbyshire. I had to travel backwards and forwards to my husbands unit in Ollerton, Notts.
There is not enough help for old people they are being forgotten and many are funding for themselves who are unable to do so
There is only a limited amount of money available so there are bound to be losers. But for those with moderate needs this could make a huge difference financially. The best way to help people maintain their independence is to continue and improve the frequency of bus services.
There needs to be some recognition that people in need of care, also need to have the comfort and knowledge of the fact that they have say in - they should not be depleted on services for which people have spent that whole working lives paying tax.
There seems to be a paradox in the Council's thinking. On the one hand they say they're closing homes because of a FALL IN DEMAND for places, but on the other hand they say they'll have to charge because they can't afford to fund INCREASING DEMAND otherwise.
There should be a common tariff capped: a. for residential care b. for nursing care
There should be more information available.

There should be no savings cap. Why should a disabled person who through no fault of their own have to pay for care services when they have saved for the future compared to someone who has spent their income unwisely? This policy encourages disabled people to spend any savings they have just to get below the £23k limit.
There will always be the question raised regarding level of saving/income before the level of Council support is decided. People feel if they have tried to save and contribute to a pension fund that they are penalised for this effort. I would still be looked after if I had not bothered.
These should be fully supported and financed for all needs not on scored scale of low / moderate / high /critical. Too subjective and not individualised.
They come straight out of the car from last visit, no washing of hands, not removing outdoor coat or as I have said, don't wear gloves at all or aprons, very unhygienic. Staff should follow example of Social Services, always neat and tidy, on time, have patience with the patient. What ever the task always changing gloves and aprons. They are the best, they set the best example. What good is it for someone turning up at 11.45am for personal care when patient is up at 7am. My carers are wonderful.
They should not charge the disabled people and find more holidays for disabled people and help the aged. Thank You
Things need to change in order to make changes there should be a lot more options for people to take, these options should have a range of affordability / as well as support, practical etc or combined.
This 'consultation' is a waste of money. You have already decided which cuts you intend to make. It might be wise to look at your staff levels, Cuts could be made there?
This care in the community agenda is misguided and not cost efficient. Rather than encouraging those with a disability or special need to living in their own accommodation and paying for support staff and all the attendant living cost, it would be more cost effective to have them in residential care.
This form is not easy to understand - as a service user, I find though proposed changes are very unfair, and very upsetting.
This is a good opportunity to recognise ill health does not necessarily come with older age. Help people to recognise we need to work towards remaining healthy and help provide means to do this and re-fresh mind set of ageing. We now know physical health and mental health go together - yet in Derby we have lost the main adult education centre in Derby. Those classes remaining are often too difficult to reach without transport or too costly for many of us to attend. The lack of investment must impact on health and more costs for our national illness service (which only treats symptoms, not causes) Government is now recognising wellbeing and health are linked in community, neighbourhood and social issues. Yet are not willing to support difficulties. Please begin to promote remaining healthy and active which would lead to less depending on adult social care. I would like to see more joint working with County Council Team at Matlock - known as the 'Well being Team'. It has a fair more positive outlook than we have in Derby. I have suggested they did a presentation in Derby - I was very impressed in Matlock.
This is a valuable and necessary service for many people wanting and able to stay in their own homes. The back up provided for my mother has given me peace of mind and at £8 an hour I find this a fair assessment.
This is still Derby and a spade is still a spade so why invent such a divisive title - you are rationing access in time of austerity - we aren't stupid and so easily mislead! The big problem with this is that at the end of the day the tab will have to be picked up by carers. You already do nothing for them, so can't cut from the budge there! So soon you'll need to look for increased budgets to care for the carers who are now so overworked and ill that they need care themselves. For those who don't have the luxury of carers this severe - it appears to be a cost raising exercise in the long term.

<p>This person is blind, deaf and is under NHS regular visits for ulcerated legs. She needs and receives 3 care visits daily for medication and is the sole occupant of her house, although she receives regular visits from her family, who do NOT live locally, and she is visited by a caring neighbour. Whilst it is agreed that persons with financial capital (£23,250) should contribute to the cost of their care, consideration should be given to that person's ability to maintain the weekly cost, in the case of this person her only income is from pensions. In order to fund all personal payments i.e. gas, water, Council Tax, electricity, insurances, rates, Council charges for care 'Meals on Wheels', Care Link and then her food and general living expenses, her capital is fast reducing. The general opinion after speaking to other persons in similar circumstances, is that more effort should be made by Council care visitors to monitor each case and classify the extent that each person requires levels of care, thus reducing thresholds, in other words a 'League Table!'</p>
<p>This questionnaire is too simplistic - does not allow the ability to respond on wider views, e.g. answering no to: should all people be entitled to help if their savings are over £23,500, does not allow for the argument that if people have paid over the years they should be entitled for that to be taken into consideration. Does not make any reference to some people being alone/in a couple.</p>
<p>This will cost more in the end, people will go into crisis and crisis response costs more than preventative care. Use 'reserves' this year to cover the big cuts and have a re-think next year.</p>
<p>Timely review of provision/needs safer costs.</p>
<p>Too many health and safety issues when care worker/home help when basic jobs need to be done. "Oh were not allowed to do that" The basic right to have dream homes and personal hygiene, again involve relatives or friends to help and perhaps rota. Communication most important.</p>
<p>Transition for the disabled from 18 to 25 is a nightmare, it is very difficult to get advice.</p>
<p>Treat all adults the same, don't stop caring for adults.</p>
<p>Unable to understand concept of questions due to severe learning disability</p>
<p>Use of Private Sector carers is often the wrong decision as private sector carers have little to demonstrate able personal 'care' and treat the task purely as a 'job' to earn a wage!!</p>
<p>Use some of the reserves. People who get help at any level, get it because they need it. Very often its not in anywhere near enough and needs to be increased, not taken away. They have worked and paid into all their lives, now they need help not a kick in the teeth. They should cut Councillors pay and other employed top dogs and use this to keep nursing homes open.</p>
<p>Very important to ensure that those in most need are not discouraged to seek/access support due to excessive costs or reluctance to be means tested.</p>
<p>Very pleased with how I am looked after.</p>
<p>We are getting towards the time where more services will transfer to charity organisations and more money could be saved by reducing the Council of social employees earning over £23,250!!!</p>
<p>We can only surmise about what it is that will be on offer after the Councils cuts but I suspect it will be a mess. Where are these personal carers coming from to support all the people affected by these issues. Also the greatest part of my son's needs are provided by socialising with a group of his friends at the Day Centre. Also why should people who have saved their money be penalised as apposed to someone who has wasted their money.</p>
<p>We do not support your proposals. Do not refurbish the Council house. We will consider not paying Council tax and may ask others to do same.</p>
<p>We do not support your proposals. The money for the Council House, the capital budget should be returned to central government.</p>
<p>We don't use Adult Social Care, even though both of us are registered severely disabled. What I would like to know is why my wife, who is suffering from vascular dementia cannot get the drugs to help her etc. She suffers from complete memory problems, and bad hallucinations, it's pitiful to witness her ongoing condition.</p>
<p>We think as carers of someone with a learning disability, she should have the chance to go to a Day Centre as she already has the choice to do so.</p>
<p>What is received is greatly valued - Thank You</p>

When I bath him I give him a sponge. He tries to wash himself. This is how I found him in 1981, in his cot, at 5 months old and it left him brain damaged for the rest of his life, he's my miracle (he'll get there). He goes to Wetherby Day Centre 3 days a week, and they are marvellous with him, they are trying to help him all the way. I write this for my son because he can't do it.
Whilst accepting those with income above £23,250 is a substantial amount, you need to take into account the older generation have worked and saved all their lives, served in recent wars (World War Two) and deserve to keep some of their capital, not be charged 100%. 80% would be more acceptable - don't fleece the elderly.
Whilst anyone with the ability to pay should contribute towards care costs, it's unfair that anyone who has saved for a more comfortable old age has to pay the full cost, when others who have had a chance to save when working haven't bothered and have their care paid for. This will discourage anyone saving for the future. I realise that not everyone has had the opportunity to save. Maybe capital should be excluded and only interest earned taken into consideration.
Whilst I recognise that funding is limited within the current economic climate any proposals to withdraw services from those with 'moderate needs' is frankly unfair. As well as being unfair it would also be counter productive to reducing costs in the long term as those with moderate needs would most likely develop substantial needs if their services were withdrawn. The money that would inevitably be spent on crisis intervention (not to mention the cost to the NHS due to deterioration in people's physical and mental health) would be better spent on retaining the current services that are so essential to people's lives. I found this form difficult to fill in. I have a 2.1 in Social Policy and 10 plus years working in a social care environment. I find it difficult to believe that individuals who will be affected by the proposed cuts can make a meaningful contribution via this questionnaire.
Who is funding what? English and ex service? What can I expect? Please present the whole picture of costs. Disagreed
Why do I take this view? Council employees can be vetted and controlled to ensure the safety of the cared for. It is not safe to invite just anyone into your own home. Agencies will take the money from Council or person and not care whether the care paid for is being delivered or not. This is particularly true when the Council is paying. It is better to have large numbers of people earning wages by doing something useful than receiving benefits or dealing drugs. People with more than £23,000 in the bank have saved all their lives rather than wasting their money. They have paid their taxes and have not claimed benefits. They should not be penalized for being good citizens. Your proposed policies discourage good citizenship.
Why don't you stop spending money on the new Council House which I feel is a luxury and instead make sure that people have their basic care needs met, none of us want to change our current Care Plan. Please look else where to save money.
Why should a person with savings in excess of £23,500 pay more for care than a person with none. The person with savings has probably paid much more in tax and National Insurance than the person without savings and is then expected to pay again. Why do you waste our money on consultation when you have obviously decided what you are going to do. You do not suggest any alternatives.
Why should people who have led a prudent life be penalised for having savings in the bank? Care services should be available to those who need it, when they need it, regardless of social background ethnicity or the level of savings they have. Stop wasting money on November 5th bonfire and fireworks parties and the free Darley Park concerts. If these events continue, make an entry charge which covers the cost of putting on the events.
Widows and others on a small low state pension sometimes have saved for their retirement and it is most unfair that they have to pay in full for services, when others who have not managed their financial affairs will get free services. When on a low pension the savings help with everyday living expenses. This particularly applies to highly taxed over 60's - under 65's.
Without the care I get from the carers my life would be at rock bottom. I came into this flat when they were first built, 1980, as sheltered housing. I am the only one left of the original group and I am waiting to be called to the higher life to be with my loved ones.

Your information leaflet is badly written, hard to follow and not plain English. Words like 'inequitable' and 'untenable' for example, what is wrong with 'unfair?'. What is the meaning of 'little or no choice' and 'control over vital aspects of the immediate environment?'. I consider myself an intelligent person but I struggled.

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