PEOPLE DIRECTORATE Provider Services



Sembal House Meeting 13 October 2014

PRESENT:

Three Service Users

One Carer

Helen Woodland Interim Head of Adult Services

Ricky Rossiter Acting Service Manager

Steve Hards ICU

ITEM		ACTION
1.	Introductions	
2.	Discussion, questions / answers and comments Choices attended Sembal and this was really positive	RR to send Paul the minutes of the last meeting
	because they are independent. Question: What other advocacy agencies can support	
	me? Answer: Mencap, Carers in Southampton and any options you would like to use to get the message across.	
	'You have got to be seen to be heard'. I have tried to encourage people to attend meetings.	
	Question: What is being done about clients that are off sick? Answer: We send all the information to them and offer them the option to respond to the consultation. We can only offer them the option.	
	Steve Hards: Co-production – smallest group for biggest 12.	
	Question: With regard to interviews, this is already happening at Sembal.	
	It is not just one service, it is all of them, and it is about sharing them at the co-production.	
	I have attended most of these and I therefore do not have questions.	

ITEM		ACTION
	Question: Will the local authority continue to fund? Answer: Yes, if they meet the needs of our eligibility, then they will keep the service.	
	Question: But will we still need to be assessed? Answer: No decision has been made, but once a decision has been made, it will / may be carried out by a dedicated care manager and family and advocates will be welcomed. We want to have the people there who you would like to be there.	
	Question: A social worker attached to the unit like three years ago? Answer: This might not be the person who carries out the review.	
	I believe there are some people in our service who are not eligible.	
	The care manager will be here to assess the needs of the individual.	
	FAC's will be implemented which will help them.	
	Four bandings – low, medium, critical, and substantial.	
	Ninety percent of councils will work with critical and substantial, and as of April this will turn to one hundred percent.	
	If you are not eligible, you will not get a service.	
	Reviews should have been completed annually. This has not happened and we are sorry.	
	If I get a review this month, would I then be reassessed at the end of the consultation?	
	Yes, because people have to be assessed.	
	As a disabled person, you get stripped of your life, whilst care managers undertake this piece of work.	
	The issue is we have to do it because of the legal responsibility because of the changes.	
	If SCC reviewed, then this would not have been such a shock.	

ITEM		ACTION
	It is a statutory duty to do this, we could have done one before and after, but we felt it was too much.	
	'Because I am a disabled person, it is not right you treat me as a second class citizen.'	
	Helen Woodland said 'I am sorry you feel like this, but there are others that feel differently.'	
	'You have to be able to have a rapport with the care manager to disclose all the information that is need at review.'	
	Care managers will not be allocated to a person without a case to be answered.	
	Decreasing funds / increasing population.	
	Care managers should be there to pick up a piece of work, then withdraw and allow you to live your live. This helps the social worker build skills and enables service users to be more independent.	
	When care managers do a review, they try to lower the levels that service users have already put.	
	Care managers have trained and have strengths to work with the service user to evidence the facts.	
	What should happen is a discussion with the care manager to come up with a review.	
	If you do not agree, then they need to evidence what the facts are.	
	'I know there are positives to this suggestion, but I used to be a nurse, so I know that there is the other side.'	
	Owner of these minutes: Ricky Rossiter	