

## Meeting

Chair: Alison Elliott – Director of People

Attendees:

Helen Woodland – Head of Adult Service

Councillor Shields

@ 18.00

**AE** – Ok, it's 6 o'clock are people ready to start? I just want to check with you first of all; one of the important things about consultation is that all the feedback from the consultation is given to the Councillors, who will make the ultimate decision. In order to capture what you say tonight, are you happy that we use an audio recording to make sure we capture everything you say?

(Collective yes)

**AE** – We'll also take notes, but what it means from the audio recording is we can transcribe verbatim what you say. Is that ok?

(Collective yes)

**AE** – We were going to video it, but I thought that might be a bit intimidating, so we'll just audio do it.

**Q** – Will the Councillors involved listen to the audio or will they just read what you've written?

**AE** – They can have either, so they can have the audio, so we'll keep the tape, but we'll also transcribe it; so we'll type out what's on there as well. Is that ok?

(Collective yes)

**AE** – First of all, I'll introduce myself then. So my name is Alison Elliott, and for my sins I'm what's called the director of People. I've met some of you before, but not all of you. What that means is that I'm responsible for Adult Social Care, Children Social Care, Housing and Public Health. And with me today is Helen Woodland who you will have met probably, who is the interim head of Adult Services, and Councillor Dave Shields who is the Cabinet member for Health and Adult Social Care.

So what I'm going to do is I'm going to go through a presentation which I think, probably, many of you will have seen before. But what I'm going to add to that presentation is what we've heard from you already in terms of the feedback that we've had from you – just the headlines of the feedback from people already in respect of this consultation, just so you know where we're up to in terms of collecting that feedback. And then there will be an opportunity for you to ask any questions that you may have of me, or my colleagues. If we can keep the questions to one person at a time that means we can actually record what you're saying, so we can get a record of it. We're happy to proceed?

(Collective yes)

**AE** – So as I've said, that's what we'll do. So the Council, the Cabinet decided on 15<sup>th</sup> July to consult on the future of these services: Woodside Lodge, Day Services in the City - and that's all Day Services, that's Day Services provided by the Council; but those services that we also commission – the private and independent sector provide, and the respite service at Kentish Road. On the basis of that decision, we started a 90 day consultation which started on 24<sup>th</sup> July and ends on 23<sup>rd</sup> October. And what we are trying to do in this consultation period is gather your views and your ideas and your thoughts about these proposals. What happens then, is that is all collated and the Cabinet will then make a decision on the basis of that information and the recommendations that we put to

them on the basis of that consultation, they'll make a decision about the future of these services. Ok? Is that clear?

We have another public consultation meeting booked, I think, for 22<sup>nd</sup> October in which we will present to you our recommendations on the basis of the consultation. The reason why the Council is doing this is it's about thinking about the services that we provide into the future. So what services will the Council need to be able to ensure that people are able to maintain their independence for longer, that they're able to have greater choice and control over the services that we provide, and to ensure that those services are fit for purpose in the future? Now, I can appreciate that that's not very helpful to you, who are thinking about the people who use those services now. That's the reason why this consultation is happening now. You will probably know that there is a huge agenda nationally around making sure that we move away from services that are traditional in the sense that we provide services to people, moving away from that, to providing services that people choose themselves. So the whole thing around personal budgets and direct payments is about people having much more choice and control over the services that they receive themselves.

It's also about making sure that the services we provide are much more flexible. So one of the challenges that we have as the Local Authority, and it's not just true of Southampton, it's true across the board in terms of all Local Authorities, is how can you provide services that are flexible enough to meet individual need? And what lots of Councils have done up to this point, is provide services that meet a lot of people's needs, but not necessarily meet individual needs. So how can we make sure that we meet individual needs?

So there are 26 public meetings and misnomer. So the meetings are specifically for people who are affected. This meeting and the meeting towards the end of October are public meetings so other people are invited to comment. But most of the meetings are for you as parents, carers, relatives, friends, service users, they're specifically for you so that you can have your say about what you think about these proposals. We're trying to make sure that the meetings are all at different times, and at different settings so that people who work or people who have got commitments, they can attend those meetings. We've had 10 meetings so far, and we've had a various amount of people attend. One as much as 200, and one as little as 4. We've also met with our partners, with providers of services across the city, and with members of the Council, elected members. And we plan to do more of those.

We have advocacy services who are working with us, who are independent of the Council. So we make sure that individuals who use our services, that they have an opportunity to make sure that they can express their opinions, and that's really important. And we're also working with our staff to make sure that they work effectively with service users, to make sure that people can communicate and we can hear and listen to what people are saying. We also have carers organisations with us, and we have Carers in Southampton group here tonight. So they can be supportive of you as carers as well, in terms of being able to express your opinions or just have someone else to talk to about it. We also have Health Watch here tonight as well.

We're trying to keep all the information up to date on our website. I do accept our website isn't the greatest website in the world, and it is difficult to find things, but there's the link, if you want it. And we also have an email address so you can email your thoughts. We've also got consultation

questionnaires, which you can also fill in. So we'll try to do a range of ways in which people can contribute to this process.

Some of the issues that have been raised so far; so in terms of feedback:

- Why Woodside Lodge, for example, and why not the other two homes?
- What's the Council doing in terms of its geographical spread in residential care across the city and how does Woodside Lodge fit into that?
- And people are saying to us very clearly that they feel there's a high quality of support provided at Woodside Lodge, and has that been taken into account?

So those are some of the things that people have said so far. People are extremely anxious about the disruption caused to current residents at Woodside Lodge, and absolutely I appreciate that. It's very easy for me to stand here and say that, but absolutely I appreciate that. And I hope you don't mind, but we had a bit of a conversation a few minutes ago, it's hugely emotional and I understand that, and I appreciate that.

There is concern that the Council is making this decision because it wants to develop the site. I can absolutely assure you, there are no plans to develop that site at the moment. You may not believe me, and I accept that, but that is the truth as I know it today. And people have said, actually, the council has got its spending priorities wrong, that's what people have said to me.

People are concerned about the availability of other alternative options for people who are currently in Woodside Lodge, and there's also concern that this is not a genuine consultation. I can't convince you otherwise if that's what you feel, but all I can say to you is we're trying our best to make sure that everybody has an opportunity to contribute to this consultation. My own feeling, having done similar things elsewhere in other Councils, is I genuinely don't think a decision has been made, and I genuinely think that the Council is waiting for the outcome of this consultation before it makes its decision. But you have to decide for yourself, I accept I can't convince you.

In respect of Woodside Lodge, there is concern if the decision is made to close the service, how is it going to affect residents? And what's the timescale going to be? And how are we going to support people in that move? And that's absolutely critical. Because when we're talking about actually supporting very vulnerable people, we need to make sure that any plans around that are very, very well constructed with their relatives, with their carers, and we make sure that actually that planning is absolutely in line with what you would want for your relatives. We're not there yet, but I understand why people are anxious. In terms of the Day Services, and in terms of Kentish Road, what we've been doing is we've been doing what's called co-production. And all that means is that we've been working with services users, relatives, carers, staff members about thinking about how would we redesign these services? What could we do to redesign these services to meet the agenda of insuring that we have flexible individual services for people, whilst making sure that individuals get the service that meets their needs? And we also have to recognise the fact that all Councils are struggling with their budgets. And we have to recognise the fact that we have a responsibility to provide services to people, how can we do that in the most cost-effective way? And we have to take that on board, we have to realise that.

We have had good engagement, and we've had good feedback from those people who have participated, and that's an ongoing process, and we'll continue to do that process until the end of the 90 day consultation.

So just thinking about how services might change then, so what we have been looking to do is actually focus much more on the use of direct payments. This is particularly in respect of those people receiving respite care or receiving day services. And what a direct payment is is that instead of providing the service, we actually give the individual money, and they use that money to buy other services that meet their needs.

They could meet their needs by employing a personal assistant who would support them in making sure that their individual needs were met. We also do need to make sure that we make better use of what's already available in the community for people, so is it right, for example, to have services that are exclusive of what most people use? So why isn't it appropriate for people to use services such as leisure centres, or any other services that are out there? Why do they need to create something for people? We do make sure that we have good support for carers and for those of you who are aware, in April 2015 will be the introduction of the Care Act which is very specific about the support local authorities need to provide to carers.

We also want to support people into employment where that's an option for them. And we also need to think about whether there are opportunities to develop social enterprises, and certainly that's some of the things that our staff have talked about. But I just want to be clear; the Local Authority has a responsibility to meet the needs of those people who are eligible for services. And that isn't going to change. How those needs might be met may well change, but the fact is, the Local Authority has a statutory responsibility to provide services, or support people accessing services, to meet their needs where they have eligible needs. And this Council, like most Councils, has their eligibility threshold at substantial and critical. So there are 4 bands currently: low, moderate, substantial and critical, and this Council, and this hasn't changed and it isn't about to change, has its threshold set at substantial and critical. So that means that where people's needs are substantial and critical, Local Authority has a responsibility to meet them. That isn't going to change. And in fact the introduction of the care act will bring a national eligibility threshold which will be substantial and critical across the country.

So some of the themes that have come out from our co-production work are around how do we make sure that people can maintain their relationships? So for those people who are currently using Day Services, they may have a friendship group, how can we make sure that we maintain those relationships and those friendship groups where they are working well? There's some anxiety around trust, and whether people trust that we're going to work with them to develop different options, and there's also some concern around making sure that people have consistency and routine, regardless of what a new service model might look like. There's also an issue about quality, and making sure that services are good quality, because we can mean lots of different things by "quality", can't we? But it's about good quality services that meet individual needs, and again, maintaining friendship groups.

What people have said to us about things that aren't working so well now - and this is really important, because actually if you want to move to a different model of service then you have to make sure the new things that you're moving into are working well. What people are saying is

currently services are inflexible, they are very few options for people and that's one of the things we want to change. People are also saying to us that there is a poor understanding of direct payments, and how we could use direct payments. I also have to say that we recognise that there's not enough support for people in taking of direct payments.

People say to us that their choices currently are constrained, they're very limited, and that they would want choices to be wider. They feel that services aren't promoting independence currently. They feel that there's a difficulty with transport, getting around the city is difficult and for people using our Day Services particularly, how do you access transport to get around? And there's some concern that there's inconsistency at the moment about if I have the same needs as you have, then there's an inconsistency of what the interventions are, and that's not good, it's not good enough.

So at the end of the consultation then, as I've said, your comments will be fed into the Council, as will the comments of those people involved in the co-production, and the Cabinet will make its final decision and we think it's probably going to be in December 2014. Consultation finishes 23<sup>rd</sup> October, we want to make sure we have enough time to get all that consultation information together, and that members have enough time to read it and digest it, because that's really important.

There's an opportunity for you to ask me, or my colleagues, any questions and just so you know, that's the numbers to ring if you have any questions to ask after this, and that's the email address where you can go to, and that's our postal address if that's helpful. So I'm happy to take any questions at all.

Q – Which Day Services have been earmarked?

A – So it's all the Day Services that we currently provide and we currently commission. So at the moment there are 39 independent providers in the city who provide Day Services. So we're looking at the whole range of Day Services, the ones that we provide, all the Council run, and all the ones that are run by independent sector providers.

Q – Is there a list of those, I mean, is there a list of those providers?

A – We do have the list; we can give you a list.

Q – This transition to direct payments is going on essentially, have we reached a stage where irrespective of what decisions are made, or aren't made, it will kind of happen anyway? Because there are people who've moved to direct payments, the sort of Day Service model, there won't be any extra money to fund it, so is it going to happen anyway?

A – The pressure from central government is for Local Authorities to make sure that more people have access to direct payments. The risk of that is people can't use their direct payments to pay for Council services. Now you can have a mix and match, so you can have a bit of your budget that's done at payment, and a bit of your budget that is Council services, so you can do that. But as the pressure to take up direct payment increases, then the challenge for Local Authorities is how they also run Council services. Does that make sense?

Q – Yes, it's just from a consultation point of view, if the inevitable conclusion is we're moving to a new system, then should we just know that up front and then work that way, rather than have a consultation-

A – The Council won't close any Day Services without a consultation. So even if, and it is inevitable that more people take up direct payments, the Council will then have to take responsibility for running both services parallel. Ok? Does that make sense?

Q – It does make sense, but I just kind of think to what extent there is hope that Day Services will continue, if they're likely to continue in 5 years' time, or whatever.

A – I think the value of co-production is that we get a service that is a future that meets the direct payment agenda, as well as the individual needs. That's the value of doing it now, I think.

Q – I can see you have to consult, but I'm just wondering if it's an inevitable thing.

A – I don't think it is inevitable because the Council has to consult on the closure of services, so there has to be a consultation. But at the moment the Council isn't consulting on the closure of Day Services, the Council is consulting on the redesign.

Q – Can you tell me the alternative for respite? Because I need to know what it will actually be, the whole outline. You need to explain to us, the carers and the user.

A – At the moment we've got one building – Kentish Road – that is our respite facility, haven't we? And that's got 8 beds in it, hasn't it? So what we're talking to you about, is actually could we provide respite in a different way? Some people might prefer it in a residential unit, some people might prefer it in our shared lives scheme, and some people might prefer it in their own home, providing respite in their own home. So there's a variety of ways that we can provide respite. We have to provide respite if that meets the needs of you as carers and the person you care for, ok? How we do that, we can do it in a variety of ways, and I think what you've been talking to Helen about is one of the different ways that we can provide it. And that's what we need to know from you, what's best to meet your needs.

Q – Are there going to be better ways than what they are now? That's my argument. Because at the minute, they go to respite in a group they know, and they all get on so well together and they help each other, if you're going to individualise that, they're going to lose that.

A – So it might be, from your point of view, that it's really important that it's residential respite.

Q – I think so, yes.

A – That might be your point of view, and that's absolutely fine, but we do know that there are other people where Kentish Road doesn't meet their needs. So it might be that actually we develop Kentish Road to provide a different kind of service, that provides respite, but in a different way that meets the needs of those people who are benefitting from it, but for those other people who aren't benefitting from it, we do something differently.

Q – If you're on direct payment, will we then be able to buy into Kentish Road?

A – You can't buy in Council services.

Q – At the moment, but will we be able to?

A – Say for example I have a budget of £100 per week, and I take that £100 as a direct payment. I can't use that on Council services. But if I need respite, in addition to that, then you don't need to have that as a direct payment if you want to use a Council service. So you can have a mix and match

Q – I just feel that if you want to buy occasional weekends at Kentish Road, you should be able to

A – Unfortunately I'm not in charge of the fact that you can't buy into Council services, but that's the reality of the position. But there might be somewhere else that provides respite-

Q – There are lots of other places, but it's whether your adult wants to go there.

A – We could still accommodate that, we could arrange for you to have weekends at Kentish Road, legally the government won't let us allow you to buy Council services, and that's one of the restrictions.

Q – So through no fault of yours, people can't buy Council services?

A – With a direct payment

Q – So therefore asking people to make a choice, they aren't able to make that choice. So it's like the gentleman said, you're asking people, I hope you don't mind me saying this, but without being hugely emotional you're actually asking service users as whether they're happy or not with what they want, or whether they would like a difference. That question in itself uses emotion and-

A – I appreciate it's a very difficult position to be in, to be able to be sure that we ask in the right way, in the leading way, and that we give people the opportunity to talk about how they'd best like their needs met. So in terms of choice, using a direct payment doesn't give you the choice of Council services, absolutely. The drive from the government is that direct payment gives you choices elsewhere. I'm just explaining the positions.

Q – That won't change in the future? It will stay that way, that you can't buy Council-

A – I have heard nothing that's told me otherwise, and the Care Act doesn't change that

Q – I hear what you're saying, and so therefore things have to change based to do with something to do with central government. What I do find quite unfair or difficult, is that it has to change for these reasons. It's quite unfair to use terms, I'm glad you've moved away from the building suggestion because we all need to meet somewhere, but to say that things are "traditional", whatever that may be, because today there was 4 different things that, and I'm not the only one, that were arranged using our local community and obviously people moving towards independence and we can afford to do that because we're not making money, so our goal is in 3 years' time or 2 years, however long that takes, that person – already that journey has been done for some people but others it's beginning. So that is what our whole drive is, for people to use our local communities.

A – And that's great, and as part of the co-production work that we're doing its about assessing where we are on that journey internally, and it might be that actually what comes out of it is that we

say “this is fine”. But the reality of the situation is that things will change. Things will need to change. Because the expectations and demands of people coming through into Adult Social Care changes all the time. We have to change for them, it’s really important that we’re able to be flexible and meet individual needs. Part of that work that you’re doing is looking at how we can be there, how we can get there.

Q – My mother’s a resident at Woodside Lodge, how would that affect her? How would the direct payment scheme affect her?

A – So unfortunately for residents of residential care using our services, then a direct payment wouldn’t be relevant for your relative. So when we talk about direct payments, we’re talking about using that for care during the day, non-residential care. So in terms of your relative, then actually what we’re talking about is what the Council provides in terms of resources to meet your relative’s needs. So there have been trials, I know, up and down the country around using direct payments in residential care but that hasn’t really taken off to be honest, because it’s a fixed price, so there’s a limited choice in that market.

Q – So if Woodside closes, what’s our choice?

A – If a decision was taken for Woodside to close, then what we would be looking at with you is actually where is there in the city that best meets you relative’s needs?

Q – But when we looked, this was the best one for her needs and within the cost we were told we could afford by the Local Authority. When we first started looking, we had a list. I took this to the Council, we were refused funding. We had to look at Woodside and we had to go and look at Holcroft, and that was our option and that’s what she could afford. She couldn’t afford the other ones, and we’re still going to be in the same situation 2 years down the line. Her financial situation hasn’t changed and obviously the cost of care homes has risen within 2 years, so where does that leave us? I wouldn’t put my mother in any of those care homes that we looked at. Woodside was our best option.

A – Absolutely, and that’s why you chose it, I understand that. So if it were to close, if a decision were made to close then what we would need to do is work with you and your relative to make sure that we found accommodation that met her needs and that you were happy with, within the confinement of the budget that you have.

Q – But what if there isn’t that care at that level?

A – We are confident that that care is available

Q – We’ve looked at a lot of homes and I can tell you I was absolutely appalled at the state of them. I went into one, I will tell you this, one we didn’t walk through the door and another one we walked in and I asked to look at the rooms. We looked at a very, very small room which had a single bed, really old furniture and when we asked to see a bigger room we were taken along the corridor, this lady had a bunch of keys on her waist, all the doors were locked and she opened the door and there were two beds in this room. And they pulled a curtain across the middle. And that was the privacy of those people in there.



Q – And I bet that all those homes were rated very high on CQC

Q – They were actually in the care guide that you've given us to look at homes.

Q – They were rated at very, very good, at the top rating. But I'm afraid it's a completely different ???

A – Were these homes in the private sector that you're talking about?

Q – Yes

A - So just to be clear, most people who receive care from us in terms of residential and nursing care currently their care is provided in the private sector. There are a very small proportion of people that we provide care for in our own homes because we only have 3. So most people already have a service in the private sector. And our colleagues, who work with us, work with us very closely with homes to ensure we monitor and improve the quality of those homes. But your description – I would agree with you – I wouldn't want my relative to go there either.

Q – That's what's out there for us, within her budget; I don't want to see Woodside close.

A – I can understand that, I absolutely understand that, what I'm saying is that there are alternatives there that are of the same quality.

Q – We must have seen 8 or 9 and I wouldn't have put my mum in any of them. I would actually ask if any of those staff really had training around dementia. There were lots of mixed residents there, and my mother's got vascular dementia and she's deteriorating quite quickly. I mean, they would not be able to cope in those buildings. There were stairs with stair lifts, there were people wandering around, she wouldn't be able to cope with that and that is what is available out there. That's what I'm saying; there isn't the quality that we have at Woodside at any of those care homes that I've been to see.

A – There is no point me saying to you that there is, because actually our experiences are different. And all I can say to you is that challenge about quality has been heard loud and clear through this consultation so you're not the only person who's said it, you've said it too, and that is clear. So I absolutely take that on board. I would argue that that's not the case, but there's no point having that argument because you've been, you've seen it and you're clear.

Q – First of all, you might think it's a great idea for us to go to direct payments which I don't think people will like, but how do we know when we buy these services and that ourselves they're safe for the adults?

A – Yes, that's a really good question. So one of the challenges that I think we all have is that when people have more choice and control, there's more risk, isn't there? There is more risk. And I think that's very difficult for us to come to terms with. So where we have adults that have the capacity to make decisions it is absolutely their choice to make those decisions. Where we have adults that don't have capacity, or have limited capacity then it's really important that we make sure however that direct payment is used, if you're the relative who is managing that direct payment, that we support you in making sure that those services are safe. And what we do as part of our quality assessment, our quality unit that we have, is that we monitor all those services.

Q – So you'd have a full report on them?

A – Yes, we would have a full report on them. Just to be clear, Day Services aren't regulated in the same way that residential care services and domiciliary care services are regulated. So residential care services and domiciliary care services are regulated by the Care Quality Commission, Day Services aren't. So the only monitoring is our monitoring, that we do.

Q – If I could make a couple of points – it's very easy to be emotional about this, but there is one very good reason why I really do not believe that you should be considering shutting Woodside Lodge. We've been told within this consultation period that 18 months is the average life expectancy of somebody in residential care. Did you know that the average life expectancy for somebody who moves from one residential care unit to another is 6 months? So what you're doing, by asking us to potentially move our family members away from Woodside is condemning them, possibly, to an early death. And I am really not prepared to accept that under any circumstance. I'm sure you wouldn't want that for any member of your family, so therefore, if for no other reason, you really should consider that one. If you do go down the route, at the end of all this and say "yes, we agree, Woodside should close", if you take the average life expectancy of 18 months, what you could do is to re-classify Holcroft into medium to high, because loads of medium may well live a bit longer in sheltered accommodation, so you don't need the low to medium. Keep Woodside open for a minimum of 18 months, and offer any space that comes up, because by natural wastage, for want of a better term, you will get some people dying off in all 3 of the homes, heaven forbid it be my father but it may well be, but you offer there or you offer the place immediately to anybody in Woodside lodge, and if they don't want it then fair enough. But by 18 months if your figures are correct, by the 18<sup>th</sup> month average life expectancy you will have been able to close Woodside Lodge and nobody be displaced out into the private sector. And you won't have any of these problems because the quality of care will be that which the council offers.

A – Ok, I think that is a reasonable suggestion and I think that's a suggestion that needs to be considered. I would say that there is evidence from Kingsfund if you want to look at Kingsfund website.

Q – I've looked at an awful lot.

A - So if you look at the Kingsfund website there is evidence that if you plan, and planning is really important, that if you do close a home and you plan with the relatives and with that individual if you can, if they've got capacity, for that move then actually you don't have a negative impact on their life expectancy.

Q – Well other studies prove differently, and –

A – Well have a look at the Kingsfund one and come back to me. So in terms of your suggestion about keeping it open for 18 months that is an option that certainly the Council should consider.

Q – A minimum of.

A – Problem with that though, is that actually you're then increasing your expenditure. So you do have to consider that as well.

Q – How am I increasing my expenditure?

A – Because if you're not bringing people into the home, the running costs remain the same. The other challenge that you have is keeping the staff ????. That's a real challenge. So the risk is that you have agency staff in and you're not able to maintain your staff ????. But that's a perfectly reasonable suggestion.

Q – Just asking about the disability for direct payments, is that being done? Will we know by the time the Councillors make the decision in terms of who is going to be eligible for direct payments who currently is-

A – Everybody's eligible now-

Q – Ok, we meet the threshold of substantial and critical?

A – So the threshold of substantial and critical is a threshold for people's risk to independence. So you're assessing people's risk to independence – whether they're substantial or critical. What the service intervention is, as a result of that, can be anything. So it can be direct payment, it can be a day service, it can be anything. So direct payments isn't affected by eligibility criteria - if you're eligible then that's an option you can have.

Q – In the past when I was working in Mental Health Services and there was a consultation over Day Services then, there was talk at that time along with that consultation about direct payments. And we were of the opinion that that was the Promised Land, and that was what would happen, but actually what seemed to turn out was Day Services closed and not very many people got any direct payments. So obviously, what can you do to make that not happen?

A – So where people are eligible for services, direct payments in an option, ok? There was, and I don't know how long ago the Mental Health Services redesign was, but certainly originally the direct payments, it wasn't available to people who lacked capacity. It is now, but it wasn't, so that might have been the issue, I don't know. We know that we have to get our direct payments support service much better because part of the problem, offering direct payments to people can actually be quite a scary thing because actually they might not want to take on that responsibility. So you have to have the right support in place, so we're doing that currently in terms of making sure that that support is better for people.

Q – if this does all work out, how long will the period be before you transfer from what's happening now to the new services because it's taken an awful long time for, I'm speaking on behalf of my daughter now, what I know from other users, when you're special needs it takes an awful long time to get used to somebody, to know their ways, to know their routines. The staff that work with our child...adult, I still call her a child because she is in a way, but we've got to know the staff, the staff are there for us not just for the users and it takes an awful long time to get used to somebody new. She trusts everybody around her and it's going to take a long time so what will happen?

A – So, in terms of, are you talking in particular about Day Services or respite-?

Q – Day Services and respite

A – Ok, both of them. So we have this period where we're looking at working with you to think about actually what should the services look like in the future, alright? We will collate all that information and we will present that to the Cabinet. If the Cabinet decide actually, we want to redesign services this way, whatever way it is we've come up with, you've come up with; then we will have a plan with you how we implement them. It takes into account the fact that people, you said very clearly trusting us, trusting the staff that are currently there, thing about routine and consistency that's really important, structure, those things are really important in any redesign so we'll work with you about how we change them. It will depend on the individual's needs.

Q – I've brought it up before about the ??? but, I mean, they're brilliant. And I don't know what we'd have done as parents without them because they're at the other end of the phone for us if there's a problem, and I can't speak highly enough of them.

Q – In an emergency we use Kentish House and we phone them up and say we've got an emergency, is it possible ???

A – That responsiveness is really important.

Q – One more question – I don't want to hurt anybody's feelings, as the problem's trying to save all this money, have they ever thought about the future? All this young generation, we have children, I had 5 children at a very young age, but why doesn't the government do something about it and let people, even the younger generation have the special test which is provided for people over the age of 37 or 40 long term running? Ok put aside people who get dementia or anything when they're old, how about prevention in the first place? A lot of parents might think oh, our kids, as they get older they will struggle. They're very nice when they're babies, they're very nice when they're teenagers but at an older age, yes, I'm disabled nearly myself – I've got spinal problems and everything so coping with ??? is harder now. So I will have to think long term what I'm going to do-

A – Absolutely, and we should be supporting you in making those decisions.

Q – I think the government should also bring in a new thing-

A – I can't answer that question but-

Q – That's what should be put forward then; they're trying to save money-

A – We wouldn't be able to put that forward, but you're more than welcome to put that forward to the government. But we wouldn't be able to do that for you. But what we can do, what we should be doing, is working with you to support you to enable you to support your child.

Q – I don't want to hurt anybody's feelings I just wanted to-

A – Yes, Ok, that's out there, it's already said.

Q – Can I ask, how much of a saving will you make if Woodside closed?

A – So it's about £350?...£200 in the first year-

Q – I presume we're talking thousands?

A – Yes, sorry, £200,000 in the first year, 350 in the following year.

Q – And has anything been done about how much it will cost to have that care in place?

A – That includes that, it's the cost of re-provision is already included in that.

Q – And you said there aren't any plans for the building; I can't see how you can close something and not have some idea about what that building is either worth or what that land is worth, or what you're going to be doing with it. Because as a Council you wouldn't allow it to be empty once everybody's moved out so there must be some plans or some thought around that piece of land.

A – I can honestly say to you that there has been no discussion with me about the future of that building. There has been a discussion about the development of extra care across the city. So extra care is like sheltered housing, only its enhanced sheltered housing. So there has been discussion about that across the city, but not on that site.

Q – Could you explain what enhanced sheltered housing is, please?

A – So extra care, the best extra care facilities in the country are individual apartments, really, for individual people. There's also on-site all the facilities. So there are carers on-site, there's a restaurant on-site where people can eat together. So it's much more individualised care but within the safeguards of carers and facilities. And the best ones that are developed will have kind of street frontage and they'll have shops so people can access as well those kinds of facilities there. But increasingly they're being developed for people with dementia.

Q – Ok, so with dementia there are a number of issues there of course. Who's responsible for checking that the alarm goes off on the door when they walk in? Who's responsible for making sure they take their drugs? Where are the drugs kept? Are they kept in their own flat? If so, are they locked in a cupboard? Because if not, then they'll just take them because they've forgot they've taken them. If they are locked, who has the key? And I know at Woodside sometimes a drug round can take 40 minutes per person because I've asked them, so if a carer has to go in and spend 40 minutes with one person in a sheltered housing unit just to do the drugs, we're starting to get into the problem of an awful lot of other bits and pieces that won't be happening. Will they be ordering the food for them? Will they be expected to make sure the food's been eaten? These are all problems that dementia people suffer a lot and I did ask a question a couple of meetings ago which we haven't have an answer for, which was how many people that go into residential care at the moment are married? And that is a very significant question because I have another family member who is younger than I am, she's in her late 40's, and has a husband who has just turned 70. She has a house, she has a mortgage, has to work, she can't care for him, he has to go into residential care. Say if you go into sheltered accommodation with your wife, that wouldn't work, you can't start putting couples into sheltered accommodation when somebody's fit and able and working, so therefore residential care is needed for these sort of people. But she is not in a position because of their financial state to afford to have a lot of expensive public sector provisions so therefore she needs a council to step in and help. So these are all things you have to think about when you're looking at shutting places such as Woodside, because it's not such a simple model as sticking people, only with low grade dementia – bear in mind not medium to high - into sheltered accommodation. If you are

talking about sticking low to medium dementia sufferers into sheltered accommodation, why aren't you shutting Holcroft, which is the most logical thing to do because Holcroft is low to medium?

A – So I'm not suggesting that actually what we're doing is we're saying there will be no residential care in the city and everybody will go into extra care, I'm not saying that. What I'm saying is there needs to be a range of options for people. And there are some very good examples across the country where it works very well for people with dementia. And those issues that you've raised are covered because there are carers on site, in the same way that there are in residential care, there's just a greater level of independence. We haven't expanded that greatly in the city, although we are developing some units in the city at the moment. But it's about having a range of facilities, and that's all we're saying. In terms of how many people are married, I don't know that answer, but if I can get that answer for you, I will do.

Q – That is a significant question, but can you please answer another question I did ask. Why are you considering shutting Woodside which is medium to high and not Holcroft which is low to medium if you are looking at going down a model of sheltered housing for dementia sufferers?

A – I'm not saying we're going down a model, what I'm saying is there needs to be a range of options.

Q – But you've just said you're building some.

A – So 9 beds, it is 9 beds.

Q – And you have no plans to develop any more of those?

A – So those conversations are being had about whether we can develop more extra care. What I'm not saying is the strategy of the Council is not to close the residential care facilities in the private sector or in our own service and replace them with extra care. What I'm saying is you need a mix. You need a mix of facilities for people to be able to choose from, that's all I'm saying.

Q – Good evening, first of all, obviously it's emotional because my wife is in Woodside Lodge like ??? As Councillor Shields is here, why has the Councillor decided to particularly pick on Woodside Lodge, which caters for people who are in advanced stages of dementia? I'll just take for example my wife, she cannot speak, she hasn't spoken for over a year, so we cannot communicate. I can't tell her what's happening. She can't feed herself, she can't dress herself and she can't wash herself and she walks about all day, around the corridors, quite safely. Why are you closing a facility like that? It's no good you saying we could move her into another home, because it wouldn't be the same. She would be locked away in a room, basically, that's how it would end up and you would be then getting rid of your liability looking after seriously ill person.

A – We would not be suggesting to you that if the decision is to close, and that decision hasn't been taken, but if it is, we wouldn't be suggesting-

Q – Sorry to interrupt you, but why have you sown the seed? Because up there now at the moment, the staff are demoralised, Michelle who works very hard up there, she's losing staff, there's more sickness than there's ever been, it is now beginning to affect the running of the home. I was up there, I go up every day just to hold my wife's hand; there's staff of sick who have been off for a long

time. Why have you sown this seed of discontent? Is it a deliberate policy? You've got a bed block up there at the moment, I understand. Does that coincide with the bed block up at the hospital where they can't get people out of the hospital into homes when you put empty rooms up there?

A – There are a lot of issues you've raised there, if I can try and take them one at a time, and if I forget anything then please come back at me ok? So the reason why the Council have decided to consult on Woodside was because it had a lower occupancy rate than all other homes, that's the reason why.

Q – We've had this conversation before-

A – I know we have, and I was first there when I said it to you-

Q – But there are so many people out there that would give their left leg to go and have-

A – But that's the reason-

Q – It's no good saying you can console the dementia people because you can't, I can't talk to my wife-

A – But that is the reason that the Council made that decision-

Q – I'll say now that Councillor Shields is here, is there an answer? Why? Why pick on our most vulnerable in society? And they are the most vulnerable because they probably have a year, two years at the most. My wife is a living skeleton.

A – So the Council made a decision about Woodside on that basis, ok? Why the Council is consulting on the potential closure of a residential care home, and it's no consolation to you and I appreciate that, is it needs to think about what services it needs to provide in the future, ok? And that's why it's consulting on the closure. I appreciate that it's hugely disruptive and distressing, I appreciate that.

Q – But what is wrong with Woodside then?

A – So the Council needs to think about: is it right for it to provide care homes, or is there potential for those places to be provided in other settings in the private and independent sector? And that's the decision that the Council needs to make. What I'm saying-

Q – I only hope that some of the Council don't end up in the same position that we're in, where they've lost their loved ones.

A – Absolutely, the other point that you did make, and I'm trying to remember them, is that you said that at the moment your wife has the opportunity to walk around and if she went somewhere else she would be locked in her room. There will be no way that we would be working with you around that quality of care, that's not acceptable, alright?

Q – But if you look at most of these nursing homes as we've all done-

Q – Different levels

Q – it's a different ???

A – So the other issue that you raised was about bed blocking and one of the issues that we do have in the city is that we have less capacity for nursing care, and that's what we need when people are coming out of hospital. Woodside is residential care, so we have 75 beds for nursing care across the city, but we have more beds for residential care, vacancies. So that's one of the issues that we've got from the hospital.

Q - I mean I would back up that comment, when we looked around the care homes, none of them were on the same level, they were all different types of levels, lots of stairs, which you haven't got at Woodside which means that there is that actual access for people to wander and be safe. And I would just like to pick up on what the gentleman said at the front, I have my father who's in the first stages of dementia, and he is what is called an assisted living provision within Eastleigh. It's a fantastic provision, however, the one thing that is really missing is that he can go and come as he pleases, and no one would stop him walking out of the front door and not knowing where he goes. And he has threatened to do that, as he has threatened to do a lot of things because now we have groceries delivered. Sometimes someone may be there, the carers might be there. If they're not, they turn around and take them away because my father doesn't know that they're coming because he's forgotten that they're coming. I would say that the tablets are kept in a locked cupboard within his flat, and the carers have those keys. We have the issue that he can't remember that he's been given them so we have real issues about him causing damage and its fine, but he's at the very, very beginning of dementia and we don't feel that that's going to be a safe place for him very much longer. He doesn't get in a lift because he hates lifts, and he's on the second floor and he can't get downstairs very easily. So we have a fantastic provision, but it's not really what he needs.

A – And that's one of the big things that we have to take into account, is about risk and it's about as carers what are we comfortable with? And that has to be taken into account, you're absolutely right.

Q – These facilities are very, very good for elderly people who perhaps live on their own and are unable to take care of themselves, not because they've got dementia but because they're just not able to care for themselves anymore. People who've got dementia need specialised places like Woodside.

A – Ok, thank you.

Q – I think it's worth remembering, all the Councillors should remember, remember one of the Council's 6 priorities, corporate priorities. And that says improving the wellbeing of all residents and supporting older people, especially those with medical, care, social or financial needs. I want you remember that please, Councillor. That that is one of this Council's 6 corporate priorities, it says supporting older people, especially with those to care. So please bear that in mind when you make a decision, because that's one of your priorities, alright? And I'm sorry, but trying to shut a facility is not filling that corporate priority, it's just filling a ballot sheet. That's the argument, that's the bottom line, isn't it?

A – So the Council would argue that actually it's about providing services that meet individual need, and that that's provided in a different range of settings. But I take your point, and your point has been well made and it's been recorded.



Q – Can I just say one other thing, this is slightly off-track but you're talking about this being a public consultation – I don't live in the area, I've actually tried to Google, there's nothing on the Woodside Lodge page to say that a consultation is happening, that there's any public consultation going on. I haven't seen anything in the press, and I've Googled it and looked, and there's nothing that tells me that this is a public consultation. And by the look of the amount of people here, not many people perhaps know about it. What have you actually done to promote this public consultation? Not necessarily the meetings in the home, because I didn't hear about the closure of this for about a month after my mum got the letter, which was in her drawer, we were told by the staff. I then had to phone Southampton City Council to find out what was going on, only to be told I wasn't on the contact list. I'm actually a deputy for my mother, and have been since last November, and sent all the details to Southampton City Council and the care home, so what have you actually done to promote this, if I wasn't on the list to get a letter originally?

A – I really apologise for that and we'll make sure that we take your details afterwards so that we can send - we have sent letters to everyone that we know of, we have made sure the staff tell people that they're happening; it is on the website although as Alison said it's not a great website. What we can offer you is that we're happy to have a one-to-one conversation with anyone if you feel you would like that, and that's a way of doing it.

Q – My **step-???** has been at Woodside for a year. You've probably heard me say this but I'd just like to get my point over. Prior to him being there, which was always my first choice – Woodside – I visited 9 other care homes all over the place, which were really difficult for me to get to, so Woodside was my first choice but we were waiting for a vacancy. He was diagnosed in July 12. I live close to him, very close to him, early December I saw his lights on at 4o'clock in the morning - he'd fallen over, smashed his head against the toilet, all gashed open, 24 hours in A&E in the hospital, and sent home. Between January and March he fell over various times, within his own home, that was **???** 3 brain operations in 9 weeks. The last of those he stayed in hospital for nearly 3 months but they kept pushing me, pushing me, pushing me, get him in a care home, get him in a care home. I eventually chose a care home whilst still waiting for Woodside to present me with a vacancy, he was taken there by the hospital and he went absolutely berserk, there was no way he was staying there, no way. Midnight that night, he was sectioned under the Mental Health Act and taken away in a police wagon. Where to? Gosport. He's 91 years old. I never want to experience that again, and if that happens at Woodside, I don't know who I'd hold responsible because I cannot deal with that again.

**A - ????**

Q – At 91 years old, screaming and shouting being dragged away by police in a police wagon and then at midnight to ring me up and say he's been sectioned for 28 days and they've taken him to Gosport. How am I going to get to Gosport? I've got to travel on a bus. I don't want that to happen, I want Woodside to stay open.

A – Thank you for that

Q – Right, first of all, about the consultation, the only people that got the letter would be the users, my daughter got a letter, my husband got **???** but have you mentioned it on the radio stations, what's happening about it?

A – It has been in the press, and it has been on the radio.

Q – Out of 39 ??? providers, people will use those services, are they aware-

A – Yes, so they're involved in the same consultation, co-production.

Q – I sometimes find it quite hard to make a choice, say for what direct payments might mean for you, I don't that people are fully aware what the alternative is, at this moment. So with the consultation, probably if you don't know what the alternative might be, you're probably more likely to stick with what I've got. Do you think it's fair to say that it's not been made fully clear to people who currently use Day Services what the alternatives are, and what it might mean, and the benefit?

A – So that's part of the work that we're doing at the moment through the co-production is about actually working with people to talk about what the benefits might be, and what the negatives might be, what will change.

A – It's very much what is people understanding? What do they need to understand it? What their concerns might be, what opportunities there might be, it's hard to make choices if you don't know what those opportunities might be, so it's bringing people to an informed place. It's hard to inform everybody that's heard of or involved but it can also be quite complicated for people to hear the first time so it's a very good process of informing people and then they can make their choices whether that is to stay with the Council or take the budget a different way by direct payment.

Q – And that presumably, the deadline is kind of end of October isn't it? That's the deadline-

A – Not the deadline, not necessarily. Let's see how it goes.

Q – How do we get the list of what's available?

A – We can make it, we can ???

Q – Something that's come up at co-production meetings is that many people don't seem to know what their personal budget will be. Is that being addressed yet?

A – If the decision is to change things, whatever that might be as it comes out of the co-production workshops, is that actually everybody will need to have a reassessment. Which actually then determines what their personal budget will be.

Q – So my next question, was something else to add to that, and also with what we said earlier about obviously the only people who would be entitled to services are those who are critical and substantial; but it does feel as though the decisions are going to be made in December about services without actually knowing what numbers of people and levels of need there is.

A – So if we're not in a position to say that then we will need to say that quite clearly to the Council, at that time. And they will need to know that because you're right, that might mean that they can't make a decision at that time.

Q – Presumably the people that are affected by these changes, they've already been seen as being eligible at substantial and critical level, so that isn't going to change?

A – People’s needs do change, so I can’t say that their needs won’t have changed, I can’t say that. Their needs might be critical now, or they might not be, I don’t know. The one of the things I have to accept is that as a department Adult Social Care has not been good about undertaking annual reviews which it has a responsibility to do, so I apologise on behalf of Adult Social Care because everybody should have at least an annual reassessment, and we haven’t done that well.

Q – There was a point raised earlier on by the lady at the back about funding for residential care and that she made the point that one of the reasons for Woodside was that the private sector was too expensive. In order to get something with sort of similar quality, one’s going to have to pay more in the private sector. How is the Council going to help with those sort of payments? Because clearly if we have to move out, there is going to be an additional cost involved, and there is no additional cost in the budget from us, it’s just not there. So therefore, how is that going to be addressed for the individual going into the private sector please?

A – So the Council has what it calls a ceiling rate for residential care that the Council is prepared to pay in the private sector for residential care. Anything in addition to that, there’s an opportunity for what’s called a top-up. So you can contribute to that should you wish to. Now my commitment to you if this decision is made, is that we will look at what is available, I’m hearing very loud and clear you saying services and Southampton are not the same quality. I will make sure that during this consultation we have reviewed what’s available at the ceiling rate, and if you’re right, what you’re telling me, and then we will need to look at what our ceiling rate will be.

Q – I think the cost in the private sector is round about £600 for a single room per week.

A – Well that’s not what we know now, but what I’m committing is to say I will make sure that that work is undertaken during this consultation so that I am confident that if we do need to raise our ceiling rate then we will need to include that in any Cabinet report.

Q – That’s a game changer really. You can have a double room for your council rate is what we’ve been told because-

A – A shared room, you mean

Q – Yes, we went out and started looking just to see what was out there, we went round quite a number and we’d already done so beforehand and every single one of them told us a single room is £600. And that’s what they can afford; they’re running a business, so therefore that makes it out of the price bracket.

A – As part of the report to the Council in December we will make sure that there is an analysis of what we can purchase in the independent sector of the same quality of Woodside and what that costs, so that the Cabinet is informed about that.

Q – But that of course would have an impact on the money savings side.

A – Absolutely, which is why it needs to be in there.

Q – And why are the private sector homes allowed to use shared rooms where Council homes are not allowed to use shared rooms anymore?

A – So shared rooms is part of the CQC arrangements is that shared rooms don't meet the standards.

Q – But there are a lot of them out there-

A – Unless you choose to share a room, so going back to your married position, you might as a married couple want to share a room.

Q – Or more could do, but as was already pointed out, with a curtain down the middle of the room

A – Well that's not acceptable

Q – Well I've seen that, and that home scored the highest possible rate on CQC, and that's the reality of it. Go out and have a look, take a day out and just go and drop into these places. You will really see, honestly. You walk in and they smell, because they're not cleaned properly, they don't have adequate staff because the amount of staff turnover is low; costs are cut because they're trying to run a business themselves. And they do, you walk in and you think I'm walking straight out of here, it smells all this sort of thing-

A – I have to say I've also been to in-house services that smell as well

Q – We're talking about Woodside here, not anything else

Q – Can I just say something here, I do apologise to these people but last year my mother had dementia, she was on her own at home in a council home. She had a stair lift, she used to fall over and my brother and I decided that obviously she needed to go in a home. My brother lives in Surrey, my sister lives in Canada, and I live in Southampton. We'll have her somewhere over near me, I live in Sholing, my brother looked around, looked around and we found a care home and obviously mum wanted a homely atmosphere, she had a fantastic home, she lived there for 2 years before she fell very ill and she died last year. At her funeral there were about 5 members of staff, the manager, and the owner of the home. They are out there, they really are and it's such a lovely atmosphere to be in, the staff are absolutely incredible.

Q – I would agree with you there, however, those homes do not have the vacancies. The ones that have the vacancies are the ones you wouldn't put your mother into, and that's the truth.

A – And that's what needs to be reflected. You're absolutely right, that is what needs to be reflected, thank you for that.

Q – Can I just say, I've been through this and it's no different from 15 years ago and I was paying private for my father, and it's exactly the same.

A – Can you just explain what you mean, sorry?

Q – I had a father who I had to put into a home for dementia 15 years ago. And what they're saying, I said all this 15 years ago, and it hasn't changed at all.

A – Right, ok, so it hasn't improved is what you're saying

Q – No

Q – Can I ask Councillor Shields, over the last consultation meeting we had here you promised us you would take time out to go and see Day Services and see if they run, have you actually done that yet?

A – I’m waiting for the date for the meeting that I’d said I’d agree with you. I’ll check my diary to see if that’s in there, I’ve got quite a few meetings in. I can’t answer your question, I’m waiting to hear back from a time when it’s convenient to do it

A – We can help facilitate that; we can make sure that happens

Q – Can I suggest that as part of this consultation then, that some of your staff, Councillors, go out and actually visit some of these care homes like the gentlemen said so you can actually see what is out there? And so that you can actually match up, because what I would like to find out is that when my mum moves that she can take her own furniture, she can take her possessions, because we went to visit one where they said no personal possessions, no TV. We visited one with no outside space, when I asked about residents going outside, if the relatives don’t take them out, they don’t go out. And that is what’s so lovely about Woodside, they have the space, they have the ability to make it feel like their own home which we didn’t get when we visited some of the other places.

A – And that is really important.

Q – I wrote to all Councillors asking them to go and look at the Day Service provision in Southampton and not one of them wants to go and do that. And I think that’s disgusting.

Q – I’m sad to say you’ve got a Councillor up there not too interested either, because I thought for a meeting like this you would have come along already with that meeting booked so you could’ve answer that lady’s question that was raised. Because it’s more important to them than it clearly is to you, I would’ve thought that would be the most important thing for these meetings.

A – We all make sure those meetings are arranged

Q – Well I hope so

Q – It should’ve been done before the consultation ever started. They should’ve known what they were throwing out before they started the consultation

A – So as Councillors, I’m sure many of them would have visited Day Services in the past.

Q - ???

A – Councillor Shields is the lead member for Health and Adult Social Care

Q – And have you been to Day Services? Have you been to residential care homes to look at the facilities out there?

A – I have

Q – You have? How long ago?

A - ...

Q – How long ago? It’s an easy answered question.

A – I visited Day Centres there as part of my activities as a Councillor before I was a Councillor meetings that have been held there, I visited residential care homes, not as part of this consultation, that's admitted but they're not completely unknown to me and I'm not unaware of these-

Q – But how long ago? Was it a year ago or was it 5 years ago? Because if it was 5 years ago then you're clearly not up to speed with what's happening today, so how long ago please?

A – I can't answer that question

Q – You can answer that because you know full well, you just won't answer it because you know you're wrong.

A – It's just ???

Q – I'm sorry

Q – Can I just ask one thing, I'm not getting at Councillor Shields; he cannot see what's happening, we as parents and carers can see what's happening and what a job these people do. And what the hell can you put in place of that? You can't! You're going on about people with dementia, my mum had dementia, she was in a home, I know what it's like to have a mum with dementia. But this one here needs care as well, I mean she's almost in tears here thinking of what's going to happen to her in the future, and that means a lot to me.

A – Of course it does, of course it does.

Q – So I'm just wondering what the hell you're going to put in place of it? There's nothing to put in place of it

A – So in terms of Kentish, then as we talked about before what I hope and certainly from what Helen says to me is that you've been working with her to think about what it is that you put in place. If what you're saying is your daughter's needs are best met in that environment, as I said before, then that is what you need to say.

Q – Can I ask Councillor Shields a question? Could I make an arrangement, an appointment with you, in the next few weeks because it's got to be very soon, to come with me and visit Woodside Lodge so I can take you round and let you see what facilities you're trying to close. Can I make that appointment with you right now?

A – I'm quite happy to do that, I just want to make sure that's not cutting across any other appointments I need to make, but that's fine, yes we can do that.

Q – Ok, thank you

Q – I was just thinking about the process, Alison. At some point people are going to have a chance to hear all the things that you've collected up and how you've shaped that into a recommendation, presumably people will be able to comment on that. Will that be able to change any things at that stage? I recognise its quite late, 22<sup>nd</sup> –

A – So that's the public consultation, ok? But in terms of the individual consultation with the individuals affected by the changes in individual services, we'll do that as we go along. So there won't be any surprises, ok?

Q – Once Cabinet makes a decision, then as a Social Care team you'll be working with those people who are affected to find the best kind of solutions depending on how-

A – Depending on what the decisions are, yes

Q – Just one last thing, once the consultation has happened, the decision's been made, the changes are being invented, so flicking forward to next year - is there any chance that there could be a follow up at some time for people? Just to try to learn from the whole of the process to learn what the outcomes have been for people so actually a year down the line you could look at the whole process and say: well actually this part has been really successful these people are well supported and they're happy with what the final outcome has been, but there may be people that aren't in that place. So maybe there's some learning because no doubt there's going to be future consultations partly driven by change in service models, partly driven by finances that are going to happen over the coming years, I can see that there will be numerous ones. But to be able to actually learn from the process and to then a year later be able to say ok, we got this part really right but maybe this part we didn't get so right, how can we avoid that happening in the future? I think it would be really, really beneficial.

A – we would absolutely expect to do that, because not only would we expect to do that in terms of the consultation process but also in terms of the outcomes of individuals which is really important so we would absolutely expect to do that, we would absolutely expect to feed that back

Q – As far as I'm aware, no meetings have actually been held by the service users yet

A – Yes, they have

Q – That has started has it?

A – Yes, certainly, Day Services and respite care, yes

Q – Well certainly up until mid-last week, no one from Choices had been down to meet with the service users to get their feedback

A – Choices have been there while I've been there, absolutely, when I've been meeting with service users. So I've absolutely been there-

Q – You mean the co-production?

A – Yes

A – We're doing a programme with individual service users; it's different at different sites. So we have started some work with some service users and we have a programme that's ongoing from next week for all the other centres.

A – Certainly those co-production work shop services users have been there and Choices Advocacy have been there as well.

Q – Yes but for many service users they actually do need the opportunity-

A – Absolutely and that's why we're doing that in particular groups, absolutely, in addition to that.

Q – At Freemantle then, have they had anything there?

A – They haven't had the individual ones yet, no

Q – I'm just very conscious that time is moving on very fast and we have, what is it? 5 or 6 weeks left?

A – Yes, 23<sup>rd</sup>

Q – And to actually have proper consultation service users, I'm concerned that's actually not going to take place by the end of the consultation time.

A – Absolutely, that's really helpful feedback. We feel that there is that opportunity, if there isn't that opportunity then we will make that very clear. So we want to make sure we get those views, if we don't get those views then we won't have to say so.

A – Anything else anybody wants to raise? Conscious this is not the only opportunity, there will be other opportunities. You can use those contacts, I am sorry about the website it isn't ideal, but it is on the website. Please do use those opportunities, please do attend meetings however distressing it is because I do appreciate it's distressing, but it is really important that we get your views.

Q – On the website it is actually almost impossible to find the consultation

A – I can show you if you like.

A – So Paul will show you how to find it. And there's a question at the back as well

Q – Yes I was just going to say there's another meeting on Thursday here, at the Overview Scrutiny Management Committee and our focus for that meeting is going to be on the adult care changes. So that's at 5.30 the meeting starts but the adult care item will start at 6 and that's in the Council Chambers. And that's going to be Councillors questioning the decision but also a number of organisations will also be attending and making representations and anyone can turn up.

A – Thank you for that, Councillor Moulton. There's Overview Scrutiny Management Committee will be looking over these proposals from 5.30 in the Council Chamber if you wish to go and see Council members scrutinising these proposals then please feel free to go.

Q – Is that Thursday 11<sup>th</sup>?

A – Yes, this Thursday

Q – That's the same day you've got one at Freemantle because staff-

A – It finishes at 5.30-

Q – If parents with family members-

A – It won't be on at 5.30, the adult-



Q – No, its 6o'clock but it's not a lot of time to have your tea and get there, is it?

A – I'd imagine it will go on for about 2 hours

A – The easiest way in is to go to the front page, and then to "living" which is one of the options on the top bar, and then to pick "Adult Social Care" from the navigation on the left hand side, there are other ways but this way works for me. And then there's "Consultation", again on the left hand side, or it's here, the redesign of some Adult Social Care provisions you can go in either way. And then there's a page with the latest on the consultation and at the bottom there is a schedule of meetings and the consultation documents and so on. You can just type in [Southampton.gov.uk/social-care](http://Southampton.gov.uk/social-care) which will take you to the Adult Social Care page, but I prefer to go Living-Adult Social Care-Consultation

Q – If someone could actually look at the consultation document for Woodside, I tried to complete that – the format is dreadful, there are actually some spelling mistakes and I've had to actually cut and paste it and stick it onto a word document, because I can't do it on that document.

A – Ok, we'll look at that, we'll do that tomorrow, urgently.

Q – It's very frustrating

A – I'm sorry about that, that's really not helpful. Ok, so there will be opportunities further, if you wish to have conversations with either myself or Helen independently then we're more than happy to do that. And I hope that we continue to talk, and we will continue to gather your feedback to present to Cabinet.

Q – Will we get a copy of the minutes from this meeting?

A – Everything will be recorded, from every meeting

Q – Yes, but will we get copies of it?

A – Yes, we can give you a copy, but what we need to do is take your names though

Q – Well you've got them from previous meetings so anything to do with Woodside I want

A – if there's people here who aren't affected by the consultation then can you please stay behind and give your name if you want a copy of the minutes, ok? Everybody else we will know. Thank you very much for your time.