

Re-imagining Norfolk – budget consultation 2016-19

Adult Social Care - equality and rural impact assessments, and findings from the public consultation on budget proposals



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Introduction

1. This report summarises the findings of Norfolk County Council's equality and rural impact assessments and public consultation on budget proposals for 2016/17 for Adult Social Care Services.
2. It also sets out the legal framework for assessments and public consultation.

Legal and policy context

3. Public authorities have a legal duty under the Equality Act 2010 to consider the implications of proposals on people with protected characteristics. The Act states that public bodies must pay due regard to the following when planning, changing or commissioning services:
 - Advancing equality of opportunity for people with 'protected characteristics'¹
 - Eliminating discrimination, harassment, victimisation and other prohibited conduct²
 - Fostering good community relations³.
4. Good practice in strategic planning also recommends that rural assessments are undertaken on proposals.
5. Under Section 3(2) of the Local Government Act 1999, authorities are under a duty to consult representatives of a wide range of local people when making decisions relating to local services. This includes council tax payers, those who use or are likely to use services provided by the authority and other stakeholders or interested parties. There is also a common law duty of fairness which requires that consultation should take place at a time when proposals are at a formative stage; should be based on sufficient information to allow those consulted to give intelligent consideration of options; should give adequate time for consideration and response and that consultation responses should be conscientiously taken into account in the final decision.

The purpose of equality and rural assessments

6. The key aim, with both equality and rural assessments, is to enable elected members to consider the potential impact of decisions on different individuals and communities prior to decisions being taken. Mitigating actions can then be developed if adverse impact is identified.
7. It will not always be possible to adopt the course of action that will best promote the needs of people with protected characteristics or people in rural areas. However, assessments enable informed decisions to be made, that take into account every opportunity to minimise disadvantage.

How the Council assesses the budget proposals for 2016/17

8. The assessment process comprises the following key steps:
 - Public consultation is launched – making sure that residents, service users and stakeholders can highlight issues that must be taken into account.

- We gather evidence on each of the proposals – looking at the people who might be affected, the findings of related assessments and public consultation that has taken place (such as the Council’s ‘Big Conversation’ and ‘Putting People First’ strategy and relevant data and research.
- When the Council’s public consultation on the budget proposals for 2016/17 draws to a close, we analysis all the results. We make sure that any impacts highlighted by residents and stakeholders inform the final assessments
- We publish the assessments on the Council’s budget consultation webpages. Committees consider the assessments during the January round of committee meetings. Full Council considers the findings of assessments before meeting on 22 February 2016 to agree the Council’s budget for 2016/17.

Human rights implications

9. Public authorities in the UK are required to act compatibly with the Human Rights Act 1998. There are limited human rights issues arising from the proposals, but any specific issues are addressed in the individual impact assessments.

The details presented in the rest of this document

10. This document presents in order, for each proposal, the equality and rural impact assessment, and the summary of findings for the public consultation. It also, following these, provides findings for other areas of the consultation relevant to this committee – so any further ideas or questions that were consulted upon – including the findings of questions on council tax.

Title of proposal:	Reduce the Council's funding for Supporting People services
Directorate:	Adult Social Services
Lead Officers:	Neil Howard, Ben Davey, Sera Hall, Jo Richardson, Jeremy Bone

Equality and rural assessment

Analysis of proposal & potential impact

Overview – more about the proposal

1. The Supporting People partnership currently helps 11,000 potentially vulnerable people a year to live independently and remain in their home. The service users supported include older people with support needs, people with physical and sensory disabilities, people with learning disabilities and mental health problems, people who are homeless or rough sleepers, women at risk of domestic abuse, ex-offenders, people misusing drugs and alcohol and teenage parents.
2. We are proposing to reduce the Council's funding for Supporting People services.
3. Supporting People services are housing-related prevention services. The services provided include:
 - Supported housing
 - Support to prevent people losing their accommodation
 - Crisis housing and support for those who may have lost their accommodation such as:
 - Young people hostels which support young people to move safely into adulthood and set up home for the first time
 - Hostels for people who have been homeless with support to enable them to re-establish a secure home
 - Refuges for women experiencing domestic violence.
 - Support to tackle issues such as poor mental health or social skills, which can make it difficult to live independently.
 - Sheltered housing, community alarms and home improvement advice for older people
 - Help with claiming benefits.
4. We currently spend £12.4m each year on these housing related services. We decide how to spend the money, but do so in consultation with the Supporting People partnership. The Supporting People partnership includes: District Councils, Health, Probation, Norfolk Constabulary, Youth Offending and the Norfolk Drug and Alcohol Partnership.
5. This proposal will save us approximately £5.1m in 2016-17, because it means reducing the funding we currently provide by about 40%.

What would happen in practice if the proposal goes ahead

6. To make the proposed saving of £5.1m we would:
 - (a) Remove funding for supported living and 'visiting support' for people with learning disabilities and mental health needs.
 - (b) Change the focus of services for older people so they provide less general advice and more specialist support to prevent people needing social care or health related services.
 - (c) Reduce adult social care funded housing support for young people aged 16-24.
 - (d) Reduce our support for people who are homeless or people at risk of losing their accommodation.
 - (e) Reduce funding that we give district councils for home improvement agencies and instead focus on supporting existing handyman services to become self-sustaining.

Who the proposal is most likely to affect

7. If the proposal goes ahead it would affect around 9,400 service users who currently get, or would be eligible to receive, housing-related support funded by the Council. It would particularly affect older people, disabled people (including people with a learning disability and people who use mental health services) and some young people, because these groups form the majority of service users.
8. The proposal would also affect providers of housing-related services paid for by the Council.

Looking closely at the profile of service users who may be affected

9. The majority of service users affected by the proposal (around 83.3%) are aged 60+, which means that older people will be predominantly impacted⁴.
10. A significant number of service users (33%) have a disability, which means that disabled people will also be particularly impacted⁵. However, a high proportion of service users (15.4%) have said that they "Don't know" if they have a disability, so it is possible that the number of disabled people currently receiving Supporting People Services may be slightly higher than recorded⁶.
11. Overall, slightly more men (51.8%) than women (45.8%) will be affected⁷.
12. The majority of service users (88.1%) are White British, with 4% White other. The remaining ethnic groups are made up of very small percentages, with a further 3.1% unknown⁸.
13. A more detailed analysis is summarised below:
 - a. Remove funding for supported living and 'visiting support' for people with learning disabilities and mental health needs.**

14. Supported living is an environment where people can live independently with the support that they need to maintain their independence. 'Visiting support' is sometimes provided to people in their own homes to support them to maintain their independence.
15. As of 4 October, 130 users were supported by supported living services, all of whom had a learning disability or mental health need.
16. Detailed service user data is not generally collected for these services, but where this information was available, the majority of service users (around 70.3%) were aged 26 to 59. 20.3% were aged 60+ and 9.5% were aged between 18-25⁹.
17. People should be able to get all their eligible care needs met through their personal budgets. Each person in the supported living schemes affected by this proposal will have a review by their social worker to re- assess their eligible needs and the funding they need to meet them. Impacts on the overall scheme viability will be closely monitored.
18. It is possible that reducing funding for this aspect of Supporting People services may reduce the number of hours of support that some individuals receive.
19. It is important to note that, if the proposal goes ahead, people will only experience a change in their existing arrangements after a review of their eligible needs is undertaken. This may be much later than April 2016 (queries about this were raised several times at consultation events).

b. Change the focus of services for older people so they provide less general advice and more specialist support to prevent people needing social care or health related services

20. As of 4 October, 7,447 older people were supported through this element of Supporting People Services (excluding Home Improvement Agencies (HIA)). All service users were aged 60+.
21. Services for older people comprise sheltered accommodation where support is provided to people in schemes by mobile wardens, and visiting support, where support is provided to people in their own homes on a time limited basis.
22. Funding reductions would require the remodelling of services to provide a more focused visiting service to older people who are assessed to be particularly vulnerable. It could also mean the removal of support for some sheltered schemes, and changes to the levels of support some older people currently receive. This could mean that some older people currently receiving a service are no longer able to access support.

c. Reduce adult social care funded housing support for young people aged 16-24

23. Supported housing for young people includes hostel and semi-independent accommodation where support is provided, onsite, to enable young people to live safely. Housing related support is provided to ensure that young people are helped to make a positive transition into adulthood and independent living.
24. As of 4 October there were 244 young people supported. The majority of service users (61.1%) were aged between 18 and 25, 31.9% were aged 16 or 17 and 6.9% were aged above 25 years of age.

25. 51.7% of service users were female and 48.3% were male. 12.2% recorded themselves as having a disability. 90.6% of services users were white British, and 3.1% were white other¹⁰.
26. Supporting People funding is used in conjunction with housing benefit to provide a safe and supported environment for young people which may include 24/7 staffing. This means that removal of support for accommodation-based schemes for young people may result in services becoming unviable and closing.
27. Consideration would need to be undertaken with providers about how services could function safely with reduced or removed funding. Work would then be undertaken with providers and district council partners to minimise risks to young people.
28. A reduction in placements for young people may impact on Children's Services which also use this accommodation for children leaving care (16/17 year olds) and result in an increase of people aged 18+ who then become homeless.

d. Reduce our support for people who are homeless or people at risk of losing their accommodation

29. Supported accommodation for people who are homeless includes direct access hostel provision, 'move-on' accommodation, which provides for semi-independent living, and very low level supported housing where support provided may be several hours per person, per week. Support provided is for a period of up to two years after which people are supported to move on to more independent accommodation.
30. As of 4 October, there were 550 homeless service users supported, and 465 service users receiving support in their own home.
31. Support provided to those who are at risk of losing their accommodation is generally provided in people's own homes and is called visiting support. The existing visiting support service provides a county wide service to up to 830 people at any one time and is aimed at diverting people from becoming homeless
32. Overall, the majority of service users (68.2%) for this element of the proposal were aged between 26 and 59. 23.7% of service users were younger people aged 16 to 25, and 4.1% were older people aged 60+ (a further 4% were unrecorded)¹¹.
33. A relatively high proportion of service users affected (32.8%) are recorded as having a disability, though a further 3.6% were recorded as don't know.
34. 57.6% of service users accessing services were male; though this increases to 85% for single homeless services. 38.6% were female (3.8% were unrecorded).
35. 86% of services users were white British and 5% were white other, though a further 2.8% were unrecorded.
36. If the proposal goes ahead, funding would be reduced in consultation with district council partners and providers to minimise impact on people who use services. Services affected would be low level services where support levels are relatively low and people will already have achieved some level of independence
37. The impact of reducing funding for low level homelessness services may result in more people losing their accommodation or being unable to access that accommodation.

38. Hostels may find it harder to move people on from high level placements due to a lack of low level supported accommodation or the withdrawal of this accommodation from the market by landlords. Private landlords in particular may be unwilling to rent to people who have been homeless without a support package in place.
39. Direct access hostels and services where people with chaotic behaviours are accommodated are not included in this proposal. This element of the proposal will not affect refuges for women fleeing domestic violence.
 - e. **Reduce funding that we give district councils for home improvement agencies and instead focus on supporting existing handyperson services to become self-sustaining.**
40. Home improvement agencies provide support and advice for people in order to make adaptations and changes to their homes as their needs change or progress.
41. Support may be provided to people to help them access Disabled Facility Grants which are managed and provided through District, Borough and City councils.
42. During 2014/15, 2,558 service users received an initial first visit from a Home Improvement Agency. The primary need or disability of those service users was as follows:
 - 36.2% physical or sensory disability
 - 31.7% older people
 - 27.7% frail elderly
 - 0.7% mental health problems
 - 0.5% learning disabilities
 - 0.4% older people with mental health problems
 - 2.9% other or unknown
43. 97% of service users were white British or Irish.
44. Removing funding for HIAs would reduce the level of support available to people to access grants and make adaptations to their homes. Work would be undertaken with District/City and Borough Councils to minimise the impact on individuals and maximise support provided by those councils
45. Some councils already have handyperson services. This proposal would engage districts to consider how these could be provided across all areas of Norfolk on a consistent basis.

Potential impact

46. There is a potential for this proposal to have a disproportionate and significantly detrimental impact on disabled and older people, younger people and homeless people. This is because these groups form the majority of service users, and if the proposal goes ahead, support currently being provided may be reduced or withdrawn. The proposal may also have an impact on carers, who may need to provide significant additional support.
47. Reducing or withdrawing support could have a particular impact on older and disabled people, who may be more reliant than others on the help provided, and find it challenging to maintain daily independence - either in terms of their physical needs, or their confidence levels.

48. The proposal may have a particular impact where services are provided in accommodation, such as young people or homelessness hostels. The impact of reducing or removing funding on accommodation based services may be to make the accommodation service unsafe for service users (particularly the case for younger people) or financially unviable for providers. This is because supported accommodation is funded through a combination of rental income (Housing Benefit) and support funding (SP). Removal of one of these components may put the accommodation service at risk of closure.
49. Most of the people receiving Supporting People services are not eligible for adult social services or are on the margins of eligibility. Removing services could mean that more people go into crisis or become homeless and require other services, such as adult social care, children's services, housing and health services. It could lead to an increase in demand for adult social care and other services.
50. There is also a potential impact if some disabled people are not able to receive relevant support around adaptations to help them live independently in their current home This may impact on the accommodation options offered to them.
51. People in rural areas may be particularly affected, because of the limited availability of alternative services or support available, such as support from carers or voluntary agencies, or difficulties in accessing alternatives due to travel costs or logistical issues.
52. Looking more widely at the Council's other budget proposals, such as the proposal to cease funding transport, this proposal may lead to increased pressure on some people's personal budgets.

Action to address any negative impact

	Action/s	Lead	Date
1.	Ensure effective transition plans are established for service users who may be affected by the proposals.	Sera Hall	From 1 April 2016
2.	Work with district councils, commissioned services and local community groups to identify alternative support options for supporting people in their homes	Sera Hall	From 1 April 2016
2.	Work with charities, commissioned services and district councils to explore other funding options to continue to support homeless people	Sera Hall	From 1 April 2016

List of evidence used to conduct analysis

- Supporting People Services data analysis
- Consultation supporting documents
- Feedback from consultation events to support EqIA process

Consultation findings

Title of proposal
Reduce the Council's funding for Supporting People services.

Respondent Numbers – Number and percent agree, disagree and don't know/blank where applicable. If relevant also include numbers of respondents who were service users and carers
<ul style="list-style-type: none"> • There were 1283 responses received for this proposal. • 1047 people (81.61%) disagreed with the proposal • 144 people (11.22%) agreed with the proposal • 92 people (7.17%) told us that they did not know if they agreed or disagreed with the proposal

Analysis of responses

Organisation, group or petition responses	
<p>Please describe any petitions received.</p> <p>Please record any groups or organisations which responded.</p>	<p>Of the group of adults with learning disabilities who attended an About With Friends consultation event, 12 agreed with the proposal and 15 disagreed with the proposal.</p> <p>53 respondents told us they were responding on behalf of a business, organisation or group. These were:</p> <ul style="list-style-type: none"> • Access Community Trust x 2 • Adult Day Care Limited • Aspland Road Hostel • Aylsham Town Council • Break Charity • Broadland District Council • Broadland Housing Association • Broadland Older People's Partnership • Centre 81 • Cinema Plus (Cinema City) • Community Action Norfolk • Cotman Housing Association • Cromer Town Council • Diss Town Council • Forward Day Centre Ltd • Great Yarmouth Borough Council • Great Yarmouth Older People's Network • Homeless Link • Local Deaf Centre in Norwich • Malcolm Books • MAP • Mid Norfolk Mencap • Mind • Mums in the Know Norwich • NHS Norwich Clinical Commissioning Group • Norfolk County Council and Stonham Home Group

	<ul style="list-style-type: none"> • Norfolk Making it Real Board • Norfolk Older Peoples Strategic Partnership x2 • Norfolk Record Society • Norfolk Young Carers Forum • North Norfolk District Council • Northrepps Parish Council • Norwich City Council x 2 • Norwich Older People's Forum • Ormesby St Margaret parish council • Ormesby with Scratby Parish Council • Parish Council • Poringland Parish Council • Sheringham Town council • Solo Housing • South Norfolk District Council • St Martin's Housing Trust • Stonham Home Group • Swanton Morley Parish Council • Taverham Parish Council • The Benjamin Foundation • The Borough Council of King's Lynn and West Norfolk • The Borough of King's Lynn and West Norfolk • The BUILD Charity • The Matthew Project • Unite social group. • YMCA Norfolk x2 • Your Own Place CIC
<p>Please summarise all petition or group responses.</p>	<p>Of the 47 groups/organisations which told us whether they agreed/disagreed/didn't know, 6 organisations agreed with the proposal; 5 gave no reason and the other said services should be targeted.</p> <p>39 organisations disagreed saying that the service is a preventative one (19 comments) and it is shortsighted to cut services (19 comments). 14 comments were received about the increased vulnerability and risk to service users if the service is cut. Increased risk of homelessness was also mentioned. 2 did not know.</p> <p>Many organisations sent very detailed responses, including case studies: the broad themes which emerged from these responses are discussed in the Agree and Disagree boxes below. In addition, organisations commented on a large range of more specialist issues including:</p> <ul style="list-style-type: none"> • Delivering services which have already experienced funding cuts and the impact this has on an organisation's ability to provide good services and retain good staff at a reasonable salary. • The longer term closure of units and the difficulties of securing planning permission for accommodation offering services to high need/complex clients. • The timing of ceasing/renegotiating contracts in order to make savings within timescale.

	<ul style="list-style-type: none"> • Increased waiting times for vulnerable people to become housed. • Cost-shunting (eg. a reduction in adult social care funded housing support for young people aged 16-24 is unlikely to produce a saving as many of these young people will be entitled to services from Children’s Services. • Reliance on an individual’s Personal Budgets (which has a much higher threshold than that required to currently receive supporting people services) to pay for future support.
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Looking at all of the responses, are there any consistent, repeated or notable reasons given for people’s views in...

Agreeing with the proposal?	<p>144 (11.22%) people who responded to this question agreed with the proposed cut.</p> <p>The main reason for agreeing with the proposal was that the services should or could be provided by partners (17 comments): “more needs to be done with partners, inside and outside of NCC” and “...there are so many partner agencies involved in Support Service delivery I am sure that there is a smarter way to deliver an effective service without NCC bearing a large funding cost”.</p> <p>16 comments included a proviso such as “I agree as long as services are still able to be maintained to a certain degree of safety and care”, “Yes as long as standard of care does not slip and the people still get the help and support they need” and “only if done correctly”.</p> <p>12 comments were made about the efficient running of services and how this could be improved: “far too much money wasted on these services half the amount of people who claim for a mobility vehicle do not need them. It’s time the whole system had a good shake up” and “the excessive costs of some care packages needs to be addressed and efficiencies made. Focus should be on prevention and building strong communities.”</p> <p>12 comments were about targeting services: “My assumption is that a proportion of time is spent filtering genuine cases from less than genuine ones??? catching the right people is important”. Other people said “funding needs to be allocated on a priority basis” and that is “important to prioritise”.</p> <p>64 of the 144 people who agreed with this proposal did not give a reason for their viewpoint. Some wrote freetext responses such as “reluctantly agree”, “see above”, “no further comment” or “seems sensible”, but the vast majority of the 64 wrote nothing so we cannot know the reasons for their agreement.</p>
Disagreeing with the proposal?	<p>1047 (81.61%) people who responded to this question disagreed with the proposed cut. 252 people explained how it would affect them, personally, and gave examples of their experiences:</p>

- “I could end up on the streets - I have nowhere else to live. I'm in debt and I am getting support with this from the staff.”
- “I live in supported accommodation and if the cuts happened, I would be homeless as I have nowhere else to live.”
- “I live in sheltered housing and because of my disability I need my carers and warden to come in. So that, I can stay living on my own.”
- “I have received a lot of support and it has helped me with my self-esteem, self-control and behaviour. They don't just tell you what to do, they have patience and take time to show you. It's really scary to think what would happen if I didn't have this place to live and the support I get.”
- “If this service wasn't here I would be homeless, living on the streets. I would turn back to drugs and drinking and really vulnerable. I get loads of support and since being here have got a chance to look forward to getting my own place and being independent.”
- “I came to sheltered property knowing I would have frequent contact with a person who knows my needs and helps me.”
- There were **28** comments from people in sheltered housing about the need for a warden.

The main reasons for disagreeing are that the Supporting People service is a key service and to cut services would have a detrimental effect on people's wellbeing.

261 people disagreed on the grounds that the Supporting People service is a **key service**, describing it as ‘vital’, ‘important’ and relied upon: “I can't believe that these services are not seen as absolutely essential for the people of Norfolk.” / “The service as it stands is vital.” / “These are crucial services for people who use them and should be prioritised.” / “Because these services are vital to vulnerable low income people with health issues.” / “This is a very important service to the customers. This proposal would have a negative effect on the people who provide the service and the people who are supported by the service.” / “All people and older people need it more than ever.”

224 people disagreed because they felt that individuals' **wellbeing** would be affected by the proposed cut. Respondents referred to reduced “quality of life”, and also cited more positive personal examples, “I feel relaxed with my key worker and can be honest with the barriers I face. With his help I think most things are possible.” Some noted that increased confidence which accompanied a sense of wellbeing provides incentive and impetus to achieve more: “it's given me stability to move on to better things...” (and, by implication, to require fewer services) – “The hostel changed my life by giving me something to work towards, by giving me respect and friendship from the staff, by giving me back my future through their help until I was able to stand on my own two feet for the first time in my life.”

202 people commented on the **preventative** nature of Supporting People noting that the service reduces the need for further, potentially more expensive, services at a later date so should not be reduced: “in the medium term this is likely to result in more people requiring more

	<p>expensive support”. People also referred to the way in which Supporting People services help to promote independence: “Supporting People Services keep people out of hospital out of residential care and are key to delivering the longer term aspiration on people living independently”. Some people shared their personal experience to illustrate why they disagreed: “if the proposal was carried out it would mean me and many other young people who need support would be put into unsuitable and possibly dangerous accommodation, many young people in supported accommodation are vulnerable and need help with everything so it would not be suitable for them to be in private accommodation. If young males are made homeless they will not receive any benefits and would most likely turn to a life of crime to survive”.</p> <p>People also disagreed with the proposal because of the perceived risk to vulnerable groups (163 comments): “it sounds like this cut would have a detrimental impact on some of Norfolk’s most vulnerable people”. People commented on the effect cutting the Supporting People service might have on vulnerable people including young people at risk of homelessness, people with mental health issues, and women at risk of domestic abuse: “if this service wasn’t here I would be homeless, living on the streets. I would turn back to drugs and drinking and be really vulnerable. I get loads of support and since being here have got a chance to look forward to getting my own place and being independent”.</p> <p>Some respondents said that the proposal was shortsighted (105 comments) and although an initial saving may be made, it would cost more in the longer term: “storing up trouble for the future” and “this seems to be a vital service and cutting spending on his will only result in higher expenditure within Adult Social Services and the NHS, Children Services, so cutting these services seems pointless and short-sighted.”</p>
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Don’t know: Of the ‘Don’t Know’ responses (and where explanatory text is provided), what are the main reasons why people are unable to come to a clear decision?	
<p>92 (7.17%) people ticked the ‘don’t know’ option. 30 people critiqued the proposal, either saying they had insufficient information on which to make a decision, or that the proposal contradicted other proposals or Norfolk County Council priorities. There was no consensus around the reasons people gave for choosing this option, and with the exception of remarks noting the service prevents further problems developing (14 comments) so to stop it would be shortsighted (14 comments, no other reason was cited more than ten times.</p>	

Analyst notes	
Any other things you think report writers should know when presenting findings	<p>There were 4 comments about our perceived or actual legal obligations, either referring to our Duty of Care or the Care Act.</p> <p>“This would seem to be one of the most vulnerable sections of our society and one which we have a duty of care to protect. Cutting support in this area without being quite sure that it will be compensated for elsewhere, and without extra anguish and suffering for those affected, is</p>

quite unacceptable in a caring, modern society.” / “Please do not yet again reduce services to the most vulnerable. This is, I believe, in contravention to the Care Act.”

131 people **critiqued** the proposal, the main issues were:

- **process:** “commissioning of services is still poorly organised, and ill informed without clear study, research and understanding, It will strain services without proper and intelligent investment around infrastructure”.
- **our approach to making savings:** “I don’t agree with reducing the funding. If you have a much more efficient way of better enabling people, DO IT, why aren’t you DOING IT already”.
- **Information about the proposal:** “I don’t understand what the proposed saving is, it isn’t stated at all clearly”. / “Makes no sense.”
- That the proposal **contradicts** other proposals or the county council’s priorities: “I disagree because this would contradict one of the organisation’s priorities of supporting vulnerable people to make Norfolk a better place to live for vulnerable people” and “it seems that you are contradicting yourself. How can 'people get early support in communities' while at the same time you are reducing advice and visiting support etc. Is the implication that the 'communities' will pick up the slack?”

There were **20** comments relating to **carers**, most saying how difficult caring would become if the proposed cut goes ahead: “this will make life so much harder for me and my mother who cares for me. I will not be able to go out without a carer or my mother to my activities.” / “This would appear to mean that I alone will be responsible for caring for my partner who had dementia until one of us dies - a very bleak thought.” / “I support (partially) someone in one of your houses. This would mean that my role would have to become 24/7.”

137 people referred to **increased risk of homelessness** for vulnerable people (including those with mental health problems or those at risk of or experiencing domestic abuse) if the proposed cut was to go ahead.

- “Little enough is done for vulnerable young people in Norfolk exposed to the prospect of homelessness.”
- “If places like Genesis were not 'open'/available I would still be homeless.”
- “If you were to reduce funding to our service it could mean ex-offenders being on the streets and greater risk to the public.”
- “I think that the potential consequences in reducing funding to the prevention services in question would have a profoundly negative impact on the vulnerable people who depend on them, and would likely make existing social issues ie homelessness a much bigger problem.”
- “We don’t want more people on the street.”
- “Not good if more people become homeless.”

**Summary completed 20.1.16, Business Intelligence and Performance Service, v5
FINAL**

Title of proposal:	Stop all transport funded by adult social services by 2019
Lead Officers:	Neil Howard, Doug Bennett, Janice Dane, Jo Richardson, Jeremy Bone

Equality and rural assessment

Analysis of proposal & potential impact

Overview - about the proposal

1. This assessment looks in more detail at the proposal to stop all transport funded by adult social services by 2019.
2. Currently, people who receive a personal budget may receive an amount to pay for transport depending on their assessed social care need. However, in addition to this, many people receive money from the Government to help them to get around through the mobility element of their Disability Living Allowance (DLA) and through the Department of Work & Pension's (DWP) Personal Independence Payment.
3. We propose to save £4.78million between 2017 and 2019 by withdrawing adult social services funding for transport. We would continue to provide information, advice and signposting to help people organise transport, and to pay for it using their payments from DLA and DWP or their own money.
4. The proposal would add to savings that the Council has already agreed to make on providing transport to adult social care service users¹².
5. Other local authorities, including ones in rural areas, already only provide support and advice rather than social care funding for transport.

Who the proposal is most likely to affect

6. The proposal would affect all those people who receive a transport service from Adult Social Services including those who use their personal budget (including Direct Payments) to pay for transport. It would affect older people, disabled people (including people with a learning disability and some people who use mental health services). It would also have an impact on family carers as well as transport providers who currently have a contract with Norfolk County Council and some day service providers.

What would happen in practice if the proposal goes ahead

7. This proposal means that we would remove the entire Adult Social Services transport budget by the end of 2018-19. If our proposal went ahead:
 - All our existing 400 contracts with transport providers would be de-commissioned and people will have to pay transport operators direct the full rate for transport

- We would signpost people to information and advice about transport options so that they can arrange their own transport. Where a person is not able to do this for themselves we would help them with making the arrangements.
- We would encourage people to use their Motability vehicle or mobility allowance for their transport.
- We would support people to use public transport, commercial operators or community transport where we assess that they are able to do this. We would provide travel training if appropriate.
- We would support and encourage people to use the service that is closest to them if this will meet their needs, for example, their local day centre.

Looking closely at the profile of service users who may be affected

8. The County Council currently arranges transport for around 1,923 social care clients, including those with personal budgets. In total the service arranges around 600,000 individual journeys each year at a cost of about £7million.
9. People with learning disabilities and older people are the largest client groups using funded transport (representing 49% and 36% of the total respectively). More information is provided below about the type of people currently receiving funded transport services and where in the county they are based:

Older People: Total clients 701					
	West	North	East	Norwich	South
Total	155	119	71	209	147
Of which walkers	153	106	66	205	140
Of which wheelchair users	2	13	5	4	7

Physical Disabilities: Total clients 172					
	West	North	East	Norwich	South
Total	19	37	24	47	45
Of which walkers	13	29	19	36	35
Of which wheelchair users	6	8	5	11	10

Learning Difficulties: Total clients 934					
	West	North	East	Norwich	South
Total	146	287	69	139	293
Of which walkers	146	277	69	132	287
Of which wheelchair users	0	10	0	7	6

Mental Health: Total clients 48				
	North	East	Norwich	South
Total	19	3	16	10
Of which walkers	18	3	15	10
Of which wheelchair users	1	0	1	0

10. In addition to these clients there are also 68 people using funded transport to get to day centres. The majority of these clients are concentrated around Norwich and surrounding areas and are able to walk.
11. Approximately 95% of the trips made are to access day centres or respite care, the other 5% are made to access specialist services.
12. An average of 15 client stretcher journeys are undertaken per month across the county of Norfolk into Respite care. A stretcher journey is required for people who require this high level of support.
13. There are also a number of people who have Direct Payments from the County Council and who use part of this to arrange and pay for their transport directly, i.e. not through transport services currently offered by the Council.

Potential impact

14. If the proposal goes ahead it may have a significant detrimental and disproportionate impact on disabled and older people. The reasons for this are highlighted below:
 - a) **All our existing 400 contracts with transport providers would be de-commissioned and people will have to pay transport operators direct the full rate for transport**
15. Without funding for transport provision to attend day centres, respite care or specialist services, disabled and older people are likely to experience a significant increase in the cost of accessing services.
16. Transport costs vary depending on the operator but the following examples of real journeys currently undertaken provide an indication of how much more people may have to pay in future if funding their own transport:

	Journey details	Current cost (£)	Future cost (£)	% increase
Wheelchair users	2.8 mile return journey in East (5.6 miles total)	15.82	25.00	58.0
	6.4 mile return journey in North (12.8 miles total)	31.64	60.00	89.6
Walkers	5.6 mile return journey in North (11.2 miles total)	20.40	48.00	135.3
	30.02 mile return journey Norwich to North (60.04 miles total)	71.40	77.90	9.1
Stretchers	5 miles journey	Individual Cost		£209
	10 miles journey	Individual Cost		£312

17. The 'current cost' column is the zonal charge used for client transport cost allocation. The 'future cost' column is the actual full cost that the operator charges and will likely charge in

the future. This figure is based on using both cost data from operator invoices and direct quotes.

18. Any such increase in the cost of accessing services could lead to disabled and older people either accessing services less often, or unable to afford to travel at all. The impact is particularly high for people who require stretcher travel, as the cost of stretcher travel is prohibitive.
19. If people's access to travel services is reduced in this way this could have the following impacts:
 - Making people more socially isolated – this is identified as being a particular risk for many older people who have minimal support from other sources
 - A reduction in people's quality of life
 - Reducing people's access to other support associated with services – such as help with queries on household bills or identifying health issues
 - Increasing pressure on informal carers who would possibly have to provide additional care at home instead, may need to provide more support with travel or who have previously benefitted from the period whilst the client is attending services to work, rest or undertake routine chores
 - Reducing the viability of some services including day care, which may lead to some closures or reductions in provision.
20. Through consultation, current service providers have also drawn attention to the level of emotional support they believe clients get from staff and other people using transport services which are seen as a safe place to talk about issues they are experiencing.
21. This aspect of the proposal may impact on disabled and older people regardless of where they live. However, it may particularly impact upon service users living in rural areas, because people in rural areas may need to travel further to reach services and may have limited access to accessible and affordable transport, giving them fewer low-cost alternatives. The risk of social isolation could be considered to be greater in rural areas where there are often fewer people and activities available that could provide an alternative source of stimulation and company.
22. Removing funding from local transport operators could have an impact on their viability or reduce the scope of the transport options they are able to offer commercially. This could potentially reduce the availability of some accessible transport options across Norfolk.
 - a) ***We would signpost people to information and advice about transport options so that they can arrange their own transport. Where a person is not able to do this for themselves we would help them with making the arrangements.***
23. Norfolk County Council is working with a range of transport providers to improve vulnerable adults' experiences and access to accessible information about transport services. There is also work taking place to develop a 'Trusted Trader' scheme specifically around transport so that people looking for transport can make an informed decision as to which providers will better meet their needs regarding accessibility and support.
24. In addition, Adult Social Services is working with Health to look at options around how combined transport in its wider capacity can be better used to support people.
25. It will be essential to ensure that full accessibility is incorporated into any systems that are developed to support these initiatives.

b) We would encourage people to use their Motability vehicle or mobility allowance for their transport.

26. If the proposal goes ahead, the Council plans to make sure people are encouraged to use any Motability vehicle or mobility allowance that they currently are provided with for their social care transport. Motability vehicles and mobility allowance are paid from Personal Independence Payments (PIP), a new national benefit introduced in April 2013, replacing Disability Living Allowance (DLA) for eligible people aged 16 to 64. The Government estimates that it will be around two years before all eligible people will have transferred to PIP.
27. Motability vehicles can be used by or for the benefit of the disabled person. This means that in some instances the disabled person does not drive the car – for example the majority of people with a learning disability are unable to drive and instead their carer or other family members do.
28. PIPs cover ‘daily living’ and ‘mobility’. The mobility component is paid at either an ‘enhanced’ rate (£57.45 per week) or a ‘standard rate’ (£21.80 per week). People on the enhanced rate are considered to have severely limited ability to plan and follow journeys and move around. People on the standard rate are considered to have a limited ability to do these things.
29. People can choose to exchange their enhanced rate mobility allowance to lease a car, scooter or powered wheelchair (‘Motability vehicles’). PIP’s are not means-tested or taxable and can be paid whether people are working or not.
30. The Council does not hold data that shows whether people currently using adult social care transport services also receive DLA or PIP. However, the latest DLA figures available nationally (for May 2015) showed that 38,745 people across Norfolk claimed DLA¹ and 21,074 people have registered for PIP in Norfolk.
31. In making this proposal, the Council’s expectation is that people who have Motability vehicles or receive the mobility component of DLA/PIP will be able to use these. Although for some people this will be an option, for others it may pose some issues:
 - PIPs are only available to working age adults; people aged 65 and above are not eligible for this support.
 - Some services do not have accessible parking close to the venue so parking for a period of time would be difficult in some locations.
 - With the transition from DLA to PIP currently taking place, the assessment criteria to get PIP has been toughened. For instance, people who can walk 20 metres are considered mobile, where previously this was 50 metres. For people with sensory impairments, there is less chance of qualifying for PIP. This has resulted in a number of disabled people losing their mobility component and/or their Motability car.
 - Some service users responding to consultation have highlighted the impact of changing from arranged shared transport to use of a Motability vehicle. Some have suggested that moving from independent travel to being escorted by parents or family members undermines their dignity and independence.
 - The DLA/PIP support that people receive for transport is a fixed amount which does not take into account the higher costs associated with travel in a rural area

¹ <http://www.norfolkinsight.org.uk/dataviews/tabular?viewId=112&geold=15&subsetId=>

where there are often limited public transport options and more expensive transport options like taxis may often be the only viable option.

- The indicative future transport costings provided in section 1 suggest that even people receiving an enhanced rate of DLA/PIP support may only be able to make a limited number of journeys on the budget available to them. For some, the £57.45 a week provided would not even cover one return journey to access their current service.
- Feedback from services users during previous consultations highlighted the wider impact of the welfare benefits reform and the reduction in benefits that many were experiencing. The growing cost of travel could limit their ability to access a range of normal activities, such as doctor and hospital appointments, as well as education, work, leisure and health-related activities.

c) We would support people to use public transport or community transport where we assess that they are able to do this. We would provide travel training if appropriate.

32. In making this proposal, the Council's expectation is that, where possible, people will be encouraged to use public transport, taxi operators or community transport instead of social care provided arrangements.
33. Some disabled and older people may have a concessionary bus pass. If an individual is eligible for a pass they can get free transport and possibly a companion pass too, if they are unable to travel without a companion. There are currently 198,910 disabled and older residents in Norfolk with concessionary passes:

	Active cards (all)	No companion assigned	With companion
Over 60 concession	171,680	171,621	59
Disabled concession	11,379	7,914	3,465

34. Overall, the availability of transport provision across Norfolk is good, but there are known areas where there is a shortfall:
- Diss area
 - Thetford area
 - Fakenham area
 - North / West coastal areas (Wells / Hunstanton / Cromer)
35. Bus services generally serve main routes which means they may not be accessible to people in more rural areas. Community transport schemes tend to focus on specific geographic areas and journeys, which may limit their flexibility to meet people's transport needs. Commercial taxi operators provide the wider range of transport services and vehicles geographically to support changes in clients' transport needs, but are an expensive option.
36. The vast majority of local bus services (commercial and supported) services are now in accessible vehicles. By 1 January 2016, all full size single deck vehicles must be wheelchair accessible and by 1 January 2017, all double deck vehicles must be wheelchair accessible. Most council commissioned minibuses are required to be accessible so there is a good supply in the wider Norfolk fleet, even if customers need to go direct.
37. However, some disabled people may still experience difficulties in using public transport - either in terms of vehicle accessibility or access to bus stops. Some people may find it easy to use a service in one direction, but find difficulties on the return journey. Sometimes,

particularly in urban areas, there may be more than one wheelchair user competing for an accessible space on a vehicle (which tends to have only 2 or 3 wheelchair spaces), with additional competing pressure from carers with buggies and pushchairs.

38. For wheelchair users in particular, it is possible that the removal of contracts for wheelchair accessible vehicles could reduce the overall supply of accessible options making it difficult for some people with physical disabilities to find suitable and affordable transport arrangements.
39. There are currently limited opportunities in Norfolk to obtain stretcher journey provision for clients, with those organisations who have the necessary vehicles prioritising health service provision into hospitals. The proposal would mean that existing arrangements for social care clients would be lost, which could make it more difficult, and vastly more costly, for individuals to access stretcher vehicles in future.
40. Overall, the reliability of local bus services across Norfolk is good and sits at around 92% (i.e. 9 times out of 10 buses are on time). It should still however be noted that the reliability of public and community transport provision is an issue for disabled and older people, mainly because the late or non-arrival of a bus could cause discomfort for someone who is unable to stand or sit for long. There have been some isolated incidents where service users have been stranded for several hours waiting for an accessible bus to appear.
41. Some disabled people have highlighted the significant extra costs they may have to incur to use public transport - where a carer would be required to help them access transport the service user would be required not only to pay for their own public transport, but potentially also for the carer's transport². They might have to pay for the carer to accompany them there and back. Typically, the support of a personal assistant is more likely to be required for disabled people when they are using public transport. Currently, one personal assistant can satisfactorily support a group of up to ten individuals travelling together in a specialist Council contracted vehicle. On public transport it is more likely that people will need one-to-one support. It is possible that there may be a shortage of personal assistants available in Norfolk to meet all clients' transport needs.
42. Consultation with residents shows that the disability awareness of bus drivers has a key role to play in disabled people's confidence in using public transport. For example, a bus driver with good disability awareness will make sure that a disabled person with communication difficulties does not feel rushed into buying a ticket and has time to make enquiries, and someone with mobility difficulties has time to sit down safely before the vehicle moves off. The County council has run disability awareness training for all the major bus operators driving teams to help assist people travelling and Open Doors co-produced the last series of training.
43. Consultation also shows that fear of hate crime or hostility and discrimination by members of the public is sometimes a factor deterring disabled and older people's use of public transport³.

d) We would support and encourage people to use the service that is closest to them if this will meet their needs, for example, their local day centre.

44. Part of the disability rights movement has been to put disabled people at the centre of decision-making about services that affect them. The adage "Nothing about us, without us" arose from disabled people's experiences that decisions were sometimes made on their

² 2014/2015 public consultation feedback

³ Norfolk County Council Disability Pilot Project 2010

behalf without their involvement or against their wishes. If the proposal goes ahead, some disabled people may feel they are being allocated a service based on what is 'perceived' as their primary need.

45. A recent transformation project review looking at the Southern and Western localities identified that people using adult social care transport services covered between 0.2 and 38 miles per journey (or 0.4 to 76 miles per return journey) and in some cases people spent up to two hours a day travelling. It found that there were three key reasons why people travel long distances to attend services:
 - No appropriate services closer to where they live (e.g. through lack of services provided in the area or centre closures)
 - Choice – customers, their carers / families choosing a service some distance from where they live even when there are services closer.
 - Attendance at specialist centres.
46. A range of complex issues may inform a disabled person's preference about where they go. For example, they may have long-standing friendships with trusted people at a particular venue. It may not be as easy for some disabled people to make and sustain friendships as people who are not disabled. This may be a particular issue for someone with communication difficulties. Disabled people are more likely than non-disabled people to have a limited social network and are at greater risk of social isolation. A disabled person may wish to travel long distances to attend a venue which offers the only social contact they have with others.
47. The suitability of local facilities to meet people's specific and often complex needs may be an issue. In rural, and some urban parts of Norfolk, local community services often struggle with making their facilities accessible to disabled people. Although this have a particular impact on manual and power wheelchair users, some local community services may not be accessible to other disabled people. This could be because of physical access, but might also be as a result of a lack of confidence of the local community group to bridge communication difficulties, or feeling ill-equipped to meet people's medical needs if they arise.

Other issues

48. Consultation with disabled and older people in Norfolk consistently highlights access to transport as a major enabling factor. Disabled people are less likely than non-disabled people to achieve in education or gain employment and are at greater risk of social isolation. They are more likely to experience barriers to the built environment and transport and fall into low income groups.

Human Rights implications

49. The impact upon the human rights of individuals affected by this proposal has been considered in relation to the Human Rights Act 1998 and the European Convention of Human Rights.
50. The Convention rights that may apply in relation to this proposal are Article 8 (Right to respect for private and family life). This right is broader than simply protecting personal privacy. It also covers issues such as:
 - Being able to maintain and establish relationships with others (including family relationships)

- Being able to participate in the life of your community
- Being able to access medical treatment
- Respecting the confidentiality of personal information
- Respecting physical and mental well-being
- Respecting rights to make choices about things that affect the individual
- Being able access personal information

51. It should be noted that Article 9 of the Convention requires countries to identify and eliminate obstacles and barriers and ensure that persons with disabilities can access their environment, transportation, public facilities and services, and information and communications technologies.
52. Article 19 of the convention states that people with disabilities must be able to live independently, be included in the community, to choose where and with whom to live and to have access to in-home, residential and community support services.
53. Article 20 of the convention states that personal mobility and independence are to be fostered by facilitating affordable personal mobility, training in mobility skills and access to mobility aids, devices, assistive technologies and live assistance.
54. There is no evidence to suggest that this proposal will impact adversely on the human rights of service users. However, this will be closely monitored and taken into account during the assessment and review process for each individual service user.

Action to address any negative impact

	Action/s	Lead	Date
1.	Work with service users/carers as part of the assessment and review process to identify the social care transport needs and options available to service users, taking their individual needs fully into account. This would include whether the mobility allowance is more suitable for the person's needs than having a Motability vehicle and/or whether more people need to be on the insurance to drive the Motability vehicle.	Lorrayne Barrett and Lorna Bright	From 1 April 2016
2.	Where the assessment process highlights areas of limited accessible community or public transport provision in some parts of the county, which might result in affordability issues or a loss of independence for service users, offer appropriate travel planning support to service users/carers to make sure people are spending as effectively as possible.	Tracey Jessop	From 1 April 2016
3.	Where the assessment process highlights areas of limited accessible community or public transport provision in some parts of the county, work with commissioners, communities and community transport	Tracey Jessop	From 1 April 2016

	<p>providers to explore opportunities to address this, and inform strategic transport planning, to enable consideration to be given to whether there are opportunities to address this at a strategic level over the medium/long term.</p> <p>In making this recommendation it should be noted that only bulk travelling numbers (or subsidy) keep services operating or regular work make it worthwhile for taxi providers.</p>		
4.	Work with service providers in looking at the potential impact of this proposal and where appropriate explore options with them in sustaining their service	Catherine Underwood	From 1 April 2016
5.	Provide service users with support to help them plan and establish pooled budgets. Ensure staff supporting service users in this work have the appropriate skills – e.g. this may include community development skills. Monitor the extent to which service users are able to participate in this initiative.	Janice Dane/Lorrayne Barrett/Lorna Bright	From 1 April 2016
6.	Continue ongoing dialogue with transport providers to promote disability awareness and identify where further action can be taken to improve accessibility and increase the confidence of disabled people in using community and public transport.	Tracey Jessop	From 1 April 2016
7.	Work with transport providers and service users to ensure drivers and personal assistants can deal appropriately with instances of bullying and harassment towards service users while travelling	Tracey Jessop	From 1 April 2016
8.	As part of Adult Social Services strategy in supporting people to access local community services, explore potential opportunities to support local services in increasing their disability awareness, confidence and levels of accessibility.	Janice Dane	From 1 April 2016
9.	Monitor the implementation of these mitigating actions, reporting back to the committee at six monthly intervals on progress for the initial two years (2019-21).	Janice Dane	From 1 April 2016

List of evidence used to conduct analysis

- Transport EqIA Analysis
- Transcripts from Re-Imagining Norfolk disability consultation events
- DLA/PIP data
- Consultation responses

Consultation findings

Title of proposal
Stop all transport funded by adult social services by 2019

<p>Respondent Numbers – Number and percent agree, disagree and don't know/blank where applicable. If relevant also include numbers of respondents who were service users and carers</p> <ul style="list-style-type: none"> • There were 1102 responses received for this proposal. • 792 people (71.87%) disagreed with the proposal • 235 people (21.32%) agreed with the proposal • 75 people (6.81%) told us that they did not know if they agreed or disagreed with the proposal
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Analysis of responses

Organisation, group or petition responses	
<p>Please describe any petitions received.</p> <p>Please record any groups or organisations which responded.</p>	<p>Forward Day Service submitted a petition with 77 signatories: “We the undersigned do not want Norfolk County Council to stop funding transport for Adult Social Care”.</p> <p>Of the group of adults with learning disabilities who attended an About With Friends Workskills Service, 2 agreed with the proposal and 27 disagreed with the proposal.</p> <p>66 respondents told us that they were responding on behalf of a business, organisation or group. These were:</p> <ul style="list-style-type: none"> • About with Friends • Access Community Trust x 2 • Adult Day Care Limited • Aspires Day Service • Aspires Fincham • Aspires Ltd • Assist Trust • Aylsham Town Council • Break Charity • Broadland Older People's Partnership • Centre 81 • Chloe Smith MP • Cinema Plus (Cinema City) • Community Action Norfolk • Cromer Town Council • Diss Town Council • Elizabeth Truss MP • Forward Day Centre Ltd • Great Yarmouth Borough Council

	<ul style="list-style-type: none"> • Great Yarmouth Older People’s Network • Griffon Area Partnership , The Friday Group • Headway - Norfolk and Waveney's Brain Injury Charity • Healthwatch • Local Deaf Centre in Norwich • Malcolm Books • MAP • Mid Norfolk Mencap • Mind • Mums in the Know Norwich • NANSA • NHS Norwich Clinical Commissioning Group • Norfolk Community Transport Association • Norfolk County Council and Stonham Home Group • Norfolk Making it Real Board • Norfolk Older Peoples Strategic Partnership x2 • Norfolk Record Society • Norfolk Young Carers Forum • Norfolk's Learning Disabilities Providers Forum • North Norfolk Community Transport • North Norfolk District Council • North Norfolk Older People's Forum • North Norfolk Parents and Carers • Northrepps Parish Council • Norwich Older People's Forum • Norwich PHAB Club. • Opening Doors Management Committee • Ormesby St Margaret parish council • Ormesby with Scratby Parish Council • Parish Council • Phobbies • Poringland Parish Council • Sheringham Town council • South Norfolk District Council • Sprowston Hub • Swallows Day Care Centre • Swanton Morley Parish Council • Tasburgh Parish Council • Taverham Parish Council • The BUILD Charity • The Friday Club, Holt Community Centre • Thornage Hall • Unite social group. • Wells Community Hospital Trust • West Norfolk Community Transport • YMCA Norfolk • Your Own Place CIC
Please summarise all	Of the 52 organisations/groups/MPs who told us if they agreed/disagreed/don’t know, 15 agreed, 36 disagreed and 1 did not know . Of those who agreed, 5 did so with a proviso but there was no

petition or group responses.	consensus about the reasons for agreeing. Of those who disagreed, the impact on people's wellbeing, including risk of isolation (particularly in rural areas) if the service user could no longer access a service, and the potential detrimental effects on carers were cited. People also referred to the proposal as being shortsighted, as cuts made now could incur higher costs to other services at a later date. Organisational responses are included in the comments below.
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Looking at all of the responses, are there any consistent, repeated or notable reasons given for people's views in...

Agreeing with the proposal?	<p>235 (21.32%) people who responded to this question agreed with the proposed cut.</p> <p>The main reason for agreeing relates to the use of benefits, that is to say, that people should use other benefits such as a motability vehicle or alternative means of income, rather than seeking funding from NCC: "people get personal allowance which could be used towards cost". 68 people made comments about benefits including inappropriate use of allowances: "If service users are able to access transport using other funding they should do. I know of people who use taxi vouchers for nights out with family members so they can drink & take a free taxi home". The potential for duplication was also referred to: "it has always been aggravating to see people getting free transport when a mobility vehicle sits in their drives". Other respondents noted that any help towards transport costs should be more carefully targeted than at present to distinguish between those in receipt of benefits and those who do not receive benefits: "people get disability allowance of carers allowance so they should pay out of that, the council should not have to fund this, only for people who get no funding". .</p> <p>29 people agreed with the proposal but with a proviso such as: "if transport budgets are removed there needs to be a clear information and advice service to support people to access the mobility component of their income or to access community based transport services." Other people agreed as long as alternative transport arrangements were in place and that costs were reasonable: "if transport is provided at a reasonable cost, people who need day care could budget for it".</p> <p>22 people agreed on the basis that paying for transport is an individual's personal responsibility: "people should pay for travel". Some people made the point that transport can be afforded by some service users: "I support this because in many cases (not all I know) people receiving personal budgets and others who are able to access this service are not necessarily financially disadvantaged as well" and others noted that it should be budgeted for out of benefits received: "if transport is provided at a reasonable cost, people who need day care could budget for it". Comments around unwillingness to, in effect, subsidise other people's travel, were also made: "where people can pay they should. If central government is effectively imprisoning adults with mobility issues in their own homes, then those adults should be pressing their MPs. It is unreasonable for the rest of us to pick up the tab".</p>
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	<p>15 people said funding transport is not essential, either because the services people chose to attend, such as day care, are not vital, or because funding transport is less of a priority (“priorities on use of limited resources”) than the funding of other services: “as this is a non-statutory service, I would agree with this proposal”. Some respondents qualified their statement while acknowledging difficult choices have to be made: “Not good, but arguably less essential than other things”.</p> <p>83 of the 235 people who agreed with this proposal did not give a reason for their viewpoint. Some wrote freetext responses such as “reluctantly agree”, “see above”, “no further comment” or “seems sensible”, but the vast majority of the 83 wrote nothing so we cannot know the reasons for their agreement.</p>
Disagreeing with the proposal?	<p>792 (71.87%) people who responded to this question disagreed with the proposed cut.</p> <p>The main reasons for disagreeing are concerns about people’s inability to access services and the negative effects a cut might have on people’s wellbeing.</p> <p>259 disagreed with the proposal because it would mean they could not access or afford to attend their service. Respondents who disagreed said if the proposed cut was made, they will not be able to attend their service: “(Filled in by carer) Alzheimers and no family or possible transport to the Marian Centre on Wed. Only outing is important it continues. She lives alone.” / “Customers will need to use their own transport or not come in.” / “I have no one to drive me to day centre on the days I go. I don't have a budget to pay for transport so will have to stay at home.” / “This would mean me having to give up my day care three times a week, which I feel is my life line. I have severe Alzheimer's.” / “My day service is a mile away I can't walk there it is dark this time of year.” Others said they cannot afford to pay for transport to their day centre or other service: “will not be able to fund our own transport cost to access day care” / “I could not afford to pay for transport as I already have to pay to go to Cranmer so I would only go one day a week instead of two.” / “It affects me going to have a bath day centre on Monday Thurs day centre I wouldn't be able to pay for both that means I would have only one day of my house.” / “I will be unable to attend my day services, as I do not have access to other transport, and I'm not in the financial position to pay for this myself. I will miss out on hot meals and personal care and socialising.”</p> <p>234 people commented on the link between the ability to access social and community activities and an individual’s wellbeing: “for an elderly person the funded transport to a day centre may be their only release from isolation, access to a hot meal, company, a bath and prevention to safeguarding issues before the individual is in crisis.” Other respondents referred to access to day care services providing: “a feeling of independence, socializing, being busy, being with other customers and different staff and having a fulfilled life”. Some respondents shared their personal experiences: “I don't think this is a good idea, this is the only activity I do outside of home, if I don't do this I will have to stay at home,</p>

	<p>and won't get to see my friends.” It was noted that “individuals who have been socially engaged and included in the community, confident in the provision of transport, now will be challenged to remain independent.”</p> <p>142 people made comments about the risk of people becoming isolated in their own homes: “I am horrified that it is even proposed to limit my transport as I am bedridden and without being able to get out at all my life would be unbearable. I am sure that there are many people in similar positions. This is a very cruel proposal.” The effects of isolation including depression, being housebound (“to stop providing transport for rurally located vulnerable people would be akin to jailing them”) and a ‘knock-on’ effect to other services were also mentioned: “Please don't do this and ruin my life. I am not capable of independent travel. If transport was stopped I would be a “prisoner” in my home and would have to go into residential care”.</p> <p>137 people said they disagree with the proposed cut as they cannot get to or travel to a service, mainly because of limited ability to use public transport. Reasons included vulnerability (“fear of falling”), worries about travelling alone on buses, issues with road safety awareness, medical conditions, concerns about being the target of hate crime: “my minibus is part of my social network. I love it just as much as my day centre. I get to meet friends that are not at my centre. Taxi drivers are not as sympathetic to my needs and you get put in a stacking like system. ... Going on public transport (bus) would affect my safety (road awareness) and you would probably see an increase in hate crime.”</p>
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Don't know: Of the 'Don't Know' responses (and where explanatory text is provided), what are the main reasons why people are unable to come to a clear decision?

75 (6.81%) ticked the 'don't know' option. Negative effects on people's wellbeing were mentioned 22 times, an individuals' inability to reach or afford a service was referred to 20 times. The fact the service is vital (or 'key') was noted 13 times as was the rural nature of the county and the impact this has on service provision and access.

Analyst notes	
Any other things you think report writers should know when presenting findings	<p>89 people critiqued the proposal, either because they felt we had not provided sufficient information: “I cannot see how an alternative support system will be in place given your explanation of the alternative”, or because they queried the thinking behind the proposal or doubted it would achieve its aims: “removing a budget in its entirety without full and detailed exploration of the need will see a strain on other services and no doubt, budgets”. Other criticisms were around a perceived clash with other proposals: “this directly contradicts other statements about helping people stay independent and in their own homes and being part of their community” / “On a separate sheet the council states that they want to spend less on daycare - so a double whammy on the most needy.” / “On the one hand you advocate trying to involve people in their community and on the other you advocate withdrawing the means to do so.” One</p>

respondent observed that service users are already being told they are no longer eligible for various services as though the budget consultation had been decided.

15 people made reference to our perceived or actual **legal** obligations: one cited our duty “to keep doing positive stuff for these people in need” and another stated that if we remove the right for people to choose where they attend activities we have not provided “the duty of care that I should be given by law”. Other respondents noted potential legislative challenges: “I do think you need to be careful how you implement this to ensure you're not contravening the Care Act” and “getting about in public is vital for people’s well-being. Councils have specific obligations under the Equality Act 2010 to enable disabled people to take part in public life - being able to get around is surely part of that.” / “The funding of this would be open to challenge under European rules, and it does not develop an open market place of services for people with disabilities, which is essential for personal choice and the long-term benefit of the county.” / “The UK Government signed and ratified the United Nations Convention on the Rights of People with Disabilities (UNCRPD) in 2008. It is my belief that this cut contravenes UNCRPD Article 19 - Living independently and being included in the community which states parties to the present convention recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that: c) Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.”

In addition, 123 respondents made comments about the effect the proposed cut would have on **carers**, particularly carers of older disabled adults, and many focused on the needs for carers to have some respite to enable them to continue their caring responsibilities:

- “[stopping transport payments] would isolate people in need of companionship and would result in carers not being able to have a deserved break if they could not afford to organise the transport”.
- “This means my husband will no longer be able to go to say care which gives me three says a week to have a break for myself.”
- “My husband has dementia, and the time spends at day care is vital to me - I struggle daily with him and my health is suffering. If this is taken away from us my husband would end up in full time care.”
- “As well as caring for me, my wife also supports our daughter who has a mental illness and lives in care. My wife visits my daughter the day I have my transport to day centre. If she has to take me to my day centre, my daughter will not get a visit. She cannot be at two places at once.”
- “My husband is in a wheelchair and has no speech. This gives him a day out and me a day to myself. I have to care for him 24 hours a day. My husband loves his day centre and would not be able to go without transport as it takes him in his electric chair.”
- “Because I am caring for my partner, we don't have no transport, no community cars, and no bus transport. These are 3 days I have to myself as I need a break. I know I have arthritis myself and

struggling more, Colin would have to go in a home and I couldn't manage. I have him 24 x 7 these 3 days are at Day Centre from Colin.”

In addition, some carers said if they could no longer access or afford care for the person they care for, they would have to **give up their job** which would have negative financial and wellbeing effects.

An important point emerged from respondents' comments - **appropriate, local provision**: respondents pointed out that attending the nearest day care centre (with the lowest transport costs) may not be appropriate because different day care centres offer a different range of services: “Further to this the notion that adults with Learning Disabilities should be attending their closest provider is clearly flawed. The providers in West Norfolk specialise/concentrate on in very different outcomes, for example some aim to find employment for their clients/students and others concentrate on Basic Skills and education as well as activities in the community. To simply allot a provider to a client based solely upon geography, reveals a fundamental lack of understanding of the needs of many of this group of people.” / “The proposals also suggest that people should attend their local day centres, whereas the third sector in Norfolk have developed specialist day centres over a county basis to provide specifically tailored services based on the individuals need.”

**Summary completed 20.1.16, Business Intelligence and Performance Service, v5
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Responses to strategic intentions and other ideas

In addition to the formal proposals reported above, the consultation also asked for views and feedback on a range of other strategic intentions and ideas. The remainder of this section reports on the findings of three additional questions asked about Adult Social Services.

Spend less on traditional day care by helping people join in with community activities.

Overview
<p>We have had a lot of discussion about day care in Norfolk in recent years. The council's day care services are now run by a social enterprise called Independence Matters. In addition we work with a number of voluntary and private organisations who provide day care.</p> <p>We would like to work with these organisations to help more people who have a disability or mental health need into employment. Some authorities have had more success than Norfolk at this to date. Where employment is possible for individuals, there is some evidence to show that being in work can help people with disabilities and mental health needs enjoy a better quality of life and, in doing so, it can reduce the cost for adult social care services.</p> <p>What that means in practice is the council wanting to look at how we might be able to spend less on traditional day care services in buildings and invest more in helping people find work if they are able to. We also want to help more people get the company and stimulation they need in their local communities and from services that are open to everyone to use, not just people with social care needs.</p> <p>We think this could have multiple benefits. In part they are as described above, but could also assist in stopping people having to travel long distances to get to special services and helping them to feel more connected to people living around them. Whilst plans are yet to be finalised, it is important to be aware that this could mean that some day care services people currently receive could change or close in the future.</p>

Respondent Numbers
292 responses were received.

Organisation, group or petition responses	
Please describe any petitions received.	Of the group of adults with learning disabilities who attended an About With Friends consultation event, 3 agreed with the proposal and 23 disagreed with the proposal.
Please record any groups or organisations which responded.	<p>38 respondents told us that they were responding on behalf of a business, organisation or group. These were:</p> <ul style="list-style-type: none"> • About with Friends • Adult Day Care Limited • Aylsham Town Council

	<ul style="list-style-type: none"> • Broadland District Council • Centre 81 • Chloe Smith MP • Diss Town Council • Forward Day Centre Ltd • Great Yarmouth Borough Council x3 • Headway - Norfolk and Waveney's Brain Injury Charity • King's Lynn and West Norfolk Youth Advisory Board (YAB) • Malcolm Books • MAP • Mid Norfolk Mencap • Mind • Mums in the Know Norwich • NANSA • NHS Norwich Clinical Commissioning Group • Norfolk County Council and Stonham Home Group • Norfolk Making it Real Board • Norfolk Record Society • Norfolk's Learning Disabilities Providers Forum • North Norfolk District Council • North Norfolk Older People's Forum • Northrepps Parish Council • Norwich Older People's Forum • Parish Council • Poringland Parish Council • Snettisham Parish Council • South Norfolk District Council • Swanton Morley Parish Council • Tasburgh Parish Council • The BUILD Charity • Thornage Hall • Unite social group. • Your Own Place CIC
Please summarise all petition or group responses.	8 organisations expressed general agreement and 3 expressed general disagreement with no consensus around the reasons.

Themes
<p>71 people commented on helping people with a disability or mental health need into employment. Although some comments were generally positive: “it is a very good idea to encourage adults with learning and physical disabilities to get into the working world and also support people with mental health problems to get back to work”, others expressed “doubt [that] ... there is much suitable work available” or questioned if working is a realistic option: “daycare is not an alternative to work - not everyone is capable of working”/“my wife uses the Thetford day care centre. From what I have seen, none of the users of this service would be capable of finding work”/“you will be miracle workers if you get many people with mental health needs into employment”. Others noted that older</p>

people near retirement age and those with progressive diseases such as dementia may never be able to work.

- Respondents also noted (actual or perceived) **inequalities** around access to employment: “Norfolk has high employment and it must be realised less options for those with any complex need of getting into employment Keep it REAL!” and “with many able bodied people unable to find work it is even harder for disabled people to get work”.
- The need for **support** to maintain employment was also noted: “people with LD can generally only find employment or work in the community with support. If individuals are to be community based then the number of support workers required will rise massively”. Support from work placed colleagues and peers was also considered: “we as a company have approached employers about supporting customers with slight learning disabilities and often they do not have the time to release staff or train staff to support these people as well as the risk involved”.
- The **increased cost** of supporting people into employment (“if you were going to do this properly, it would probably cost more, rather than less”) because of the additional requirements placed on support workers and carers was noted: “it is unlikely that placements will all be 9-5 so other support services such as Supported Living (or Parent Carers) will have to look after people more. This will increase costs”.
- **Availability and cost of transport** was perceived to be a potential barrier to maintaining employment: “transport is a problem in some cases so we need more volunteer drivers for some people who cannot get to their local venues”. “It is ridiculous to say that people in day care could go and get jobs - and even if they could, you're proposing cutting transport subsidies for them!”.
- The main issues around helping people into employment noted by respondents, including the risk of appearing **tokenistic**, are captured in the following (complete) quote:

“For with people with LD to get a job, they need access to a skilled and professional supported employment agency which we do not have in Norfolk. The support into employment service has one worker per area and this service is very overstretched. The biggest barrier to employment in my opinion is lack of specialist support. It is also unrealistic to think everyone with a disability can get a job. Many people with significant LD require a carer with them at all times to maintain their safety and there is little point of them having a job if the carer does it for them. It is tokenistic and won't save money. People already access ordinary opportunities in the community but for those with significant LD they require a carer to support them. This will end up being more costly than people sharing support in buildings based day care”.

63 respondents made comments about people's **wellbeing**: generally expressing the view that community engagement and meaningful activity (whether daycare, employment or leisure) are beneficial to individuals: “Disabled people can work. People in wheelchairs can work. And they are a valuable part of the employment community. This is a good idea and should be supported completely. Work and social interaction add to self esteem and keep one's mind active.” However, the potential negative effect of attending

universal (open to everyone) activities rather than more targeted activities was noted by one respondent: “I think the idea and direction is logical but I don't believe it's achievable. Whilst in the case of older people traditional day services are perhaps seen as rather conservative and expensive, what they do achieve is bringing people together who perhaps would not otherwise meet and go a long way to reducing feelings of loneliness and isolation that undermine their ability to remain independent. The likely reality is that, whilst the intention might be to involve older people in 'their local communities' and in facilities that are 'open to everyone to use', this will not happen and older people will be left isolated at home for even longer than they are now”.

45 people commented with a **proviso** around the following themes:

- **Availability** – “Whilst change is to be welcomed nobody who is presently receiving a service should have it withdrawn until a suitable and agreeable alternative is available.”
- **Training** – “I am broadly in favour of these proposals, so long as there is sufficient training and support for the staff involved. Sending a person to a facility run by the local community would not be good if no-one there knew the special needs of individuals and how to help with them.”
- **Transport** – “If you do this you must also pay transport costs to ensure people can access these services.”
- **Signposting** – “I can see some benefits in this as long as people can attend activities and know how to find out about them.”
- **Accessibility** and advocacy – “We agree that all traditional day care provision should be closed without delay wherever possible. However, there must be careful planning and consideration taken when doing this and change must be discussed openly with the person with a learning disability in day care, their carers and the day care provider. Careful transition planning is a must and those undertaking assessments of what is required must have a sound understanding and knowledge of the individual's condition and what is available. There must be real choice offered and the individual must be supported to make the right choice, this should include access to independent advocacy. Without this planning the results will be detrimental and more costly to NCC. The voluntary sector is well placed to assist with transitional planning and has a track record of success in this area.”

40 comments were made about the need for **local job opportunities and activities**: “the idea is a good one. Before it can work though, jobs need to be made available suited to those with a disability in their own locality”, or the **lack of local jobs and activities (29)**: “difficult to see how this would work. Not sure it would be possible the services are not available in the local community”. **3** people suggested using libraries or museums as local venues for community activities (not employment). The beneficial effects of developing local resources were noted: “we would also encourage NCC to consider how it facilitates and grows community activities, particularly in communities of low social capital where community provision does not currently exist”; one organisation cited numerous grassroots organisations active in communities as examples of what can be achieved locally.

Ideas

13 ideas were suggested about the following themes:

- **Promote services** more effectively and look for **best practice**.
- **NCC to establish a social enterprise** to enable “those who have a disability or mental health issue to work for the County Council” and to **encourage jobs in relevant local sectors** such as food production or horticulture.
- **Withdraw support in stages** – “in the first year reduce the amount of hours offered and then again in next year and totally in third year, this would offset some of the upheaval and allow for other activities to fill the gaps”.
- **Encourage volunteering** – “rather than support people in to employment as the only solution, why not support people in to volunteering to build up their confidence and employability skills then in to employment at a later date”.
- **Engage employers:** “I think a great deal more needs to be done with local employers, to bust myths about employing people with disabilities, and I think we should grow a group of "disability champions" in large organisations locally who will lead the way.”
- **Community champion role** – “I really like this proposal - we have some excellent community based resources in Norfolk and some excellent models of good practice. I agree with an asset based approach - building on the skills and abilities of individuals, focusing on what they 'can do' rather than what they 'can't do'. Although this would require some development work it would be real investment in the future fabric of our local community resources and help to build up existing social enterprise/s in the county.”
- **Cost sharing** – “If the council provided the space and asked voluntary services to run them, it would be a win-win situation as many voluntary groups' biggest expenses relate to accommodation.”

Equality Impact Assessment	
Describe any information in the responses which relates to EqIA – impact on protected groups and those living in rural areas	<p>37 comments related to protected characteristics and EqIA and 9 related to the rural nature of the county.</p> <p>Differentiation – “Not everyone with mental health difficulties needs social care services”. / “This might work for a few people who are only mildly disabled - for the vast majority who need help with going to the loo, washing, incontinence, feeding, medication, memory stimulation, housing, protection etc. etc. it is irrelevant. Your efforts should prioritise the most needy, not the least.”</p> <p>Disability – “There are NO facilities in most communities for disabled people, particularly people with a learning disability. Whoever proposed this has no expertise in dealing with people with a learning disability. It is a cruel proposal which will confine people to their own homes. People 'living around them' do not want to socialise with people with learning disabilities. Your proposal is naive, without professional merit and is discrimination against disabled people. It is very worrying that you employ people that can make such prejudiced proposals.”</p> <p>Employment discrimination – “The LA would quite possibly need to invest a substantial amount of money in providing working opportunities for those who may not be able to consistently work the hours set. While employers cannot discriminate, it is a big ask for any small business to</p>

	<p>create such a flexible arrangement, especially if there are only a few employees.” One comment noted the potential for employment discrimination of people with disabilities: “I am concerned about the emphasis getting more people with disabilities and mental health into employment in this context. What kind of community activities do you mean? Presumably getting people into employment should be in the remit of the DWP. I do not want to see people with disabilities and mental health being exploited by effectively working for free under the guise of gaining 'work experience'. That should be left for the job centre to provide proper training and employment opportunities.” Another queried equality of opportunity between potential employees: “whilst it is commendable to want to get those using day care services into work what help will there be to enable this to happen on an equal footing with those such as young people who equally wish to work” and “with many able bodied people unable to find work it is even harder for disabled people to get work.”</p> <p>Choice – “Traditional day care is disabling in my view. It turns the person into an object to be dealt with, rather than actively becoming involved in a variety of local "happenings" when they are a person deciding and doing local activities being enabled.”</p> <p>Age – “Seems to me that the elderly are being penalised for being infirm.”</p> <p>One organisation told us that "there appears to be no recognition of the support people need in order to access community facilities and to overcome structural and institutional barriers of discrimination that they face due to age, disability, poverty race etc. In order to become an integral and valued part of their local community some people require not only additional support, but in some instances specialised support".</p> <p>See also comment about disability champions in Ideas box above.</p> <p>Most of the comments about the rural nature of Norfolk concern the risk of isolation and limited services: “in principle this sounds worth pursuing but in a diverse county like Norfolk there is a real risk of isolation for those in rural areas where provision may be limited or even non-existent” . / “There needs to be due recognition of the specific challenge of rural isolation in this.”</p>
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Analyst notes	
Any other things you think report writers should know when presenting findings	There was 1 comment about our actual or perceived legal duties: “This sudden withdrawal of funding will in fact will now lead to increased social isolation and in some cases the equivalent of virtual imprisonment in the home. Social disadvantage will cause a much worse standard of life for many people as covered in the Mental Health Act and is most likely in contravention of requirements in conventions on human rights.”

16 people made comments about **carers**, mostly about the need to ensure that carers have respite from their responsibilities: “this proposal does not include any safeguards for day centres for the elderly which is a serious concern. It also has no consideration for the families of persons who currently benefit from such facilities. The only respite such carers have is when persons benefiting from such services are safely occupied at day centres. Ending this will lead to profound carer fatigue and depression with adverse consequences such as abuse and transfer of the beneficiary of such services to residential care”.

4 service users criticised day care as “taking you backwards” / “treating me like a child” / “boring”.

47 people **critiqued** the outlined ideas, primarily on the grounds of:

- **Rationale/thinking behind the idea** – “all the plans I have read so far in this review seem to be about privatisation via the back door which is very disappointing.” / “If this is about saving money then be open about it and reduce the spin.” / “Community activities aren't necessarily what people need or want.” / “Difficult to see how this would work.”
- **Practicalities including signposting** - “How will this work with things should as DBS clearance?”
- **NCC’s engagement with partners** – “on many occasions now I have spoken with commissioners and have offered to work with them to develop the very ideas you describe. Response - nil.”
- **Conflict with other proposals** – “if you remove funding for transport surely this would conflict with these proposals?”
- **Better joined up services** – “There is a lot going on in many communities, but it's not always widely known about and often it's not well-connected. In many communities, groups are not brought together as effectively as they could be. Councillors and officers need to get in touch with their communities and help facilitate community action. County councils are generally not very good at this, being too remote and too professionally siloed. Local people deserve to have a joined up approach from the two tiers and other agencies, not have the buck passed. Let's see action from the top, not just rhetoric.”
- **Needing to know more** – “We agree this proposal in principle, but would like to understand this proposal in more detail.”
- **Commissioning** – “There has been little evidence of open commissioning for these services beyond internal contracts with Independence Matters, which appears far from independent to other providers in the market place.”
- **History** – “Looking at Learning disabilities hubs closing. What happened to THE BIG CONVERSATION when our customers were asked what they wanted?” / “This is a very sad story that was tried at great expense (financial and emotional) over the last few years. It was eventually accepted that the idea of everyone being able to get a job was proven to be unworkable. Much Council money was wasted trying to make it work and it failed. ... The greatest insult to these people and their families was that no suitable alternative was researched and tested before

	<p>the previous existing system was wiped away. A repeat of that disaster would be the most insulting and harmful action the Council could take. It will be resisted by many with all the strength they can muster.”</p> <p>A very small minority [50 or 17.1%] were broadly in favour of the general approach and few [18 or 6.2%] were less in favour of the general approach.</p>
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**Summary completed 20.1.16, Business Intelligence and Performance Service, v5
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Become the county council with the lowest number of people in residential care

Overview
<p>We have compared our services with other councils and know that more people go into residential care in Norfolk than in other places. If we could reduce the numbers of people in residential care so we are the same as the average of comparative councils it would help us save almost £2.4m. If we could reduce the number to the same level as the county council with the lowest number of people in residential care we could save a further £2.4m.</p> <p>We don't think this would be easy to do but it might be achievable if we can make sure a lot more people receive support in their communities instead of in residential care. We would of course always meet our statutory duties under the Care Act.</p> <p>We would try to do this by:</p> <ul style="list-style-type: none"> • Making sure only people whose needs cannot be met by any other community based solution go forward for permanent residential care • Making more use of the Shared Lives scheme where people get care and accommodation from families in the local community • Helping more people with learning disabilities to live in supported housing • Making more use of equipment and assistive technology that can help people live independently • Providing more housing with care <p>Providing people paying for their own care with good information about alternative options to residential care so more people making their own care choices opt for services that support independence</p>

Respondent Numbers
277 responses were received.

Organisation, group or petition responses	
<p>Please describe any petitions received.</p> <p>Please record any groups or organisations which responded.</p>	<p>28 respondents told us that they were responding on behalf of a business, organisation or group. These were:</p> <ul style="list-style-type: none"> • About with Friends • Adult Day Care Limited • Aylsham Town Council • Broadland District Council • Broadland Older People's Partnership • Centre 81 • Diss Town Council • Great Yarmouth Borough Council • Malcolm Books • Mid Norfolk Mencap • Mind • Mums in the Know Norwich • NHS Norwich Clinical Commissioning Group

	<ul style="list-style-type: none"> • Norfolk County Council and Stonham Home Group • Norfolk Making it Real Board • Norfolk Record Society • Norfolk's Learning Disabilities Providers Forum • North Norfolk District Council • Parish Council (not named) • Poringland Parish Council • Sheringham Town council • South Norfolk District Council • Swanton Morley Parish Council • The BUILD Charity • Thornage Hall • Unite social group. • Wells Community Hospital Trust • Your Own Place CIC
<p>Please summarise all petition or group responses.</p>	<p>There was broad agreement with the idea, albeit with provisos in many cases and most referred to the continued need for support:</p> <ul style="list-style-type: none"> • “Prepare young people with disabilities better for independence before the time comes and seek mutually supportive housing solutions for them that enable them to live semi-independently (shared housing with resident volunteers).” • “Keeping people in their own homes is fine as long as they can be properly supported and not just left in lonely isolation.” • “If living at home is to be encouraged then there must be enough support available to enable this not just 10min visits where nothing is accomplished!” • “I agree with this - people of young ages should not need residential care but they do need high degrees of support in the community and a period of rehabilitation if they have been institutionalised for years!” <p>8 people referred to the need for more efficient services and 7 talked about how we work with partners and how this could be improved.</p>

Themes
<p>84 people critiqued our ideas about adult residential care around the following themes:</p> <ul style="list-style-type: none"> • Our aim – negative comments were made about our aim to ‘become the county council with the lowest number of people in residential care’: “the public sector should be about providing for the public and those in need not just a competition to see which local authority can spend the least on services.” / “what a peculiar way to work. To have a strategy that is competitive with other councils. Strategy should meet the needs of Norfolk citizens not be compared to other citizens.” / “is this a worthy target?” • Evidence base - the evidence on which this idea is based was queried: “it depends whether the comparisons with other authorities are valid - in my experience they often aren't given different local circumstances and how data is collected.” / “There is no information as to the effectiveness of your suggestions.

There should be a number of 'trial' runs as to the possibility of developing a very good and reliable system."

- **Current practice** – “so care in the community does not work in Norfolk because of the cuts and difficult to impossible access to systems now and systems that are clearly flawed and not working now.” / “Should be doing this [the idea] already?”
- **Feasibility** - “Not realistic.” / “How the hell are you going to achieve this considering you can drive miles on the west coast and never hear a local accent, the influx of elderly wealthy southerners into bungalowville continues apace and most of them will need resi care at some point.” / “I am worried about care and accommodation in the community, are these people going to be trained adequately at NCC's expense yearly to be 'fit' to care for 24hrs?”
- **Efficiency** – “Improve your commissioning and market development. Look at your Norse contract.” / “NCC has been working on this one for years with no appreciable success. It is not ideas but concrete plans for implementation that are required.”
- **'Fit' with other proposals** - “how does this work when county council also saying about making cuts to the supporting people service. Living own home is good but you do need support, especially at first.” / “this does make sense but it contradicts with the proposal to cut the budget for supported housing doesn't it?”

68 comments were received which contained a **proviso**, most of which were about **levels of care, sufficient provision, quality of service and funding for alternatives:**

- “Fine, as long as supported care acts like supported care, rather than being residential care in ethos.”
- “I cautiously agree with the suggestions, and certainly think assistive technology and housing with care could be used more but I really hope if someone needs residential care they aren't forced in to something else as there isn't enough money.”
- “Keeping people in their own homes is fine as long as they can be properly supported and not just left in lonely isolation.”
- “To the extent this is possible without compromising provision then I agree with the objective.”
- “This can only work if the community support is at a much higher level than it is now.” / “I agree with this philosophy, but feel that there may be an issue with finding enough care workers to support people in their own homes. Will this place a greater burden on the army of unpaid family carers, largely unrecognised, who take on this role?”
- “This proposal is reliant on there being enough supported housing. Otherwise it may cost more than it saves.”
- “Make sure that these alternatives are available throughout the county and are good quality.”
- “You would need to ensure those people not going into residential care had meaningful home care and meaningful socialising opportunities.”

28 people commented on the **demography** of Norfolk, specifically, that Norfolk is perceived to have a sizeable population of older people which in part accounts for high demand on residential care:

- “Parts of Norfolk have a very high percentage of older people and therefore several of these are in need.”
- “There are many retired people in Norfolk so of course there are more in Homes than in other parts of the UK.”

- “Norfolk is a county in many places of older people so it is not unrealistic that more are in residential care.”
- “Numbers in residential care are probably high at least in part because of the demographics, with a higher proportion of elderly people than most councils.”
- “Surely Norfolk's demographic is considerably different to other councils and is therefore not comparable due to our large ageing/retiree population.”
- “This area has an ever growing older population due to people retiring here in later life. Whatever you do will never be enough”.

28 respondents talked about how people could be **prevented from needing residential care through provision of alternative housing, or about the need for, or benefits of, supported living:**

- “I absolutely think more supported living for people with learning disabilities is required.”
- “Yes please - more people supported in their own homes, and less in residential care, with the proviso that this can't be done on the cheap - it must be done properly and no one must be left without support.”
- “You must continue to fund and provide preventative and good adult care support, plus funding other agencies such as charitable organisations in order to prevent admission to residential care.”
- “With an ever increasing aging population, home based care especially in rural areas is paramount, enabling people to remain in their homes as long as possible.”
- “The majority of people would rather not go into residential care, any ways to stay independent for longer is a good thing.”

26 people talked about **choice** (“Not all people benefit from being kept in their homes just because it is a cheap option so sufficient spaces should be available for those who wish to have them. Give people choice”) or lack of choice (“many people don't want to go into care homes yet the services and failures of adult social care/services leave them little choice”) in people’s decision about which living arrangement best suits their needs. One respondent summarised the issue as “nice idea but you must consider if the person is able to live alone. Can they live the lives they want?”

General comments about residential care, both positive and negative, were made, many saying that it could be or was:

- **beneficial** – “It is also worth stating that good residential care can be shaped to peoples' needs and individuality in the same way that housing with care can - it can also remove the fear that older people have when on their own and the anxiety that relatives live with daily in trying to support them.”
- **the ‘last resort’** - “Residential care is often the last choice for people to do something. It is a call for help.” / “Many people don't want to go into care homes yet the services and failures of adult social care/services leave them little choice.”
- **the only option for some people** – “in my experience, the vast majority of older people in residential care are extremely frail and often very ill - to believe that many of them could be otherwise supported is I think fanciful.”
- **prohibitively expensive:** “In the LD service we try to avoid residential placements but in the absence of any other option we have to rely on this. We are not allowed to develop new supported living and recent panel cases for people to move into existing supported living voids have been declined as being too expensive. ... We definitely need access to housing with care for people with LD (cluster schemes).

There has been much talk of this but we are yet to see any new schemes in progress. I am not sure how NCC thinks more people with LD will be in supported housing as there is no new scheme under development in our area.

Other **general** comments about this idea included a point that it could only work if **more supported housing was built** (“it’s a good idea if more supported housing is built - how will this be achieved if developers do not need to make provision for supported housing?”) and the **emotive nature of change** for vulnerable people, who may have complex needs, and their families (“some people are very comfortable in their residential setting and it will take work for them to look at other options. “). The **role of families** in caring of relatives was also mentioned but it was noted that families are often dispersed and may not be able to provide care: “this is a world of family members either working or living far away from elderly family members” and “care must be available for those who have no family members nearby.”

Ideas

13 comments were about ideas and suggestions around the following themes:

- **Tougher financial approach:** “Be more hard nosed about people who have money but do not pay for their care, ask the government to divert people’s pensions to the councils to pay for the residential care, (or benefits) that way you could be half way to providing care where necessary.”
- **Seek alternatives:** “Work with organisations such as this to underwrite mortgages for Disabled People, to enable people to have shared ownership of their own home - investigate HOLD. You need to do more than tell people about alternatives - you need to help to create them!” / “I like the idea of having people co-habiting. We have a large number of single occupancy council houses in our area with 3+ bedrooms this would provide companionship for many people living alone.” / It was also suggested that NCC should construct retirement villages and should pressurise builders into creating more adaptable houses to minimise moves as the person ages.
- **Good Neighbour scheme:** “A stronger recruitment of volunteers prepared to “pair” with a needy elderly person so that there is someone who can focus on their needs in a voluntary capacity., an older retired person who has a few hours to spare a month as part of a “Good neighbour” Scheme.”
- **Incentivise families to become carers:** “Yes, keen for this but let’s not forget that the families have a role to play and these days don’t see it as their problem. It is fine if there is a property to sell to fund but if they are in rented accommodation (council or private) alternative funding should be made available as a loan or there should be inheritance/capital gains tax advantages for getting relatives to live with you. Currently if a property is sold the money becomes liable for inheritance tax whereas there should be some benefit financially to encourage it as care of relatives is not the main reason all people do it.”
- **Review care for the elderly and seek evidence from elsewhere:** “There needs to be a complete review of how we care for our elderly. Family support in rural Norfolk has been eroded by ridiculous house prices and social housing allocation policies. Local people have been forced to move away leaving the elderly unsupported and isolated”. / “It might be worth exploring schemes in other countries, eg. Denmark, which provide better support than ‘standard residential care’ for those with dementia. Also, various forms of co-housing.”

- **Use financial strategies:** “Perhaps promote the "Attendance Allowance" scheme more, whereby the elderly who are able to continue living in their own homes receive a payment to assist with this (based on need) rather than have to go into residential care.”
- **Use of existing/new housing stock:** “Help families adapt their homes more and make dealing with districts easier for planning.”

Analyst notes	
Any other things you think report writers should know when presenting findings	<p>1 comment referred to possible legal challenge: “The LA will need to be very careful about isolating the vulnerable. Previous sections has already suggested a reduction in transport assistance, so if there are no opportunities for people to socialise locally and there's no transport, it is hard to see how the LA can discharge its duties under the CA, EqIA and other laws.”</p> <p>20 comments related to carers, either that carers need continued support, that families should take a greater role in supporting their family members (or, conversely, already have a huge role in caring for family members and should not be ‘burnt’), and that respite for carers is very important: “unpaid carers need more support because the strain of looking after a loved one 24 hours a day is a terrific burden. So respite care and day opportunities should not be cut. More help to give carers regular breaks are needed.”</p> <p>Some respondents said the proposal is unworkable because of the burden on carers or lack of carers:</p> <ul style="list-style-type: none"> • “I don't agree with this at all. I have had two parents who had to go into care whilst I was still having to work because of the increase in state pension age. Having someone pop in for a short time each day was totally inadequate for their needs. Incontinence is not talked about but was the main problem, including the extra washing and cleaning that it creates and obtaining sufficient supplies of pads etc. Also care is needed at night as well as during the day and you can't expect communities to cover that”. • “Laughable. There aren't enough qualified live-in carers available in Norfolk. Unpaid carers cannot be expected to carry even more of a burden than they do already. They will fall ill and become a burden themselves. If the Council were to pay "unpaid" carers then fine and it would work, but as it stands nobody can live off the Carers Allowance and the limitations in terms of allowed earning for unpaid carers”. <p>A very small minority [46 or 16.6%] were broadly in favour of the general approach and few [12 or 4.3%] were less in favour of the general approach.</p>

Continue to change the way we organise social care so more people get early support in communities and don't need council services

Overview

We have already described how we plan to save £1.3m this year by working differently so that more people get the support they need without needing to use social care services, through our Promoting Independence Strategy.

By developing this strategy and fully implementing it over the next three years we believe that we can make even more savings between 2017-2019. These could be worth up to £25.6m. We would need to continue to improve our processes and the way we work so that we engage more with local communities and ensure that everything we do promotes independence. We also hope spending on reablement services will help us save a further £2m between 2017-19 and improving equipment and assistive technology services will save a further £500,000 between 2017-19.

We have looked at other councils that are doing well at helping people live independently with less direct help from social care and are thinking about using some of their ideas in Norfolk.

One idea we are thinking about is setting up community clinics. This would mean that people would get their needs met by having appointments at clinics in communities instead of a home visit. These might be in convenient places like doctor's surgeries or village halls.

Please be assured that people who can't attend our clinics would of course still receive home visits, and these changes would not affect our response to safeguarding or other urgent needs.

We would like to come up with a proposal to give people who can attend clinics immediate face-to-face advice about help in their community from a social worker or occupational therapist, working with district council colleagues and local voluntary groups. Experience elsewhere has shown that this is a good way of helping people in an efficient and cost effective way. We would then propose to follow up with service users in some way, such as by telephone, to ensure that they are satisfied with the arrangements and have successfully accessed the help they need.

We think that using community clinics could have multiple benefits for people and help more people get support from their communities. For example, we could create opportunities for people with similar needs to meet each other or for voluntary sector organisations to come and give people information about support available in the local area.

Respondent Numbers

246 responses were received.

Organisation, group or petition responses

Please describe any petitions received.

Of the group of adults with learning disabilities who attended an About With Friends consultation event, 1 agreed with the proposal and 28 disagreed with the proposal.

<p>Please record any groups or organisations which responded.</p>	<p>28 respondents told us that they were responding on behalf of a business, organisation or group. These were:</p> <ul style="list-style-type: none"> • Adult Day Care Limited • Aylsham Town Council • Broadland District Council • Broadland Older People's Partnership • Centre 81 • Diss Town Council • Great Yarmouth Borough Council • Malcolm Books • MAP • Mid Norfolk Mencap • Mind • Mums in the Know Norwich • NHS Norwich Clinical Commissioning Group • Norfolk Community Transport Association • Norfolk County Council and Stonham Home Group • Norfolk Record Society • North Norfolk District Council • Northrepps Parish Council • Parish Council (not named) • Poringland Parish Council • Sheringham Town council • South Norfolk District Council • Swanton Morley Parish Council • The Borough Council of King's Lynn and West Norfolk • The BUILD Charity • Unite social group. • Wells Community Hospital Trust • Your Own Place CIC
<p>Please summarise all petition or group responses.</p>	<p>There was no consensus in the responses received from organisations/groups: 6 were in general agreement and 2 were not. Many comments were about the role of partners (10), the idea that services should be local (6) and the preventative nature of early help (5).</p>

<p>Themes</p>
<p>62 people critiqued the Early Help idea – comments and criticism were around:</p> <ul style="list-style-type: none"> • NCC's credibility: "This sounds good, but haven't we been trying to do this for some time now. It obviously hasn't worked so far, so what will be different?"/ "I am yet to be convinced that the expertise, and understanding even exists at NCC level to implement these ideas." • Outcomes: "Will "help in their community" actually happen? Time and numbers of people? People find it hard, and daunting to go - home visits give hope to lonely

people, and build a relationship and give supporters an insight into a person's whole environmental needs and so many organisations closing through funding”.

- **Underlying rationale:** “All these ideas are about pushing people into community care - a handy phrase which means they become someone else's responsibility! If it were not so tragic it would be laughable.” / “How can personal care for an elderly person needing two carers and a hoist be provided in their local village hall? Nice try.”
- **Evidence:** “I'd need to see more evidence for this, and exactly how this would be rolled out.” / “Is there any evidence for this elsewhere and if so what is it?”.
- **Cost:** “I agree that clinics is a good way forward. People can get to the doctors so they should be able to reach a clinic for a social care assessment. I think you need to look at the cost model though - it's quite expensive to run these clinics in rural areas with multiple professionals.” / “How much will these clinics & qualified personnel to man them cost?”
- **Efficiency:** “You should be doing this already.” / “Should be doing this already?”
- **Best practice:** “Haven't the CCG in Suffolk just done the opposite because it saves money?” / “Please learn from previous attempts to do similar clinics and not repeat the same mistakes”. / “Fully support this, particularly reviewing other councils practice to make more informed decisions.”
- **Communication:** “Agree - prevention and early intervention must reduce needs further down the line, but needs a communications drive to get older people especially to seek help early on.” / “Can you be sure that people will access these services without prompting?”
- **Staffing:** “if you cut back on social workers etc how will this be delivered?” / “Considering in the East community social workers and Occupational Therapists are stretched to the limit where will you get these professionals from they have been thinned to the limit in this area as it is, and you need to hope that people can access this service as you may end up visiting people in their homes as much as before.”
- **Fit with other proposals:** “This feels counter to the proposal to cut SP funding by 40%” and “this proposal is very welcome and has the potential to save significant funds for the local authority and the health service as part of the integrated care structure. The impact will be that more people with significantly higher needs will be living in the community will require increased availability of support. In view of this progressive vision of the way forward, it does appear that some of the other proposals put forward with regard to Adult Social Care are geared to undermine this. In contrast they appear to be set up to achieve the opposite with a higher number of people ultimately requiring residential care due to the breakdown of support within the community for the individual and for the main unpaid family/friend carer.”

48 people added a **proviso** to their comment such as concerns about accessibility: “Yes, as long as no-one suffers because they can't get to a community clinic” / “this needs careful consideration in terms of the clinics and accessibility to them by public transport”

and the environment: “it should be in a setting which offers privacy and dignity to the resident seeking support (can’t be overheard etc if confidential information)”. Others referred to timing, saying that the change should not cause delays in providing care, or that changes should only be implemented when alternative provision and funding is in place: “this need to be done properly and have services in place and then this could work” and “this approach is fine as long as it does not depend for funding on savings from elsewhere”.

38 respondents made comments about the **setting and location of clinics**. Comments included suggestions of which buildings might be suitable (“Libraries would make ideal hosts for community clinics, and are ideally place for early intervention if they are staffed properly” / “a library would be a great place to offer a clinic”) and which might be less suitable (“what spare areas have doctors surgeries got for these clinics?”). The issue of having to find **transport** to clinics, especially in rural parts of the county, was noted: “promoting independence is great, but how will this work without transport to get people to these places like village halls/doctor’s surgeries?” / “outreach clinics are fine if you are mobile and can get to the GP surgery”. One respondent suggested that community clinics “should help communities to develop”.

33 people commented on **working with partners** in a community clinic. The convenience of having different **agencies** from health, housing and social care in one setting was generally considered a good idea: “brilliant with all the agencies in one place and a day centre/lunch club too all based in local communities. Sound too good to be true”. One respondent said it would lead to “better working with the NHS” and another said: “Community clinics are a very good idea. We need to ensure that these are fully integrated places with not just social care people there but also health colleagues. We are already working on GP clusters in North Norfolk and the community clinic idea would dovetail nicely with these”. Related to working with partners, the role (and availability) of **volunteers** was questioned by 9 people: “are the volunteers there?” / “where are these volunteers to come from? People of working age cannot afford the time-they are already looking after their families, older people and grandchildren”. Increased pension age and rurality were also cited as possible barriers to recruiting volunteers: “I don’t like to be constantly negative, but small rural communities are struggling to find volunteers to engage in what they are doing at the moment. The increase in the pensionable age is only going to make matters worse. Those that are employed are doing just that and the rest of us are finding it difficult to keep track of everyone that needs support in the community.”

Ideas

6 ideas were suggested:

- Adopt a Granny initiative.
- Work with charities that specialise in supporting young people especially use of adult mentors.
- Expand the range of venues used as community clinic (exampled cited was back room in pub).
- Consider complementary approaches.
- Use pop up venues for flexibility.
- Building on or expand existing social health and wellbeing models, such as the health trainer service delivered by My Time Active

Analyst notes	
Any other things you think report writers should know when presenting findings	<p>2 comments were made about our actual or perceived legal duties, one suggested that the proposed cut would exclude people unable to travel to services hence “such a proposal cannot meet any credible assessment for equality of access to services.” The other comment concerned assessments: “initial assessments are made entirely with someone's financial situation in mind which is unlawful. It leaves the Council open to lawsuits which will cost millions. NHS trusts and Councils need to work more closely together in that respect and more money could be saved which would be in everybody's interest.”</p> <p>2 people noted possible effects on carers should this idea go ahead: “take money off people who have choices and full lives and abilities rather than hit the vulnerable people in society that need all the help they can get else care in the community falls down as the carers themselves get sick and need care”. / “NCC does not seem to acknowledge that a large section of people needing care are not able to get out and their carers cannot get out either as they are too busy caring for the disabled/vulnerable person.”</p> <p>A small minority [73 or 29.7%] were broadly in favour of the general approach and a very small minority [13 or 5.3%] were less in favour of the general approach.</p>

**Summary completed 20.1.16, Business Intelligence and Performance Service v5
FINAL**

1 The **protected characteristics** are: age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

Having due regard to the need to advance equality of opportunity might mean:

- (a) Removing or minimizing disadvantages suffered by people who share a relevant protected characteristic that are connected to that characteristic;
- (b) Taking steps to meet the needs of people who share a relevant protected characteristic that are different from the needs of others;
- (c) Encouraging people who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such people is disproportionately low.

2 Prohibited conduct:

Direct discrimination occurs when someone is treated less favourably than another person because of a protected characteristic they have or are thought to have, or because they associate with someone who has a protected characteristic.

Indirect discrimination occurs when a condition, rule, policy or practice in your organisation that applies to everyone disadvantages people who share a protected characteristic.

Harassment is “unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual’s dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual”.

Victimisation occurs when an employee is treated badly because they have made or supported a complaint or raised a grievance under the Equality Act; or because they are suspected of doing so. An employee is not protected from victimisation if they have maliciously made or supported an untrue complaint.

3 Having due regard to the need to foster good relations between people and communities involves having due regard, in particular, to the need to (a) tackle prejudice, and (b) promote understanding.

4 This is based on the number of current clients in older people’s services, as a percentage compared to all services in the proposals.

5 Data for 2014/15. This does not include older people sheltered services.

6 Note this does not include Older People sheltered services. The percentage is based on an estimate calculated on 2014/15 CRF returns for those services (other than sheltered) in the proposal.

7 This does not include older people sheltered services. It should also be noted that the gender of 2.4% of service users using services during 2014/15 was unrecorded.

8 Again, this does not include older people sheltered services.

9 Taken from Carefirst

10 All data for 2014/15

11 All data for 2014/15

12 In February 2014 the Council agreed to make savings of £2.1 million in 2014-2017 by changing the way we allocate personal budget funding for people so that they get less money for transport. Last year the Council considered making more savings on transport - it decided not to make any extra savings in 2015/16 but did agree to save a further £1.7 million in 2016-18 by trying to meet people’s needs locally and making more use of community transport and public transport.