



COMMUNITY LIFE CHOICES

CONSULTATION SUMMARY

Introduction

- 1 A formal six week public consultation commenced on Monday 25 July 2016 and ran until midnight 18 September 2016 on proposals for changes to Community Life Choices (CLC) services. This consultation period was extended by two weeks from the original proposal of six weeks' consultation in order to ensure sufficient time to respond by all key stakeholders.
- 2 The aim of the consultation was to gather feedback on two proposals by Leicestershire County Council for the future commissioning of CLC services, namely:
 - That the Council should stop paying for CLC support for people who are already funded to receive 24/7 residential care;
 - A reduction in the number of weeks that the Council funds CLC support, from 50 to 48 weeks.
- 3 The consultation was specifically interested in:
 - Views of people who currently access these services;
 - Views of family carers of people who currently access these services;
 - Support or opposition regarding each of the proposals.
- 4 Throughout the consultation period, targeted engagement with key stakeholders was undertaken, to ensure that current users of the services, their families and carers, and current providers of those services were made aware of the proposals and had opportunities to express their views.

Consultation activity

- 5 In order to encourage and support involvement, a variety of engagement methods were employed throughout the consultation period, with the aim of raising awareness and encouraging people to give feedback on the proposals. The consultation document, along with background information, was available on the County Council's website and included an online questionnaire which was available in both standard format and easy read. The consultation was promoted through the use of social media (Facebook and Twitter), and to partner organisations for them to share: Support for Carers Leicestershire, Health partners (University Hospitals of Leicester, Leicestershire Partnership NHS Trust, Clinical Commissioning Groups) Patient Participation Groups and Healthwatch.
- 6 In response to requests by providers, visits by council officers were made to 19 venues, across a range of service types and covering all areas of the county. An

additional three events were arranged during the two week consultation extension, and were specifically promoted to family carers and relatives of people using CLC services (although they were open to all).

- 7 In total, 427 people attended 26 engagement events (as listed below) where the proposals were discussed and questions and comments were recorded as part of the overall response.

Date	Provider	Venue	S/users	Family carers	Staff + volunteers	General Public
17-Aug	D&H	Wigston Central Church	19	-	5	
22-Aug	D&H	South Wigston	18	-	4	
22-Aug	Glebe House	Wards End Loughborough	12	17	10	
23-Aug	Headway	Leicester	9	-	6	
23-Aug	Pear Tree Residential Home	Syston	-	-	2	
24-Aug	Support & Connections	Rearsby	-	6	2	
24-Aug	Age UK Blossoms	Earl Shilton	15	-	5	
25-Aug	WHM Greenfields	Seagrave	6	4	3	
26-Aug	WHM Fairfields	Queniborough	4	2	2	
30-Aug	Voyage	Hinckley	13	0	9	
30-Aug	Achieve with Us	Hinckley	29	21	8	
31-Aug	D&H	Hinckley	25	2	12	
31-Aug	Age UK Wellbeing group	Coalville	7	0	3	
31-Aug	John Storer House	at County Hall	1	0	1	
01-Sep	Age UK Orchid	Leicester	11		2	
02-Sep	Age UK Reflections	Melton	6	0	4	
01-Sep	Age UK Horizons	Melton	10	0	5	
02-Sep	Holmfield Day Centre	Beaumont Leys	0	0	2	
07-Sep	Famille House	Kirby Muxloe	9	9	4	
12-Sep	Open event South Leics (D&H)	Wigston		11	3	
13-Sep	Open event North Leics (Glebe)	Loughborough	1	17	7	2
15-Sep	Open event Global (C Hall)	Leicester		5	2	
Various	Carers Groups	County		35		
		Total	195	129	101	2
					Grand Total	427

Provider engagement

- 8 Prior to consultation, three workshops were held between November 2015 and May 2016 to develop options and discuss the two key proposals which emerged for consultation.

Staff engagement

- 9 The consultation was promoted to staff and information disseminated via the intranet and at team meetings to encourage them to participate in and contribute to the consultation.

Public engagement

- 10 The consultation was available on the Council website page "Have you say". In addition, various twitter feeds took place (August–September) to promote the consultation. Partner organisations also promoted and shared the consultation.

Service user and carer engagement

- 11 Meetings at existing CLC services (including in house services) have included presentations, informal interviews, question and answer sessions about the proposals, group feedback, and support on an individual basis to complete/ distribute questionnaires where requested. In addition, the consultation was promoted by Voluntary Action South Leicestershire and discussed at four of their carers support groups. A total of 1,688 hard copy questionnaires were sent out.

Other engagement

- 12 Presentations have also been made at the Leicestershire Residential Care Provider Forum, Family Carers of Learning Disabled Adults Group and the Leicestershire Equalities Challenge Group.
- 13 The Adults and Communities Overview and Scrutiny Committee considered the two delivery proposals on the 6 September 2016.

Overview of Responses

Volume of responses

- 14 The consultation questionnaire was available online, paper form and in easy read format, other formats were available on request. The total number of questionnaires received (online and paper) were 486, the table below details questionnaires submitted by respondent:

Role of respondent	Completed questionnaire
CLC Service Users	116
Carers	185
CLC providers	24
Residential care providers	12
Leicestershire County Council staff	16
Public	79
Other stakeholders	40
Not answered	14
TOTALS	486

- 15 In addition, a number of letters and emails, as well as telephone responses were submitted and included.

Analysis of responses

- 16 All feedback in workshops and meetings was recorded and key themes were identified. Not all questionnaire respondents answered all the questions, therefore analysis percentages are for those that did respond to each question: these statistics are contained in the tables at the end of this report.

Proposal 1: to stop paying for community life choices support for people who are already funded to receive 24/7 residential care

- 17 442 people responded to this question with the majority of responses indicating disagreement with this proposal 75% of respondents (63% strongly disagreed, 12% disagreed), compared to 16% who agreed with it.
- 18 In response to a question about the impact of this proposal on residents who currently receive this support, the most commonly cited concerns were that people would become “housebound” and isolated, lacking in stimulation and would have little or no choices open to them. There is also concern about the impact upon friendships and if or how these could be maintained; the impact upon individual’s mental wellbeing – a perceived likelihood of depression; and a potential increase in behaviours that challenge. Attending CLC services whilst living in residential care is also viewed as a safety net for the identification of any safeguarding issues, both by family carers and by CLC staff.
- 19 The need to be certain that residential homes are able to provide suitable alternative activities was seen as the most important issue, but reliant upon robust monitoring on the part of the council, with clear evidence from the providers that they are delivering this support.

Proposal 2: to reduce the number of weeks that community life choices is funded, from 50 weeks to 48 weeks

- 20 472 people responded to this question with the majority of responses indicating disagreement with this proposal 61% of respondents (50% strongly disagreed, 11% disagreed), compared to 24% who agreed with it.
- 21 This was felt by many to be manageable, although all would prefer to see no reduction at all in services paid for by the Council.
- 22 Family carers expressed concerns about additional strain upon their caring capacity, especially for older carers, and/or family finances if they needed to pay for additional support. This proposed change was perceived to be difficult for working carers who may not be able to take additional time off work, or who will have to use all their leave to provide the support and have no time to “recharge their own batteries”. Service users who answered this question gave a mixture of responses; some felt it would be OK because they already have varying times when they don’t attend, whilst others thought it would make them feel sad.
- 23 The key issue identified to help people adapt to any change was identified as good communication. This included giving people plenty of notice of any change, so that it can be introduced gradually, and identifying and communicating suitable and cost-effective alternative options.

Other ideas

- 24 There were very few ideas put forward for how the Council might achieve these savings in other ways. Comments focused on the need for the council to look at its own costs, and be as efficient as possible through effective staff structures and processes, and working in partnership to eliminate duplication and achieve economies of scale. In addition, many people commented that the way transport is currently provided should be considered, again as there are opportunities of being

more financially efficient through better planning of routes and times which could result in achieving economies of scale.

Other comments

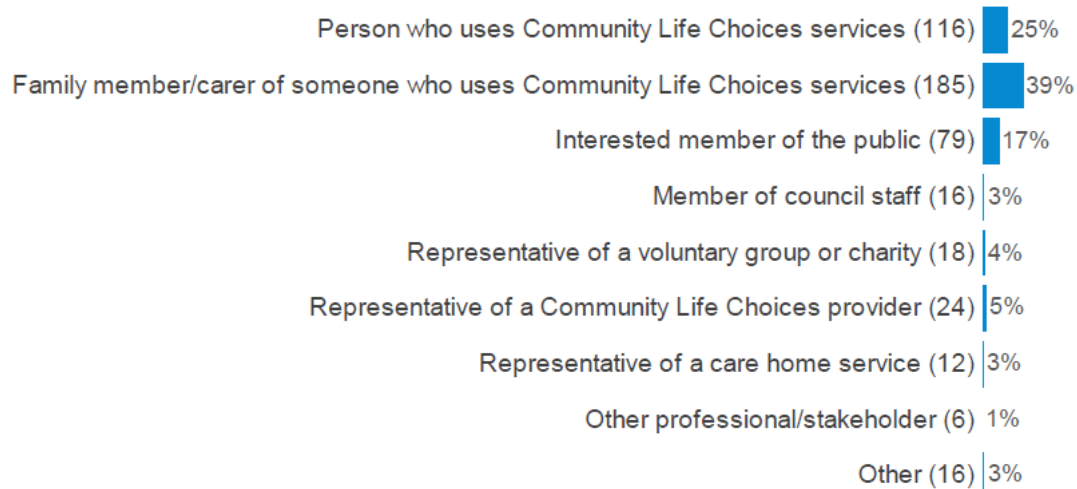
- 25 A quarter of those who commented were concerned that these proposals “target” the most vulnerable people, and that those people may not have a voice in the process. There were also comments about carer break-down and subsequent raised need for residential care if independent community living cannot be sustained. However others felt that the reduction in the number of paid-for weeks was a reasonable proposal and akin to what most people experience as “normal”, ie time off from work for holidays or other reasons. It was also acknowledged that there are residential care homes that do provide a range of suitable activities for their residents, which would minimise the impact of any change, and there is a need to examine their practice to determine how it can be duplicated in other settings.

Findings and Conclusion

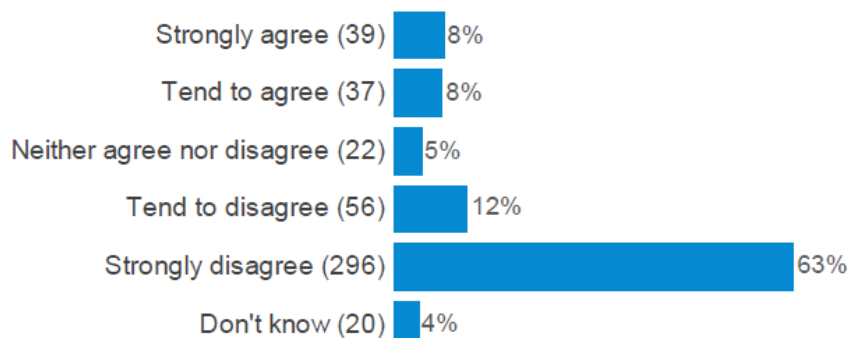
- 26 Engagement and consultation have highlighted people’s concerns about the impact upon current services users if their services were to be withdrawn or reduced, particularly upon their health and wellbeing. There are also issues in relation to this for family carers, who indicate they may not be able to cope and for working age carers, that it could affect their employment. Concerns were also raised about the impact upon providers, the viability of the business for CLC providers and the additional costs to residential care providers of delivering suitable alternative activities within residential settings.
- 27 Engagement and consultation have highlighted that the implementation of these proposals is dependent upon good, personalised, individual reviews in order to be confident that the impact is fully considered for each person and (where applicable) family carers. There will be benefits through networking and partnership working with and between providers, in order to ensure flexibility and capacity within services to deliver the required support.

Summary Questionnaire Results

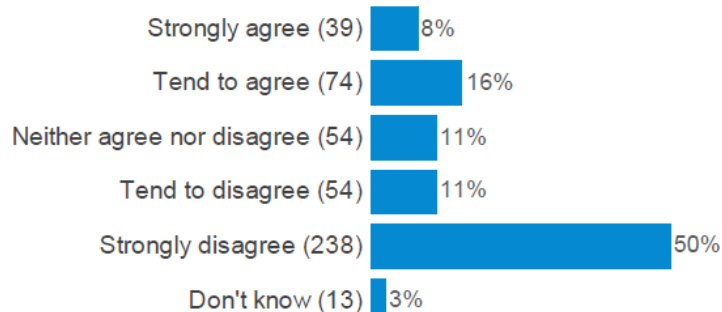
In what role are you responding to this consultation? Please select one option only.



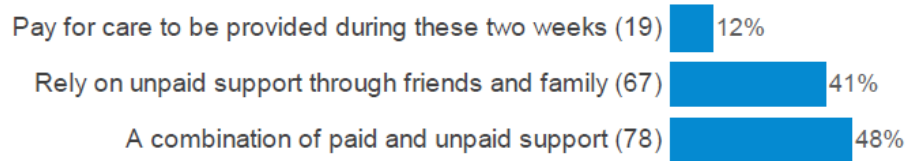
To what extent do you agree or disagree with our proposal to stop paying for community life choices support for those people already funded to receive 24/7 residential care?



To what extent do you agree or disagree with our proposal to reduce the number of weeks of community life choices service that we will fund from 50 to 48 weeks per year as a way of helping find the savings we need to make?



If the number of weeks we funded community life choices services reduced from 50 to 48 weeks per year, which of the following are you most likely to do?



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