

## **BIRMINGHAM CITY COUNCIL**

### **HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE**

**TUESDAY, 18 FEBRUARY 2020 AT 10:00 HOURS**  
**IN COMMITTEE ROOMS 3 & 4, COUNCIL HOUSE, VICTORIA**  
**SQUARE, BIRMINGHAM, B1 1BB**

## **A G E N D A**

### **1 NOTICE OF RECORDING/WEBCAST**

The Chairman to advise/meeting to note that this meeting will be webcast for live or subsequent broadcast via the Council's Internet site ([www.civico.net/birmingham](http://www.civico.net/birmingham)) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

### **2 DECLARATIONS OF INTERESTS**

Members are reminded that they must declare all relevant pecuniary and non pecuniary interests arising from any business to be discussed at this meeting. If a disclosable pecuniary interest is declared a Member must not speak or take part in that agenda item. Any declarations will be recorded in the minutes of the meeting.

### **3 APOLOGIES**

To receive any apologies.

**3 - 398**

### **4 REQUEST FOR CALL IN: ADULT SOCIAL CARE - DRAFT DAY OPPORTUNITIES STRATEGY**

To consider the "Request for Call-in" (the portfolio holder and the Lead Officer identified in the report have been summoned to attend the meeting). The following documents are attached:-

- (A) The Executive Decision Record
- (B) The relevant form for the "Request for Call-in" lodged by Councillors Matt Bennett and Alex Yip.
- (C) The report considered by Cabinet in reaching its decision.

### **5 ACTION NOTES/ISSUES ARISING**

Action notes from the meeting held on 11th February to follow.

- 399 - 426**
- 6 **PUBLIC HEALTH PROFILE DATA - SEXUAL AND REPRODUCTIVE HEALTH CONTEXTUAL DATA**
- Elizabeth Griffiths, Assistant Director, Public Health.  
(1000-1030hrs)
- 427 - 454**
- 7 **SEXUAL HEALTH: TESTING AND TREATMENT SERVICE IN BIRMINGHAM - UMBRELLA**
- Max Vaughan, Head of Service, Adult Public Health Commissioning; Karl Beese, Commissioning Manager, Adult Public Health Commissioning; Natalie Slayman-Broom, Umbrella General Manager - Sexual Health Service; Sandra Orton, Divisional Director of Operations, Division 6, University Hospitals Birmingham NHS Foundation Trust.  
(1030-1110hrs)
- 455 - 480**
- 8 **ADULT SOCIAL CARE PERFORMANCE MONITORING - MONTH 8**
- Maria Gavin, Assistant Director Quality and Improvement, Adult Social Care.  
(1110-1135hrs)
- 481 - 490**
- 9 **WORK PROGRAMME - FEBRUARY 2020**
- For discussion.  
(1135-1145hrs)
- 10 **REQUEST(S) FOR CALL IN/COUNCILLOR CALL FOR ACTION/PETITIONS RECEIVED (IF ANY)**
- To consider any request for call in/councillor call for action/petitions (if received).
- 11 **OTHER URGENT BUSINESS**
- To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chairman are matters of urgency.
- 12 **AUTHORITY TO CHAIRMAN AND OFFICERS**
- Chairman to move:-
- 'In an urgent situation between meetings, the Chairman jointly with the relevant Chief Officer has authority to act on behalf of the Committee'.

# Birmingham City Council

## Report to Cabinet

11<sup>th</sup> February 2020



**Subject:** BIRMINGHAM CITY COUNCIL'S STRATEGY FOR DAY OPPORTUNITIES, ADULT SOCIAL CARE

**Report of:** Professor Graeme Betts  
Director for Adult Social Care

**Relevant Cabinet Member:** Councillor Hamilton - Health and Social Care

**Relevant O &S Chair(s):** Councillor Rob Pocock - Health and Social Care

**Report author:** John Williams  
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Are specific wards affected?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No – All wards affected
If yes, name(s) of ward(s):		
Is this a key decision?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If relevant, add Forward Plan Reference: <b>005920/2019</b>		
Is the decision eligible for call-in?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the report contain confidential or exempt information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, provide exempt information paragraph number or reason if confidential :		

### 1 Executive Summary

- 1.1 Birmingham City Council has aimed to develop and implement an inclusive and responsive approach to consultation and encourage as many people as possible to take part to ensure a cross section of responses from the many different citizens of the City.

1.2 The draft Strategy proposed the following six key aspirations which were the focus of the consultation:

- Focus on the individual, their strengths, choices, assets, and goals through person centred planning.
- Focus on the outcomes that citizens and carers wish to achieve.
- Provide support that enables the person to access a range of opportunities in their own, as well as the wider community as an active and equal citizen.
- Focus on skills development, improving independence in daily living i.e. introducing travel training and employment opportunities where appropriate.
- Maximise the opportunity to use citizens personal social care budgets or direct payments to access support or activities of the citizen's choice.
- Make the most of a vibrant and developing city, ensuring access to the wide range of opportunities Birmingham has to offer.

1.3 The draft Strategy also includes a proposed Day Opportunities Service Model which was also consulted upon, which incorporates the regaining or learning of new skills as well as the promotion of independence and well-being as essential elements. The draft model proposes three levels of support which vary in intensity and length depending on an individual's needs. The levels of support include the stages of Enablement, Personalised Support and Specialist Intensive Support.

#### 1.4 Use of Resources

1.4.1 Underpinning the development and proposed implementation of the draft Day Opportunities Strategy is the imperative to use resources effectively. Every pound that Birmingham spends on care must represent a pound well spent. The pressures on the City Council's resources are enormous and it is essential that resources are maximised.

1.4.2 In planning its services, the council is legally obliged to consider the care and support needs of its citizens. People are living longer which is positive, however an ageing population will experience more complex support needs.

1.4.3 The council also needs to plan for young people transitioning into adulthood. When designing services, the council has a duty to ensure that younger adults can also access services that are suitable and stimulating to promote their health, wellbeing and independence.

1.4.4 Citizen groups accessing day opportunities present different levels of complexity. This requires good planning, and consideration on how resources are utilised is key.



- 1.4.5 Future reinvestment in day opportunities may be required to further shape and influence such areas as the development of community assets, employment options, personal assistant support, community access and the raft of cultural and education opportunities that Birmingham offers. A proposal for any reinvestment would form part of the next Cabinet Report for approval.

## **2 Recommendations**

### **2.1 The Cabinet approves: -**

- The draft Birmingham City Council Day Opportunities Strategy and the Draft Day Service Model, **Appendix A**.
- The development, in co-production with citizens, of a draft Implementation Plan to support the proposed delivery of the Strategy.
- The return of the draft Implementation Plan to Cabinet in January 2021 for approval.

## **3 Background**

- 3.1 The goals that Birmingham City Council are seeking to achieve for adults are that they should be resilient, living independently whenever possible and exercising choice and control so that they can live good quality lives and enjoy good health and wellbeing. Day Opportunities benefit approximately 1600 citizens with a wide range of support needs including older people, people with learning disabilities, autism, physical disability, and people with mental ill health across the city.
- 3.2 Over the years day opportunities provision has seen little investment and development and has predominantly been building based offering relatively limited choice for those that attend. The draft Strategy aims to provide a clear set of design principles and actions to support the further development of day opportunities in Birmingham to ensure that there is sufficient accessible provision across the city.
- 3.3 Key to the draft strategy is the need to address some of the barriers which some adults face in participating fully in communities. The aim is to ensure a range of high quality services are available for all to access.
- 3.4 The proposed strategy would see the Council gradually move away from people exclusively attending day centres by supporting people to access a range of activities in the community. If the draft strategy were to achieve that aim, the Council may need fewer day centres and, in future, it might be proposed to close some centres. However, the Council's proposals in this consultation are not about closing particular day centres; the proposals are about doing things differently to better meet the needs of people now and in future.

- 3.5 The Council is required to consult when reviewing its service provision and policies as laid out in the Local Government Act 1999 and the more recent Revised Best Value Statutory Guidance 2015.
- 3.6 A draft Day Opportunities Strategy was previously considered by Cabinet on the 31<sup>st</sup> of July 2018, but following a legal challenge, the Cabinet Decision was overturned. Lessons have been learned in relation to how the Council engages and consults with citizens and taking the learning from the previous Council consultations, an extensive consultation exercise was carried out on the draft Strategy between the 8<sup>th</sup> of April and the 4<sup>th</sup> of August 2019. Full details of the consultation approach and results are outlined in the Day Opportunities Consultation 2019 Report - **Appendix C**. Cabinet is asked to read this together with all the consultation material which has been provided with this report.

#### **4 Options considered and Recommended Proposal**

- 4.1.1. Maintain the 'status quo' - This would not deliver the actions required to modernise Adult Social Care Services or improve longer term outcomes for citizens. Whilst the current offer may be suitable for some, the Council needs to adopt a Strategy that ensures that everyone can have a more personalised approach including those who are transitioning from Children's Services and for whom the Council has a statutory duty to support.
- 4.1.2 Not produce a Day Opportunities Strategy – This would exacerbate the current position in relation to the lack of clarity for citizens in regards to the Council's future intentions for day opportunities provision.
- 4.1.3 Close internal day opportunities services and place all citizens with provision delivered by organisations external to the Council.

#### **4.2 Implementation Plan:**

- Birmingham proposes a fundamental shift in practice in the way that we collectively plan, manage, deliver, and commission services to improve the experience that individuals and their carers receive. It is important when developing these services that they meet the needs of a wide range of different citizens including older people, younger people, people with learning disabilities, autism, physical disability, and for people with mental ill health.
- From the consultation, there is broad agreement with most of the principles set out in the draft Strategy and broad support for the draft Day Service Model. However, it is important that citizens' and stakeholders' concerns raised through the consultation are acknowledged and addressed. These concerns are listed in section 5 of this report including a proposed plan of action.

- It is recommended that Cabinet approves this draft Strategy with the caveats outlined at section 5.2.10 of this report which is to develop an implementation plan involving those with a vested interest in day opportunities provision, including citizens, family members, carers and advocates as well as professionals. The Implementation Plan would set out the detail of how the Strategy and the Day Service Model would inform the development of service provision into the future. The Implementation Plan will require further Cabinet approval prior to implementation.
- If the draft Strategy is approved, it is recommended that the co-production process commences. Objectivity, transparency and organisational continuity will be integral to the approach to be taken, as well as ensuring that the necessary human resource capacity is made available.

4.2.1 Below is a high-level plan for development before returning to Cabinet for further approval prior to implementation: -

What	When
Cabinet Meeting seeking Approval	11 <sup>th</sup> February 2020
Set up Co-production groups	16th March 2020 - 30 <sup>th</sup> April 2020
Develop Co-production approach and terms of reference	16th March 2020 - 30 <sup>th</sup> April 2020
Co-production sessions with citizens	4 <sup>th</sup> May 2020 - 30 <sup>th</sup> October 2020
Develop report and recommendations, sign off	November 2020 / December 2020
Cabinet meeting seeking approval of implementation plan	January 2021

#### 4.3 Reasons for Decision(s):

- 4.3.1 To improve outcomes for Birmingham Citizens, including both older adults and younger adults with a Learning or physical disability, autism and mental ill health.

- 4.3.2 Modernise the current Day Opportunities offer to citizens by applying the aspirations of the proposed Strategy and the approach outlined in the Service Model.

## **5 Consultation**

### **5.1 External**

- 5.1.1 A public consultation was held based on the proposed six key aspirations of the draft Strategy which were designed to provide a fundamental shift in the way that Birmingham City Council collectively plan, manage, deliver, and commission Day Opportunities in the future. A draft Day Service Model was also consulted upon which seeks to provide a framework in which the regaining or learning of new skills as well as the promotion of independence and well-being are key elements.
- 5.1.2 The Day Opportunities consultation commenced on the 8<sup>th</sup> of April 2019 and, as a formal 90 day consultation, was originally due to run until the 6<sup>th</sup> of July 2019. However, following feedback received from participants during the consultation, amendments were made to a number of the consultation documents. This necessitated the consultation period to be extended for an additional four weeks, closing on the 4<sup>th</sup> of August 2019. Following the closure of the consultation on the 4<sup>th</sup> of August 2019, the council gave citizens an additional opportunity to the 23<sup>rd</sup> of August to send any further comments which may have been informed by the published frequently asked questions and the corresponding responses.
- 5.1.3 A range of stakeholders were invited and given the opportunity to participate in the consultation through public, provider or day centre consultation events. In addition to this there were events which targeted specialist day opportunities provision such as those specialising in dementia as well as young people preparing for adulthood.
- 5.1.4 During consultation, there were two types of questionnaires available for participants to complete which were a standard version and an easy read version. The easy read version was designed primarily for those with a learning disability or those who may have difficulty with reading. In total 960 questionnaires were returned comprising, 428 standard, and 532 easy read versions.
- 5.1.5 The responses specifically in relation to what people thought about the proposals in the draft Day Opportunities Strategy, were that, 47.7% strongly agreed or agreed, 31.1% strongly disagreed or disagreed, 10.1% neither agreed nor disagreed, whilst 9.2% did not know and 1.9% did not answer. It is important to note that a high percentage of those who completed the standard questionnaire were in agreement with the proposals (62% agreed and 18% disagreed), whilst a higher percentage of those who completed the easy read questionnaires were not in agreement with the proposals (41% disagreed and 36% agreed). See **Appendix C** for full consultation findings.
- 5.1.6 It is clear from the analysis that there were 6 key areas of concern expressed by participants including:

- Draft Strategy and Draft Day Service Model - there was a concern that the proposed Strategy and Day Service Model lacked detail which made it very difficult for people to visualise what the services of the future would look like.
- Day centre closures – there was a fear that if the proposed Strategy was implemented this could mean that there would be a reduction in the number of day centre placements made in the future, resulting in day centre closures.
- Friendship groups – there was a fear from some people who attend day centres that the friendship groups they value would be lost and not taken into account if the draft Strategy was agreed.
- Carers - carers who responded to the consultation questionnaire clearly valued the importance of day care as a means of support/respite for their loved ones and it was felt that this should be considered in any decisions made regards agreeing the proposed Strategy.
- Choice – citizens were in favour of more choice and control but were concerned that there are currently insufficient alternative service options available. This included concerns about the lack of available personal assistant provision as well as the lack of the necessary infrastructure to enable direct payments to be a credible alternative.
- Accessibility - people had concerns that community based facilities in Birmingham are not sufficiently accessible for people to be able to exercise real choice in relation to identifying viable alternative service options.

5.1.7 Despite the concerns expressed, the majority of those completing easy read and standard questionnaires were in agreement with the key principles of the draft Strategy, except for the principle to maximise the opportunity to use personal budgets and direct payments to access support or activities. This area of concern will be addressed by the recommendation to develop an Improvement Plan which will support the implementation of the proposed Strategy.

5.1.8 The Council acknowledges the concerns raised through the consultation and these will be addressed by the recommendations outlined in this report. This would involve the development of a day opportunities Service Improvement Plan. Also recommended to address the concerns expressed would be the requirement to develop an Implementation Plan which would be co-produced with all interested parties including citizens and stakeholders. This plan would require cabinet approval before being applied.

5.1.9 It is recommended that the Strategy is approved by Cabinet, acknowledging the comments and concerns raised by citizens:

- Historically day service provision has been neglected and has not been sufficiently developed by the Council to fully meet the needs of citizens.
- The ongoing uncertainty of the future of day opportunities provision has created concerns for citizens and carers. A Strategy would clarify the future intentions of the Council regards day opportunities provision.
- There are concerns that the current provision does not adequately cater for young adults transitioning from children's services. This concern also applies to the needs of different and emerging user groups including those growing old with a learning disability and people with dementia.

5.1.10 It is therefore recommended that the draft Strategy is adopted with the following caveats:

- Set up co-production groups to explore how the Strategy's key aspirations and Day Service model could work in practice from the citizens perspective.
- Through the co-production process develop a draft Implementation Plan relating to the six key aspirations of the proposed Strategy and the Day Service model as agreed by consultees.
- Develop an Improvement Plan of key areas of concern identified throughout the consultation which would include the following elements:
  - Social Work Practice
  - Transport including safety
  - Transition – Preparation for Adulthood
  - Choice of Provision
  - Accessibility to Community Facilities
  - Direct Payments
  - Carers' Considerations
- With reference to the aspiration of maximising the opportunity to use personal budgets or direct payments, consideration would be given as to how the infrastructure for receiving a direct payment can be further developed as part of the Council's overall approach. This would be part of the Improvement Plan. There would be a focus on enhancing the direct payment offer by ensuring that there is clear information and advice, as well as the necessary infrastructure to enable citizens to exercise choice and control if they choose to take a direct payment.
- Return to Cabinet in January 2021 with the results of the above for approval to implement.

5.1.11 A full Day Opportunities Consultation 2019 Report has been produced which presents the full findings from the consultation exercise (**Appendix C**).

## 5.2 Internal.

5.2.1 Prior to the consultation, engagement took place on the draft Strategy with elected members. This included weekly briefings with the Cabinet Member for Health and Social Care. Councillors across political parties were engaged and informed of the consultation by the Cabinet Member for Health and Social Care. The Health and Social Care Overview and Scrutiny Committee were informed in March and May 2019. The Cabinet Member for Health and Social Care also informed cross party Birmingham MPs of the consultation including details of the extension period. Elected members and MPs also received written correspondence about the consultation pre and post extension.

5.2.2 Sessions were held with Day Centre staff to go through the proposals and discuss their role in the consultation particularly how to support citizens during the consultation process. Other members of staff were kept informed through the Chief Executive's bulletin and other internal publications. The Council Management Team and the Adult Social Care Management Team were also engaged in the process.

## 6 **Risk Management**

6.1 Concerns have been received from citizens who wish to express their opposition to the draft Day Opportunities Strategy and proposed new Model of Service. Any issue raised will continue to be systematically addressed through the relevant Council processes.

6.2 The Council has duties to meet eligible needs under the 2014 Act; the strategy would be implemented in a manner so as to assist the Council to meet those duties.

## 7 **Compliance Issues:**

### 7.1 **How are the recommended decisions consistent with the City Council's priorities, plans and strategies?**

7.1.1 The Day Opportunities draft Strategy is consistent with the Council's 'Vision and Priority 2017-2020' and supports the Health priority 'A great city to grow old in'.

7.1.2 The draft Day Opportunities Strategy also aligns to the priorities set out in the 2017 Birmingham Adult Social Care Vision. This vision includes the promotion of independence of all our citizens; joining up health and social care services so that citizens have the best possible experience of care tailored to their needs; preventing, reducing and delaying dependency and

maximising the resilience and independence of citizens, their families and the community.

## **7.2 Legal Implications**

7.2.1 The draft Day Opportunities Strategy complies with the requirements of the Care Act 2014. Specifically, under the Act (s. 5(1)) 'to promote the efficient and effective operation of a market in services, with a view to ensuring that people have a variety of providers to choose from, have a variety of high quality services to choose from and have sufficient information to make an informed decision about meeting their needs'.

7.2.2 The approach taken to the consultation was based on the public law duty to consult, of, which the key principles are:

- Consultation must be at a time when proposals are still at a formative stage.
- The proposer must give sufficient reasons for its proposals to allow consultees to understand them and respond to them properly.
- Give sufficient time for responses to be made and considered.
- Responses must be conscientiously taken into account.

## **7.3 Financial Implications**

7.3.1 The approval of the draft Day Opportunities Strategy at this stage does not commit the Council to specific expenditure.

7.3.2 Birmingham City Council currently spends approximately £18million on day opportunities provision with approximately £8.7million being spent on external day opportunities run by externally commissioned service providers and approximately £9.2million being spent to run Council day centres.

7.3.3 Birmingham City Council has an ongoing capital investment programme for its day centres. Recent work has been completed on the refurbishment and improvement to a number of Council run day centres between February and June 2019. The work was extensive and included new personal care facilities, decoration, new working spaces and a fire and security system.

7.3.4 Upgrading the personal care suite to improve accessibility based on carer feedback and an improved fire safety system at Heartlands day centre (Nechells) is imminent.

7.3.5 Over the last few years Hockley Day Centre has had a total of £160,000 spent on roof repairs; in addition two changing suites have been refurbished and dining chairs have been replaced, which has improved the overall experience for citizens.

7.3.6 The council is also making an investment in the Fairways Day Centre. A condition survey was carried out in May 2019 and arising from this, the



current fire alarm and safety system will be upgraded, and repairs are also being made to the fabric of the building.

- 7.3.7 The annual Council budget cycle is yet to be completed and currently there are no known savings expected in relation to Day Opportunities for the 2020/21 financial year.

## **7.4 Public Sector Equality Duty**

- 7.4.1 The public sector equality duty is set out in section 149 of the Equality Act 2010. The duty requires that the Council must have due regard to the need to:

- Eliminate discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

- 7.4.2 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 between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

- (a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
- (b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
- (c) encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

- (a) tackle prejudice, and
- (b) promote understanding.

Compliance with the duties in this section may involve treating some persons more favourably than others (but this does not permit conduct that would otherwise be prohibited by the Act).

- 7.4.3 A first equality assessment (EA) was produced prior to the start of the consultation and focussed on the draft Strategy and the approach being taken to the Consultation. During the consultation a review and update of the EA was undertaken in the light of emerging messages and issues. The EA is a live document and has been periodically reviewed and updated during the Day Opportunities draft Strategy development process. Cabinet is asked to read the EA enclosed in (**Appendix B**).

## **8 Documentation**

### **8.1 List of Appendices accompanying this report:**

**Appendix A** - Adult Social Care Draft Day Opportunities Strategy 2019

**Appendix B** - Equality Impact Assessment

**Appendix C** - Day Opportunities Consultation 2019 Report

### **8.2 Appendix C is supported by the following additional appendices:**

**Appendix 1** – Easy Read Executive Summary

**Appendix 2** – Consultation Findings – Questionnaire Analysis

**Appendix 3** – Stakeholder Analysis

**Appendix 4** – Consultation Findings - Common Themes from Comments and Questions

**Appendix 5** – Frequently Asked Questions and Responses Themed

**Appendix 6** – Comments Themed (raw)

**Appendix 7** – Consultation Events Data

**Appendix 8** – Google Analytics Day Opps Webpage Traffic

**Appendix 9** – Consultation Communication Documents

**Appendix 10** – Glossary of Terms

### **8.3 The document set listed below will be made available to support the Cabinet meeting process:**

- **Appendix 5** – Frequently Asked Questions and Responses Themed (This document includes the questions that were asked at different Day Opportunities Consultation 2019 events and the responses provided via the consultation website).
- **Appendix 6** – Comments Themed (raw) (This document includes comments that were recorded at different Day Opportunities Consultation 2019 events and taken from the questionnaire responses completed by people. The comments recorded at events are already published on the consultation web site).
- Completed Questionnaires (fully anonymised)
- Consultation Correspondence
- A range of e-briefings
- Easy read / Standard consultation pack
- Stage 1 Day Opportunities Engagement Report
- Stage 2 Co-production Final Report
- NDTi report
- Adult Social Care Vision
- A List of Day Centres
- A Report of Population and Demographics
- Webpage updates
- Consultation on the Draft Day Opportunities Strategy Document (pre amendment)

### **8.4 Strategy Background Documents**

- Background Documents used to compile this report:
- Birmingham City Council Vision and Priorities 2017-2020
- Adult Social Care Vision and Strategy October 2017
- The Care Act 2014



# Adult Social Care Draft Day Opportunities Strategy 2019



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# Summary

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Day Opportunities benefit approximately 1600 citizens with a wide range of support needs including older people, people with learning disabilities, autism, physical disability, and people with mental ill health across the city. Current services are delivered directly by the Council as well as by approximately 60 independent organisations. Over the years day opportunities provision has seen little investment and development and has predominantly been building based offering relatively limited choice and control for those that attend.

The council recognizes that people value day opportunities. This draft strategy aims to provide a clear set of design principles and actions to support further development of day opportunities in Birmingham to ensure there is enough accessible provision for those that need it. It is recognised that the city of Birmingham has a considerable way to go to close the gap between the current service offer and the proposed vision of the future, and through this draft strategy it is proposed to address that gap through a set of actions.

In summary, the key aspirations of this proposed new strategy are to:

- Focus on the individual, their strengths, choices, assets, and goals through person centred planning.
- Focus on the outcomes that service users and carers wish to achieve.
- Provide support that enables the person to access a range of opportunities in the wider, and their own, community as an active and equal citizen.
- Focus on skills development, improving independence in daily living i.e. travel training and employment where possible.
- Maximise the opportunity to use budgets or direct payments to access support or activities of the citizen's choice.
- Make the most of a vibrant and developing city, ensuring access to the wide range of opportunities Birmingham has to offer.

# Introduction

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Day opportunities are services that help people to have a fulfilling life: they provide the opportunity to take part in various interests and activities, make friends, develop relationships, gain new skills, and enable people to make a positive contribution to the community. Day opportunities also provide support to carers by means of creating a respite so that they can pursue their own interests outside of their caring role. There are day opportunities available for older people, people with learning disabilities, autism, physical disability, and for people with mental ill health.

The goals that Birmingham City Council are seeking to achieve for adults and older people are that they should be resilient, living independently whenever possible and exercising choice and control so that they can live good quality lives and enjoy good health and wellbeing.

Key to the draft strategy is the need to address some of the barriers which some adults particularly with learning disabilities face in participating fully in communities. The aim is to ensure a range of high quality services are available for all to access.

This draft strategy proposes to deliver more day opportunities based in the community that focus on developing skills and independence. It proposes to gradually move away from traditional building based day services to provision that focuses on what people want to achieve (outcomes) and what they are good at (their strengths) to promote health and well-being in line with the Care Act 2014.

Our vision for day opportunities is that people should be able to access resources within their local communities. Wherever possible, short term focused support that enables people to find friendship groups and get involved in activities to maintain health and well-being that are based in the wider community should be available.



# Strategic Context

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There are a number of factors at both a national and local level which have influenced and prompted the need to review the day opportunities model in Birmingham. This draft strategy seeks to ensure that Birmingham is compliant with key Social Care legislation as well as significant national policy.

## National Priorities

### Having a Good Day

In **Having a Good Day? 2007 (SCIE)** the Social Care Institute for Excellence (SCIE) published a 'knowledge review' of community based day activities which remains very applicable today. The review of policy and practice highlighted: work, education, training and volunteering; participating in leisure, arts, hobbies and socialising; as essential elements of successful day opportunity services. It goes on to say irrespective of the support people need activities to have a purpose, be undertaken in ordinary places, do things members of the wider community would do and ensure friendships, connections, and a sense of belonging develop in the process.

The review also identified a range of barriers that stopped people achieving these outcomes and identified the following key conditions for change to support real improvements:

- person centred planning with and for people
- individualised funding and direct payments
- development of day opportunity staff
- developing access in the community
- good information

The review identified that progress had been made with services moving away from large segregated day opportunity services into smaller integrated community based provision; but very few people with a learning disability had moved into paid employment. Through

this draft strategy Birmingham City Council proposes to move towards that direction.

### Care Act 2014

The Care Act 2014, which came into effect on 1st April 2015, represents the most significant reform of care and support in more than 60 years, putting people and their carers in control of their care and support. The Act is particularly pertinent to how day opportunity provision is commissioned.

Importantly the Care Act changes many aspects of how support is arranged, and aims to give greater control and influence to those in need of support. This includes:-

- A change to the way in which local authorities complete assessments with those in need of support. People will be encouraged to think about what outcomes they want to achieve in their lives. This applies to day opportunities and the realisation of the 'have a good day model'.
- New rights for carers which put them on the same footing as the people they care for. All carers are entitled to an assessment.
- A greater emphasis on protecting the most vulnerable people in our society from abuse and neglect.
- A greater emphasis on prevention. Local authorities and other providers of support will encourage and assist people to lead healthy lives which will reduce the chances of them needing more support in the future.
- A greater emphasis on local authorities providing clear information and advice which will help the public to make informed choices on their support arrangements, and enable them to stay in control of their lives.

- A greater emphasis on Personal Budgets which give people the power to spend allocated money on care that suits their needs as part of their support plan.

### **Valuing Employment Now 2009 (DOH)**

This sets out the clear value that all people with learning disabilities, like all other people, can and should have the chance to work. A national goal was set to increase the number of people with learning disabilities in employment by 2025. The document describes a definition of work, "...by 'work', we mean real jobs in the open labour market that are paid the prevailing wage, or self-employment. We do not mean volunteering or work experience, unless this is part of a genuine pathway to real work. This is about doing a good job that the employer and the employee value."

Whilst the Council is in the process of reviewing and developing the employment offer as a whole, the draft Day Opportunities Strategy would consider how to compliment and support the opportunities that working age adults with learning disability and mental health issues have to prepare for and access employment.

### **Local Priorities**

Consistent with the Birmingham Adult Social Care Vision and Strategy (June 2017), the following principles have influenced the development of the draft strategy. Whilst the 2017 Birmingham Adult Social Care Vision and Strategy document refers to the need for "change" generally, this does not necessarily apply to all aspects of the provision of day opportunities but serves as a set of principles which may or may not be applied. The key principles of the Adults Strategy include:

### **Information, Advice and Guidance**

People need easy access to high quality information, advice, and guidance about day opportunities across Birmingham to enable citizens to plan their lives.

### **Prevention and Early Intervention**

People need to be able to access prevention and early intervention services quickly and at any time in their lives. Day opportunities and personal support would help people to maximise independence through focused activities that promote health and well-being. Timely access to day opportunities would mean support is readily available to prevent crisis.

### **Personalised Support**

The approach that works most effectively always puts users and carers at the centre and builds support round them rather than fitting people into services. Direct Payments are the preferred option for delivering support because they maximise the opportunity for people to exercise choice and control.

### **Use of resources**

Resources need to be used effectively for the benefit of individuals using day opportunity provision. Every pound that Birmingham spends on care must represent a pound well spent. Day opportunity provision which offers equitable coverage across the city and is developed to meet the needs of the many different client groups is what the draft strategy aims to achieve.

### **Community Assets**

The draft strategy proposes that individuals should be integrated into their communities and be able to access a wide range of community assets which are local, flexible and responsive. Through being able to access community resources people can continue to enjoy good quality lives while maximising independence.

### **Making Safeguarding Personal**

One of the most important duties that councils have is safeguarding – protecting vulnerable adults (and children) from harm or potential harm. We also have a key role in making sure that everyone of us sees safeguarding as our own individual responsibility – it is the duty of us all to make sure that those around us are safe from harm wherever possible. The proposed strategy proposes the introduction of quality standards for providers to ensure that safeguarding is central to service delivery.

### **Co-Production**

At every opportunity, Birmingham City Council will use co-production to design services with service users, carers, and service providers within day opportunities. Co-production groups have been established to inform some of the content of this draft strategy.

### **Partnership Working**

People's needs can be complex and may require support and interventions from a range of organisations, e.g. NHS and voluntary sector. Services need to be integrated and built on partnership working and utilise joint resources with partners. This will require all facilities and services in the city to be accessible for people with support needs and/or disabilities, including provision for delivery of personal care, safe spaces for vulnerable adults, and for organisations to consider how activities are adapted to include people.

### **Transformation of the Adult Social Care Model**

Birmingham Adult Social Care has undertaken a fundamental review of social work practice. The underpinning principles of the new adult social work model focuses on individual strengths and assets when assessing support needs. The key elements to the social work model include:

#### **A Strength Based Approach**

This involves supporting an individual to achieve their outcomes by identifying the following:

- Personal resources, abilities, skills, knowledge, and potential.
- Social networks and the support they provide.
- The use of community resources.

#### **An Asset Based approach**

Essentially, there needs to be a strength-based approach to assessing people's needs – building on the assets people, their families, friends, and communities can offer to support them.

Facilitating people and communities to come together to achieve positive change using their own knowledge, skills and positive experiences of the issues they encounter in their lives. This approach builds on a combination of the human, social and physical capital that exists within local communities.

#### **The Three Conversations model**

This is a fundamental change to how adult social care is provided which seeks to establish a collaborative approach with people to be co-designers of their own support. This should ensure that their personal outcomes are more likely to be realised. The three elements of the model are:

1. Conversation 1: Listen and Connect
2. Conversation 2: Work intensively with people in crisis
3. Conversation 3: Build a good life

# Key Facts and Figures

## Population Demands and Demographics

There is considerable learning from population trends that this draft strategy needs to account for to ensure the needs of individuals are met as Birmingham grows and changes.

### The key facts we have gathered from examining local data are:

- Birmingham is a young and growing city in terms of age profile.
- There is a significant group of Older Adults, which is also growing in terms of size.
- Day service users are aging as are their carers; this is a shift from service patterns of ten years ago.
- Younger adults are not choosing traditional day services and it is unclear what they have chosen instead.
- There are more people from Asian backgrounds in day centres than proportionally in other service areas.
- The Council invests in day care for adults with a learning disability over other groups and underinvests in opportunities for adults with mental health ill health.

## Activity within Adult Social Care in Birmingham

The estimated population of Birmingham numbers 1,137,100. As of March 2019, there are 20,192 people with cases open to Adult Social Care and Health services. Of these cases 13,861 are receiving some form of commissioned care package. Furthermore in the region of 1,600 of those receiving a commissioned care package receive some form of day care provision.

Diagram 1: Number receiving Adult Social Care in Birmingham

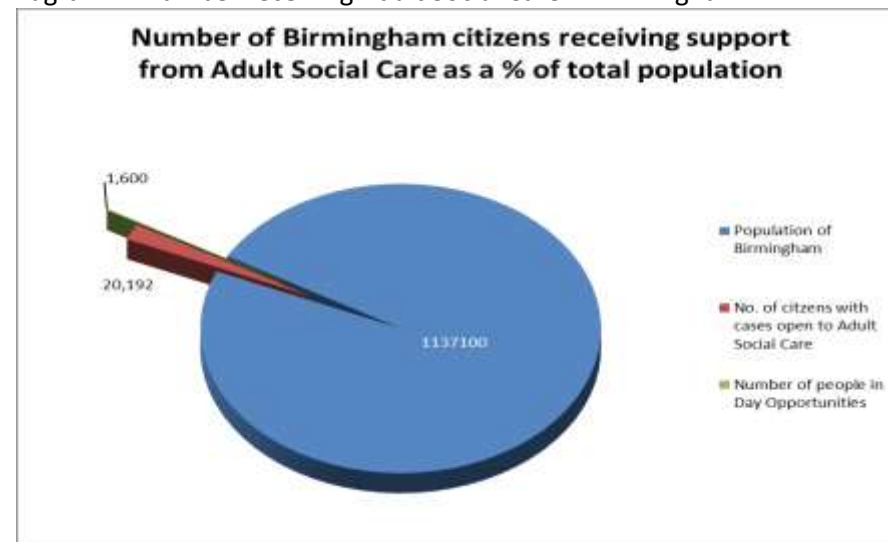


Diagram 2: Number Accessing Day Opportunities

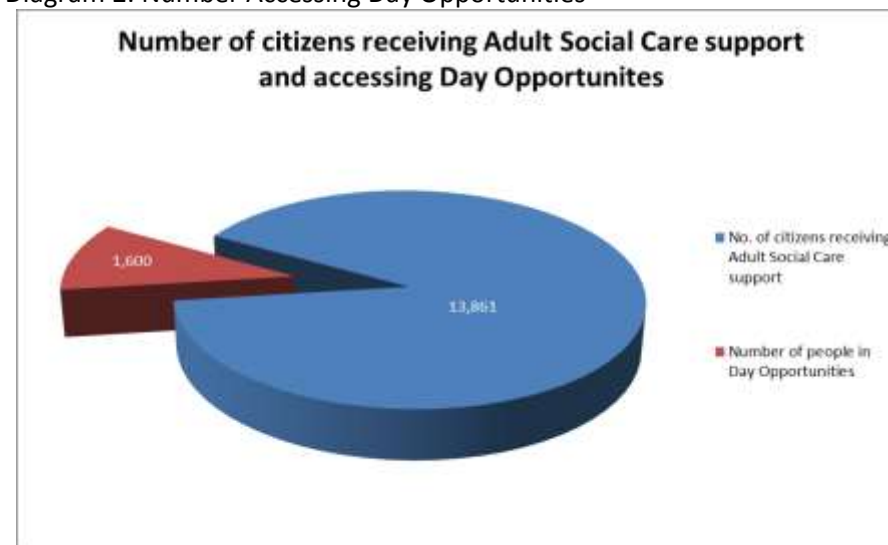
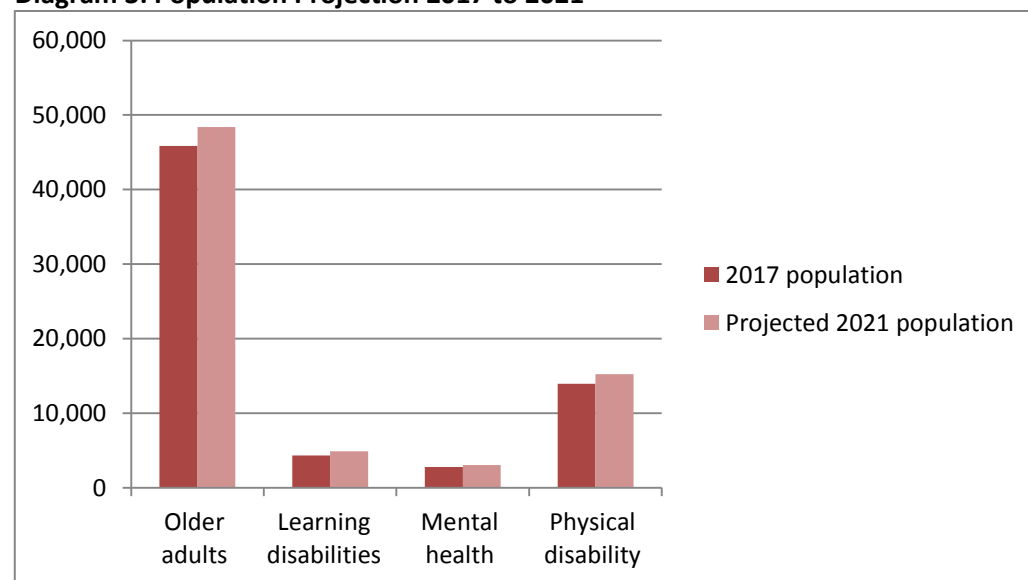


Table 1 below highlights the number of citizens currently accessing day care within Birmingham and the predicted increase reflective of all population figures and projections from Oxford Brookes University and the Institute of Public Care:

**Table 1: Activity across adult social care and day opportunities**

	Current day opportunities citizens	2017 population	Projected 2021 population	Percentage population increase	Projected day opportunities users in 2021
<b>Older adults</b> - people aged 65 and over with a limiting lifelong illness which affects their daily life 'a lot'	379	45,860	48,365	5.5%	400
<b>Learning disabilities</b> - people with moderate or severe LD (all ages)	861	4,326	4,875	12.7%	970
<b>Mental health</b> - MH population under 65 with a psychotic disorder	21	2,790	3,013	8.0%	23
<b>Physical disability</b> – people under 65 with a serious physical disability	279	13,948	15,233	9.2%	305
<b>Total</b>	1,540	66,924	71,486	6.8%	1,698

**Diagram 3: Population Projection 2017 to 2021**



**Table 2: Ethnic breakdown of those accessing day care**

	Older Adults	Learning Disabilities	Physical Disabilities	Mental Health	Total percentage by ethnicity
Asian	96	226	66	8	25.8%
Black	75	98	43	1	14.1%
Mixed	0	11	4	0	1.0%
White UK	177	489	151	11	53.9%
White other	16	24	5	0	2.9%
Other or not known	13	12	10	1	2.3%

**Table 3: Age breakdown of those accessing day care**

	Older adults	Learning disabilities	Physical disabilities	Mental health	Total percentage by age group
18 to 34	n/a	273	63	1	21.9%
35 to 49	n/a	271	72	6	22.7%
50 to 64	n/a	241	141	14	25.8%
65 to 79	191	72	n/a	n/a	17.1%
80 and over	188	4	n/a	n/a	12.5%

### **Older Adults**

Birmingham has a relatively young population compared to England as a whole, as illustrated by the population data on Table 3 above. In addition people are living longer, which means that the population aged over 65 is predicted to increase by 29%; and in particular there will be around 58,000 people aged over 80, which is a significant increase of almost 40%. The number of people estimated to have dementia is also predicted to increase in line with this; over 14,000 people over the next 10 years. Given the proportion of the current older adult population currently accessing day opportunities it is expected that by 2021 alone the numbers overall will increase by 5.5% to 400 citizens.

### **Adults with a Learning Disability**

Department of Health estimates for Birmingham indicate that 2.5% of Birmingham adults have some level of learning disability. Current data shows that there are 4,326 citizens under the age of 65 years accessing social care for their learning disability, of which 861 specifically attend day care provision. Prevalence figures taken from the national Projecting Adult Needs and Service Information prediction tool show that by 2021 there will be a further 970 citizens

requiring care for their learning disability in Birmingham; this is a 12.7% increase.

### **Adults with a Physical Disability**

Physical disability covers a wide range of conditions, and within this report 'physically disabled adults' refers to those aged 18 to 64 who have one of more physical disabilities which may be congenital, be temporary or longer term, stable or fluctuating. Physical disability is unique for each individual in the way it impacts on their life, but has its greatest effect on the ability and confidence the person has to enjoy physical movement. Services therefore need to be person centred and recognise an individual's rights to independence and self-determination, dignity and respect.

### **Adults with Mental Ill Health**

The Council provides day opportunities provision for a relatively low number of people with mental ill health. It is not currently possible to extrapolate the number of people accessing internal Birmingham City Council services. However, within services delivered by external providers, the current number of people accessing them with a Mental Health need is estimated to number 21.

# Financial Overview

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## Current Financial Investment

The table below outlines current financial spend on the range of day care either commissioned or directly provided by Birmingham City Council.

**Table 4: Current spend on Day Care**

Provider	No of Clients	Cost (p.a.)	Locations
External Provision	633	£7.6 m	Across Birmingham, Sandwell & Solihull
Internal Provision(Younger Adults)	678	£9.2 m	Across Birmingham
Third Sector (data sourced from providers self-assessment of their service users)	Clients supported by the services- 15,742. This includes clients with an assessed need care package	£1.1m	Across Birmingham
Total		£17.9m	



# An Overview of current provision in Birmingham

## What we currently have

In the city, much of the investment made in day opportunities provision is with traditional day centre building based provision for both internal and external services.

The price and quality of service varies considerably and appears arbitrary. There is little linkage to needs, outcomes, or aspiration. Some services include transport and meals and charging for this is inconsistent.

External provision of day care includes such services as lifestyle and arts activities, therapy, luncheon clubs, and to activities to address social isolation.

Services tend to be 'for life' for the individual – there is rarely an expectation that individuals will move on to other forms of provision.

Provision tends to be building based with limited community integration. The building based provision often has a strong sense of community for the attendees which is strongly valued.

## What current services offer

Current services are valued by those that use them and their carers. It can be said that the current day opportunities provision overall encourages dependency over time as opposed to promoting resilience and independence.

Day opportunities are often seen as a 'safe place' for vulnerable citizens and hence individuals tend to remain in current services for long periods of time, sometimes for significant periods of their lives.

It is assumed that a service is a solution and the person fits the service, not that day opportunities respond to an individual's needs and desired outcomes. In general, we are not building aspiration for people at any age. Social care reviews do not take place in a timely way and have rarely considered an individual's strengths, skills, and interests.

Services tend to focus on age or disability, rather than interest or community. Each individual service then tries to create a menu of activities on that basis.

## Day opportunity services run internally by the Council

Younger adults (those people between 18 and 65 years) day care services are currently delivered across 9 sites plus 2 gardening projects. All buildings apart from one are owned by the Council. 678 clients with physical and learning disabilities are currently supported providing 1:1 and up to 3:1 support for clients with complex needs.

**Table 5: Client Groups attending internal day opportunities**

Complexity of Need	Numbers attending Internal Services
Moderate	10
Substantial	111
Complex	473
Not Classified	84
<b>Total</b>	<b>678</b>

### Day opportunities services run by providers external to the Council

There are currently, approximately 55 providers across Birmingham delivering day opportunities. The providers are a mix of third sector and private organisations. Services are predominantly delivered from buildings exclusive to the service user group. They currently support over 600 service users from low level to complex needs. None of the providers have been through a commissioning route and new ones are added by way of spot purchasing individual packages of care. External services are funded in a variety of ways including directly from social care, individuals receiving direct payments, or self-funded placements. Some external services also access a variety of grants from a range of sources.

**Table 6: Client Groups attending external day opportunities**

Primary Care Need	Numbers attending External Services
Learning Disabilities	258
Older Adults	215
Physical Disability/Sensory Impairment	139
Mental Health	21
<b>Total</b>	<b>633</b>

### Day opportunity services run by third sector/charity organisations

There are also a number of third sector providers which through grant funding arrangements with Birmingham City Council offer day support and opportunities for citizens without an assessed eligible need for care and support. There are approximately 16,000 individuals benefitting from some form of support from third sector organisations that do not have an assessed care need.

# Work Done to Inform Draft Strategy Development

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## A review of Day Services

### National Development Team for inclusion (NDTi)

Birmingham has undertaken a review of all Day Services in order to ensure a reflection against national best practice. Independent support to do this was provided by the National Development Team for Inclusion (NDTi). Through visits to day centres the work outlined areas for improvement as well as pockets of good practice which need to be built on to ensure a consistency of approach. The review focused primarily on services provided directly by the Council but the findings can also be applied to those externally delivered.

### NDTi report - summary:

The key conclusions from the review include:

- Half of those attending day care are aged over 50 and of those, around a third also receive paid care such as supported living or residential care.
- Half of those attending go to a day centre every day of the week and many of those live with older family.
- There are no real mechanisms for individual control or choice, and in many cases any person centred planning that may have taken place had been lost over time.
- The focus of services is to keep people occupied and happy, and often by choosing from a short menu of centre based activities. There are some examples of skills development, but this is not the main focus of effort or resource.
- There are sparks of creativity, but the way services are organised and planned doesn't enable or create such sparks.
- There are high levels of commitment to relationships and to the people using services.

- There is very little person centred planning within Social Work practice or services, and needs/goals/outcomes are not regularly reviewed.
- Services assume that people who use the services will be separated from wider community life.

## Co-Production Work

We know that people who use or are connected to a service are the best people to help design that service, so a co-production approach has been adopted, working in partnership with service users, their carers and families, and service providers.

The statutory guidance of The Care Act 2014, paragraph 2.20, offers the following definition of co-production:

“‘Co-production’ is when an individual influences the support and services received, or when groups of people get together to influence the way that services are designed, commissioned and delivered.”

### Stage 1 Co-production: ‘Having a Good Day’

From January to March 2018 service users from across 33 different services, were invited and supported to participate in completing a questionnaire to find out what ‘having a good day’ meant to them. The questions they were asked were;

1. What do you enjoy doing (at the centre and away from the centre)
2. What don't you like doing (at the centre and away from the centre)
3. What might you like to do (that you don't do currently) that would result in you “Having a Good Day”

The findings from the early engagement questionnaire identified that:

- Many of the activities that service users said they liked to participate in can be accessed in the wider community, in different venues and different times from the day centres they currently use.
- Service users said that the sense of belonging and being part of established community groups is important to them.
- Regular use of traditional day care provision over many years has inadvertently created a culture of dependency which leaves service users feeling that there is very little that can be accessed outside of day care provision.
- There are five issues that were raised across all of the engagement sessions - safety, transport, accessibility, attitudes of the public and access to toilet/changing facilities.
- Many buildings out in the wider community increasingly have better physical access – ramps, automatic doors – but once inside the facilities are not always accessible. Similarly, the lack of disability awareness of some staff does not encourage repeated use of many community services.
- Accessible transport is very important.
- Accessing employment and education opportunities has been identified as being important to many individuals.
- The use of emerging technology is seen as an area which needs greater understanding and development.

## **Stage 2 - Working in Co-production**

Following on from the 'Having a Good Day' co-production work commissioning officers from Birmingham City Council established a series of co-production forums with service users, carers, and providers, through a mixture of group work and regular meetings.

The key themes that have emerged from the comments expressed in these groups are:

### **Direct Payments and Personal Assistants:**

There is a widely held view that the use of both direct payments and personal assistants are to be welcomed if they are the right choice for the individual. It was suggested that the Council does not have good quality information for citizens' regards how to access a personal budget.

### **Outcomes and Quality Standards:**

People did not relate their use of services to personal outcomes and goals, as well as having had no sense of purpose as to why they accessed certain services. In fact it was difficult to see how services had been initially chosen given the length of time people had been accessing them. A move towards a more outcome focused approach was considered as needed.

### **Community Assets and Accessibility:**

Access to the community was considered important but there is little focus in current services to build the confidence of people and their families to access support outside of traditional day opportunity services. People told us that friendships are important, including friends who were not disabled as well as those who were. Participants said that parts of the city are not accessible and there is limited access to toilets and personal changing suites.

Transport is a concern for people and access to public transport is seen as limited. In addition many of the participants spoken to did not have access to support or training to use public transport.

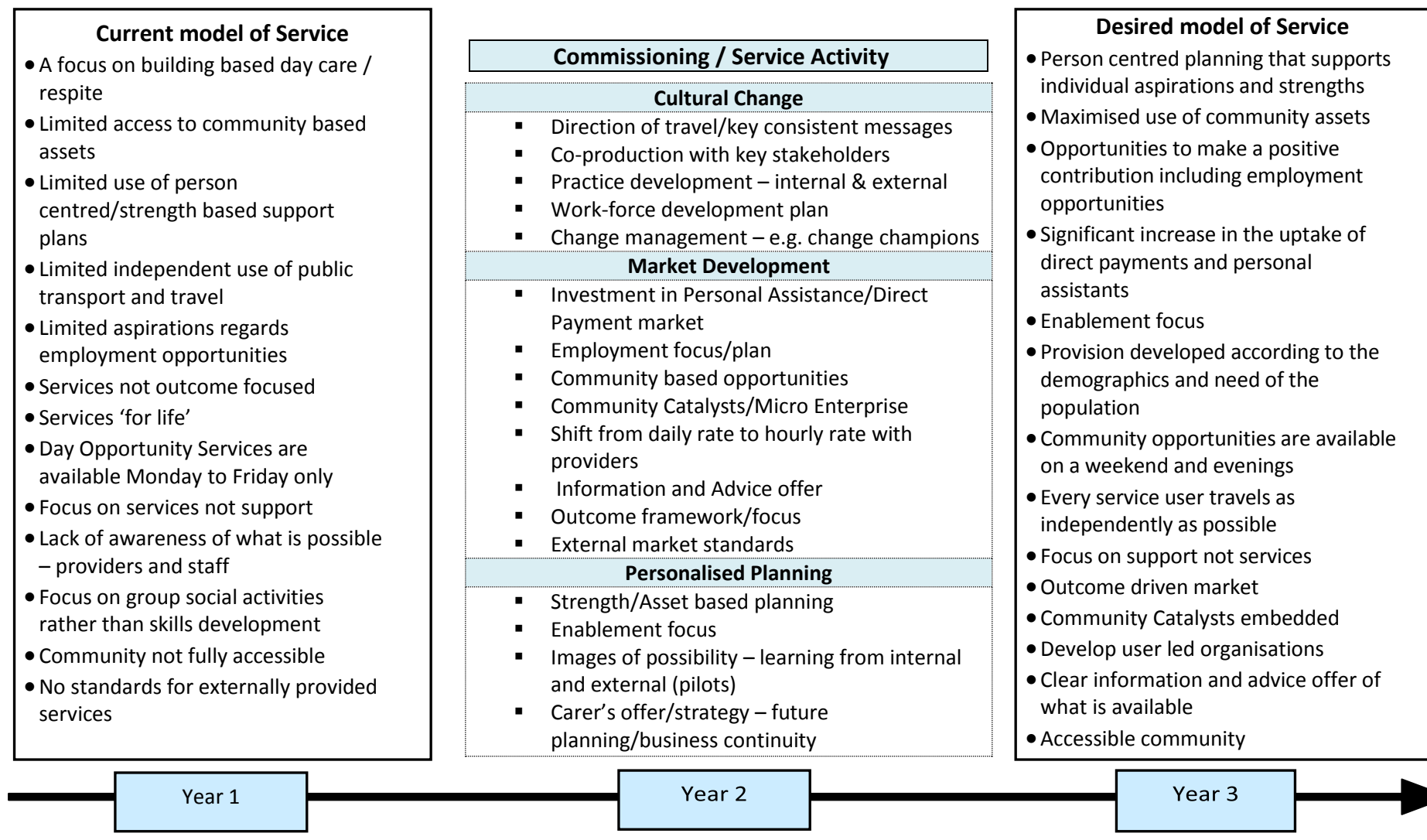
# Proposed New Ways of Working

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Birmingham proposes a fundamental shift in practice in the way that we collectively plan, manage, deliver, and commission services to enable the experience that individuals and their carers have from us to improve. The proposal is for a model of day opportunities that will:

- Focus on the individual, their strengths, choices, assets, and goals through person centred planning.
- Focus on the outcomes that service users and carers wish to achieve.
- Provide support that enables the person to access a range of opportunities in the wider, and their own, community as an active and equal citizen.
- Focus on skills development, improving independence in daily living i.e. travel training and employment where possible.
- Maximise the opportunity to use budgets or direct payments to access support or activities of the citizen's choice.
- Make the most of a vibrant and developing city, ensuring access to the wide range of opportunities Birmingham has to offer.

## The Proposed New Vision of Day Opportunities



# Proposed Draft Model of Day Opportunities

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Within this draft strategy the regaining and developing of new skills, as well as the promotion of independence and well-being are identified as essential elements. It is also recognised that citizens benefiting from day opportunities will have different levels of ability. Therefore it is proposed that there are three defined levels of support in acknowledgement that some citizens need a relatively short period of support to realise their aspirations whereas others may need longer term specialist intensive support. The three levels are:

## **Enablement**

At the point of entry to the day service, there would be a focus on what people want to achieve (outcomes) and help for them to achieve their personal aspirations. The enablement phase would be time limited (for example up to 12 weeks) and would focus on regaining skills; promoting independence and helping people to connect to their communities. This phase would be suitable for service users with low support needs.

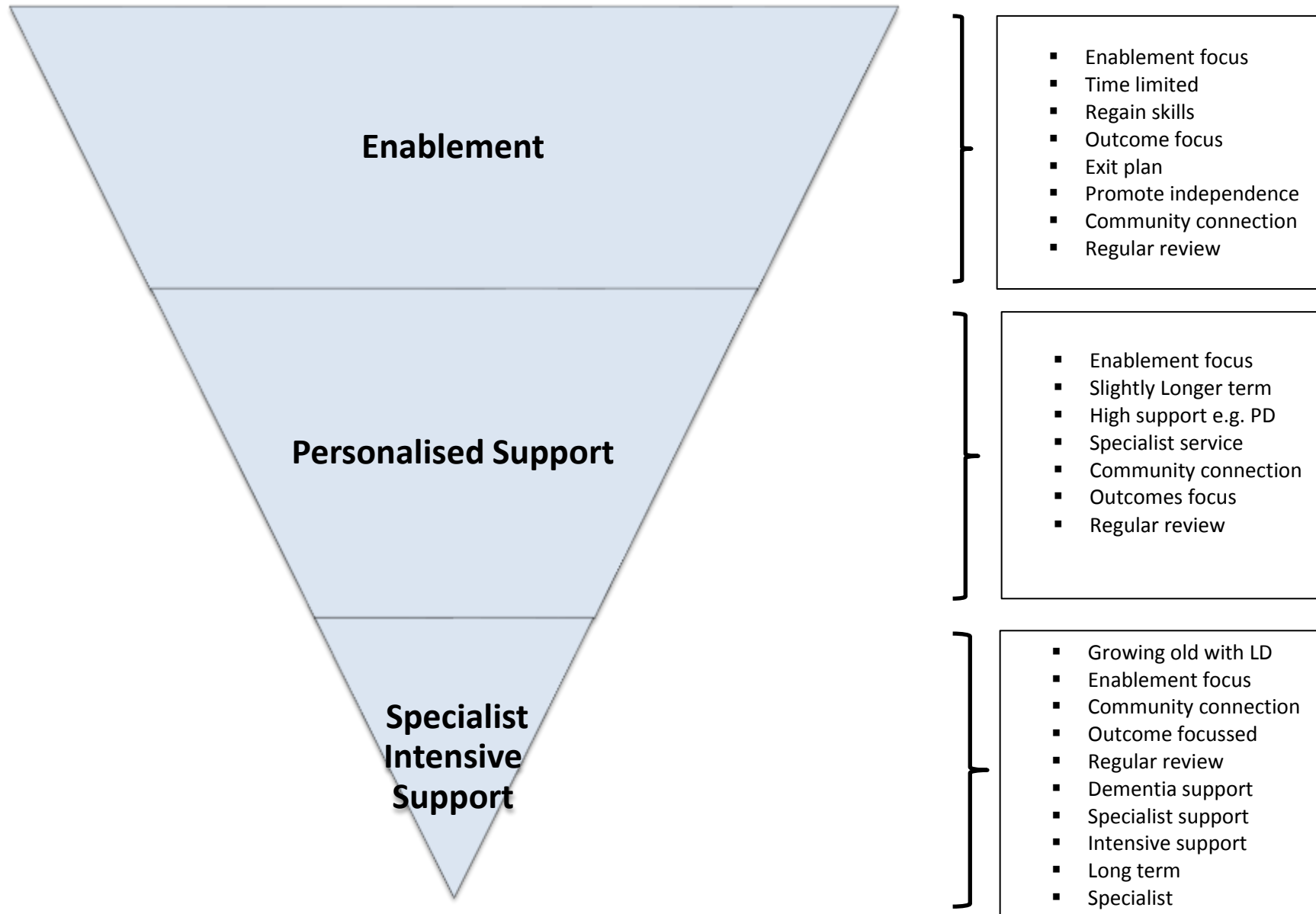
## **Personalised Support**

Some people may need a little longer to regain skills and feel confident and need a higher level of support to achieve their outcomes. In this phase there would be a focus on enabling people to regain their independence and support for them to connect to their communities over a longer period of time. This phase would be suitable for service users with higher support needs.

## **Specialist Intensive Support**

A focus on developing specialist intensive support for people with complex needs. This would involve long term support with a focus on an individual's outcomes, health and wellbeing. Individuals would be supported to be able to access the community like everyone else. This phase would be suitable for people with more complex specialist needs for example dementia and growing old with a learning disability.

# Proposed Day Service Model





# Glossary of Terms

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What follows is a Glossary of frequently used terms, these are the definitions as used within the context of this strategy and as such do not affect any meaning that a term may have under any relevant legislation.

<b>1.0 Glossary of Terms</b>	
Aspirations	Is an ambition or outcome that a person wishes to achieve This outcome may become achievable with support from Social Care.
Assessment	An assessment is simply a discussion between a person and a social work professional that helps to understand what help and support is needed for coping with life on a day to day basis and living independently at home.
Asset based	An Asset based approach focuses on a person's strengths and skills and helps with how support is identified.
Emerging Technology	Equipment or products designed to maintain, or improve the ability of individuals to communicate, learn, and live independent and fulfilling lives.
Citizen(s)	A citizen is a resident of Birmingham which includes service users and carers
Commissioning	Refers to the council's approach to planning and purchasing public services. The aim is to achieve best possible outcomes for individuals who require care and support and for the community as a whole.
Community Assets	Are a wide network of services which range from very small to much larger local services provided by faith groups, community groups, local and national charities, and private companies. They provide choice, enabling people to become involved in activities they enjoy doing with others, adding meaning to their lives.
Community Capacity Building	Supporting different communities to develop their own solution to problems and issues.
Contract	Refers to a formal agreement which Providers are required to agree to if they wish to deliver services for Birmingham City Council.
Co-Production	'Co-production' is when an individual influences the support and services received, or when groups of people get together to influence the way that services are designed, commissioned and delivered.
Day Care	A place where an individual can go to participate in activities and spend time with friends.

1.0 Glossary of Terms	
Day Opportunities	A day opportunity refers to a service which mainly operates during the daytime and provides activities, care, and support to those who access it.
Demographics	The number and characteristics of people who live in a particular area or form a particular group. Examples of characteristics include gender, age, ethnicity, types of services required, etc.
Direct Payment	Direct Payments are a way for citizens to have control over their care and support through a personal budget. Birmingham City Council will make payments directly to people so that they can buy the care and support they require rather than the council arranging it.
Draft Strategy	For the purposes of this document this refers to <u>proposed</u> local government document outlining a series of ideas or plan of action designed to achieve a long-term or overall aim. ( <i>see also Strategy</i> )
Enablement	Enablement is a period of short term intensive support giving an individual the opportunity and confidence to regain some of the skills they may have lost e.g. through ill health.
External (day opportunities) providers / provision	Those services commissioned by the Council and provided by the private or voluntary sector independently of the Council.
Internal (day opportunities) Services / Provision	Services that are provided directly by the council.
Neighbourhood Network Schemes	Neighbourhood Network Schemes enables people to connect to individuals, groups, organisations, and activities taking place in their local area.
Person Centred Planning	Focuses on what an individual wants to achieve and what support is required to help them achieve their aspirations. Person centred planning views people as equal partners in planning, developing, and monitoring their care.
Personalisation	This is the approach used by social care that empowers people to have more choice control and independence over what their support looks like.
Personal Assistant	A personal assistant helps support a person to live as independently as possible and assists them to take part in everyday activities where possible.
Personal Budget	An amount of money the local authority agrees to provide to meet your assessed needs.
Policy	Is a set of principles which helps staff make sound decisions and take actions which are legal, consistent with the aims of the day care setting, and in the best interests of the users.

1.0 Glossary of Terms	
Providers	Organisations which provide a given service be it Home Care, Internal or External Day care or the voluntary sector.
Quality Standards	A set of statements that are designed to ensure that services meet the minimum required standards to deliver safe, effective, and good quality services.
Respite	Short term care to enable an individual to have a break from normal routine, e.g. a holiday. This can be a carer or someone receiving social care support.
Self-Funder	Depending on a person's finances, a local authority may ask an individual to contribute towards the costs of their care (up to and including the full amount).
Service User	Refers to the individual directly in receipt of services.
Social Care Review	A review forms part of the assessment process. A discussion between the person receiving care and support and a member of social care staff is designed to identify any improvement or deterioration in that persons need. Together a plan will be put in place to meet that persons change in need.
Spot purchasing	The purchase of a service from an organisation as and when it is needed,. Services are purchased on an individual basis for a single service user.
Stakeholder	Stakeholders are individuals, groups, or organisations that are affected by or have an interest in the activity of the service or business.
Strategy	Plan of action designed to achieve a long-term or overall aim. ( <i>see also Draft Strategy</i> )
Statutory	Refers to a duty or a service required by law to be delivered by the local authority.
Three Conversations	Through information, advice and guidance and structured three conversations, clarity on rights, responsibility and options. Allowing people to be co-designers of their own support.
Third Sector	This refers to charitable or voluntary organisations.



## Draft Day Opportunities Strategy & Draft Day Service Model Equality Assessment inc. Consultation

Reference No.	EQUA263
Responsible Officer	John Freeman
Quality Control Officer	Max Vaughan
Accountable Officer	John Williams
1. Purpose of the proposal	<p>3/3/19 The draft Day Opportunities Strategy proposes how day support could be developed in the future for people with learning disabilities, physical disabilities, mental health issues and the older population in line with the Birmingham City Council's Adult and Social Care Vision 2017.</p> <p>The draft Strategy is driven by better outcomes for citizens, underpinned by improved quality and better utilisation of community assets. This will be undertaken whilst ensuring the appropriate level of care or support is available that is centred on the citizen's needs.</p> <p>Six key aspirations are proposed – person centred planning, outcomes, community involvement, improving independence, choice and control and making the most of a vibrant and developing city.</p> <p>Included in the draft Day Opportunities Strategy is a proposed new service model for day opportunities. This includes a stronger focus on enablement to support citizens to become more independent and to be able to be out in the community more doing different activities, in different places, with different people at different times.</p> <p>The proposed model also acknowledges that there are citizens who will require a more personalised approach to their support and citizens who will require specialist, intensive support. The draft model is designed to increase the range of opportunities available and to ensure that citizens receive the appropriate level of support required to achieve the best outcomes. The proposed approach is designed to avoid an adverse impact on any adult who is eligible for support from Adult Social Care to access day opportunities.</p> <p>Both the draft Strategy and the planned public consultation will have due regard to the need to (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Public Sector Equality Duty; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.</p> <p>Please note that this assessment will be reviewed mid-way through the consultation and again when the consultation is completed. Additional text to be added at each stage will be dated.</p> <p>Potential equality related adverse impacts raised through consultation feedback will be considered against future planning post decisions made by Council Cabinet. The Council is committed to a co-production approach to the improvement and development of day opportunities.</p>
2. Age details:	<p>3/3/19 The Council currently arranges a range of day opportunities for younger and older adults including those with mental, physical, sensory and learning disabilities. Elements of the proposals in the draft Strategy might impact differently on adults of different ages, e.g.</p>

	<p>improving employment opportunities for younger adults, provision of day care for older adults with dementia. Attention will be paid to ensuring that adults are not excluded from accessing their day opportunity of choice because of age in any proposed developments in the future.</p> <p>26/9/19 - Emerging messages from consultation events (comments and questions received from attendees) are that the council should acknowledge the increasing number of adults who are growing old with a learning disability and the increasing number of older adults with increased support needs living with dementia. Comments have also been received about the need to respond to and support the needs of ageing carers.</p> <p>16/10/19 Section 19 refers to equality and diversity related comments received through the consultation.</p>
3. Disability details:	<p>3/3/19 The Council currently arranges a range of day opportunities for younger and older adults including those with mental, physical, sensory and learning disabilities. The proposals in the draft Strategy intend for all disabled adults to be supported as appropriate in line with eligible care needs.</p> <p>26/6/19 emerging messages from consultation events (comments and questions received from attendees) are that the council should acknowledge and respond to the diverse range of levels of support needs and the (potential) barriers and challenges for adults accessing more services in the wider community.</p> <p>16/10/19 Section 19 refers to equality and diversity related comments received through the consultation.</p>
4. Gender details:	<p>3/3/19 Currently there is day care provision available that is gender specific to address cultural and religious needs. Consultation will seek to ensure the views of this group are sought.</p> <p>16/10/19 Whilst the consultation did not receive any questions or comments related specifically to gender, consideration will be given to this characteristic as required.</p>
5. Gender reassignment details:	<p>3/3/19 The draft strategy will be inclusive of transgender people. All support and services would be required to be respectful and sensitive to specific needs related to this characteristic in line with The Equality Act and BCC Day Opportunities Quality Standards.</p> <p>16/10/19 Whilst the consultation did not receive any questions or comments related specifically to gender reassignment, consideration will be given to this characteristic as required.</p>
6. Marriage and civil partnership details:	<p>3/3/19 The draft Strategy is not intended to have an adverse impact on adults accessing day opportunities with regard to their marital status.</p> <p>16/10/19 Whilst the consultation did not receive any questions or comments related specifically to marriage and civil partnership, consideration will be given to this characteristic as required.</p>
7. Pregnancy and maternity details:	<p>3/3/19 The draft Strategy is not intended to have an adverse impact on women who are pregnant whilst accessing day opportunities.</p> <p>16/10/19 Whilst the consultation did not receive any questions or comments related specifically to pregnancy and maternity, consideration will be given to this characteristic as required.</p>
8. Race details:	<p>3/3/19 Currently there is provision available for adults, predominantly older adults, which is specific to Asian and Chinese communities. Consultation will seek to ensure the views of this group are sought.</p> <p>16/10/19 Section 19 refers to equality and diversity related comments received through the consultation.</p>

9. Religion or beliefs details:	<p>3/3/19 The draft Strategy is not intended to have an adverse impact on adults accessing day opportunities with regard to their faith or belief. All support and services will be required to be respectful and sensitive to specific needs related to this characteristic.</p> <p>16/10/19 Section 19 refers to equality and diversity related comments received through the consultation.</p>
10. Sexual orientation details:	<p>3/3/19 Day opportunities will be inclusive of people of different sexual orientation. All support and services will be respectful and sensitive to specific needs related to this characteristic.</p> <p>16/10/19 Whilst the consultation did not receive any questions or comments related specifically to pregnancy and maternity, consideration will be given to this characteristic as required.</p>
11. Please indicate any actions arising from completing this screening exercise.	<p>3/3/19 Post-consultation the EA will be reviewed and amended as required. The first review of the EA will take place in June 2019.</p> <p>16/10/19 This updated assessment will be presented as an Appendix to the Cabinet Report, scheduled currently to go to the December Cabinet meeting. Mitigation of any identified potential adverse impact will be considered in future planning if the draft Strategy and draft Service Model are approved. The Council is committed to a co-production approach to improvement and development of day opportunities.</p>
12. What data has been collected to facilitate the assessment of this policy/proposal?	<p>Demographic data Social care client data Future demand modelling Consultation responses</p>
13. Consultation analysis	<p>3/3/19 Consultation activity is planned to complete in July 2019.</p> <p>26/6/19 Following feedback in response to the consultation the Council extended the consultation period to 4<sup>th</sup> August 2019. The decision to extend the consultation was made on 31<sup>st</sup> May 2019. Analysis of the consultation responses will take place after the consultation is closed.</p> <p>16/10/19 During the consultation period</p> <p>There were 73 consultation events. There was also a series of 173 small friendship group meetings facilitated by the BCC run day centres attended by 1014 service users and carers.</p> <p>A total of 960 standard and easy read questionnaires were completed.</p> <p>Over 700 questions and 3600 comments were received during events and via the on-line and hard copy returns. A set of Frequently Asked Questions is published on the consultation website.</p> <p>The consultation report and supporting appendices will be published on CMIS in advance of the Cabinet meeting.</p>
14. Adverse impact on any people with protected characteristics.	<p>3/3/19 Early analysis of the draft Strategy does not identify potential adverse impacts. The proposed draft aspirations and service model are intended to be inclusive of all adults eligible for support from Adult Social Care.</p> <p>26/6/19 Early themes emerging from the formal consultation events (comments and questions received from attendees) with regard to the equality duty are generally focused on disability and age. Post consultation analysis will confirm if this is consistent across the 119-day consultation period.</p> <p>16/10/19 Comments related to age, race and culture, a range of disabilities and religion were received across the consultation period. They were mainly concerned with how the implementation of the draft strategy proposals might impact on specific groups, e.g. the elderly, and their need for building based services, and a perceived emphasis on support</p>

	for learning disabled adults. However, this assessment is not able to describe how the S.149 duty can be discharged until a decision is made by cabinet regarding next steps.
15. Could the policy/ proposal be modified to reduce or eliminate any adverse impact on any particular group(s)?	<p>3/3/19 Early analysis of the draft Strategy does not identify potential adverse impacts. Any adverse impact to any group identified as the consultation proceeds will be considered in line with BCC policy post Cabinet decision in December 2019.</p> <p>16/10/19 Adverse impacts that might materialise in line with issues raised through comments received from the consultation (section 19) will be considered in next steps post Cabinet.</p>
16. How will the effect(s) of this policy/ proposal on equality be monitored?	<p>3/3/19 Any proposed actions in the draft Strategy will be monitored to ensure that they are compliant with the Equality Act and all relevant social care legislation.</p> <p>16/10/19 This will be confirmed dependent on the outcome of the Cabinet decision in December.</p>
17. What data is required in the future to ensure effective monitoring of this policy/proposal?	3/3/19 Post-consultation a report and recommendations will be developed for Cabinet consideration, which will include regular review of the EA.
<p>18. Are there any adverse impacts on any particular group(s)?</p> <p>If yes, please explain your reasons for going ahead</p>	<p>3/3/19 Pre – consultation there are no identified potential adverse impacts. This analysis will be reviewed mid and post-consultation.</p> <p>26/6/19 Early themes emerging from the formal consultation events (comments and questions received from attendees) with regard to the equality duty are generally focused on disability and age. Specific adverse impacts have not been identified but the overarching message so far is that the council applies an approach to day opportunities that is responsive to the wide range of support needs of the adults who are eligible for support from Adult Social Care.</p> <p>16/10/19 A number of issues and concerns have been referred to via the questions and comments received across the consultation process. These are described in the next sections.</p>



<p>19. Initial equality impact assessment of your proposal</p>	<p><b>16/10/19</b></p> <p><b>Responses received from the consultation</b></p> <p>The comments and questions relating to equality and diversity in terms of the proposed draft Strategy covered a range of issues.</p> <p>Firstly, generational issues with comments and questions stating that the proposals favour the younger generation more than the older generation of service users. Some respondents felt that there was not enough focus on the older population in the draft Strategy, and that those with dementia need particular consideration and services that are centre based and structured, due to the nature of the condition.</p> <p>The proposed move away from building based provision is also thought to be a risk to those with more complex support needs, those with anxiety issues, adults with language and cultural needs, as well as impacting on established friendships.</p> <p>There were concerns raised about aging carers and the impact on caring for family members as their own circumstances change related to age.</p> <p>There was concern expressed with regard to the younger generation transitioning from school and college and having a day opportunity offer that was relevant to their interests. Ethnic and cultural issues were also mentioned in both the comments and questions.</p> <p>Respondents felt that more engagement and consideration should be given to ensure that cultural, religious, and ethnic groups are accommodated and engaged with in the future model of day opportunities. Some respondents expressed that there needs to be awareness of how cultural practices and religious beliefs may impact on implementation of the proposals in the draft Strategy.</p> <p>Views were also expressed that the draft Strategy was perhaps too broad in scope and that the needs of certain groups should have been included and considered. These include people with; brain/head injury, autism, sensory loss or impairment and people who have multiple disabilities.</p> <p>Questions were asked, and comments made, about what can be done to improve public attitudes towards those with a disability to enable people to have more confidence in accessing the community.</p> <p>All encompassing issues included:</p> <ul style="list-style-type: none"> <li>• Equity of access for different groups,</li> <li>• Avoid defining and separating people based only on their disability</li> <li>• This shouldn't be a one size fits all approach</li> <li>• Reaching out to citizens who have been described as "hard to reach"</li> <li>• Avoid inadvertently excluding people on language and cultural basis</li> </ul> <p>S 147 of the PSED requires the local authority, when disadvantages are identified, to remove or minimise the disadvantages. At this stage, until cabinet confirm their decision regarding next steps for the draft strategy it is not possible to confirm how the issues raised in the comments will be responded to.</p> <p>The Council's commitment to co-production will contribute to ensuring that any need to—eliminate discrimination, advance equality of opportunity and foster good relations will be addressed in partnership with a range of experts including service users, carers, other citizens, and professionals.</p>
<p>20. Consulted People or Groups – consultation process</p>	<p>3/3/19 A 90-day open consultation is planned for 8<sup>th</sup> April – 6<sup>th</sup> July 2019.</p> <p>Meetings will be held at different times across the city using accessible venues. Information and supporting documentation will be available in easy-read formats. If</p>

individual citizens request specific support, then BCC will endeavour to provide this support.

Event booking will be facilitated on-line and by e-mail. Consideration will be given as to how citizens with no access to IT will book to attend public events. For individuals who choose to respond in writing a Freepost address will be available. A telephone contact will be available.

If requested, or if a need is identified to consult with citizens from specific groups – race, gender, disability – then there is capacity to facilitate additional consultation events.

26/6/19 Following feedback in response to the consultation the Council extended the consultation period to 4<sup>th</sup> August 2019.

An amendment was made to the Consultation on the Draft Day Opportunities Strategy document on page number 3. This was publicised via the website, e-mail to consultation event attendees and via service providers.

16/10/19 The consultation was informed by key principles:

- Consultation must be at a time when proposals are still at a formative stage
- The proposer must give sufficient reasons for its proposals to allow consultees to understand them and respond to them properly
- Give sufficient time for responses to be made and considered
- Responses must be conscientiously taken into account

The website continues to be updated and all documentation relevant to the consultation remains available.

Total of all events:

Type of Event	Number of meetings	Attendees
BCC day centre events	30	1048
Small groups / friendship groups	173	1014
Day Care Provider Events	5	90
Public Events	14	83
External day centre events	5	71
Meetings Briefings/Programme Boards	9	-
Specialist Focus Groups	9	95
Open Public events	3	75
<b>Total</b>	<b>248</b>	<b>2476</b>

The specialist focus groups included the Black Carers Group, Special Education schools and colleges, Carers group, Service Users group, adults with mental health, Shared Lives Carers and dementia experts.

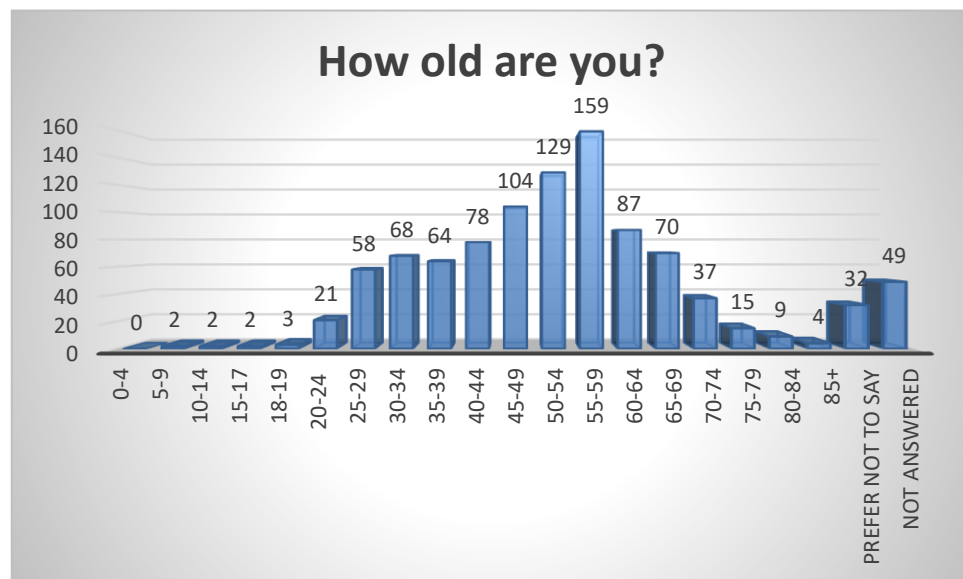
The Cabinet Member for Health and Social Care, Opposition Group Leaders, Chair of Health and Social Care Overview and Scrutiny Committee were briefed regularly.

**16/10/19 Equalities and Demographics from consultation responses**

There were two types of questionnaires available for participants to complete which were a Standard version and an Easy Read version. The Easy Read version was designed primarily for those with a Learning Disability or those who may have difficulty with reading.

## Profile of Respondents (Combined Questionnaires)

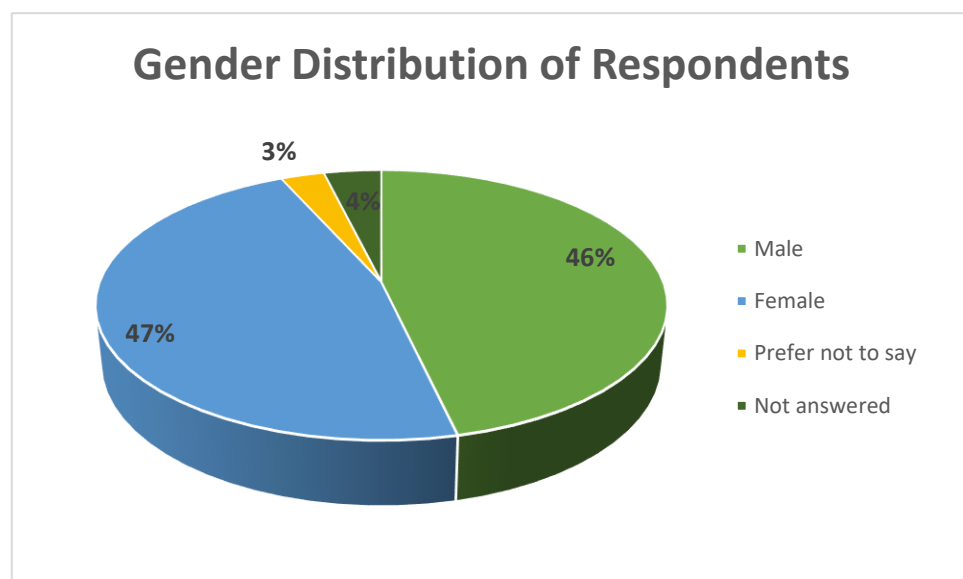
### Age



It can be seen from the tables above that the highest number of respondents corresponds with the 55-59 age group. It can also be seen from the responses that the next highest group of respondents is the 50-54 group.

### Gender

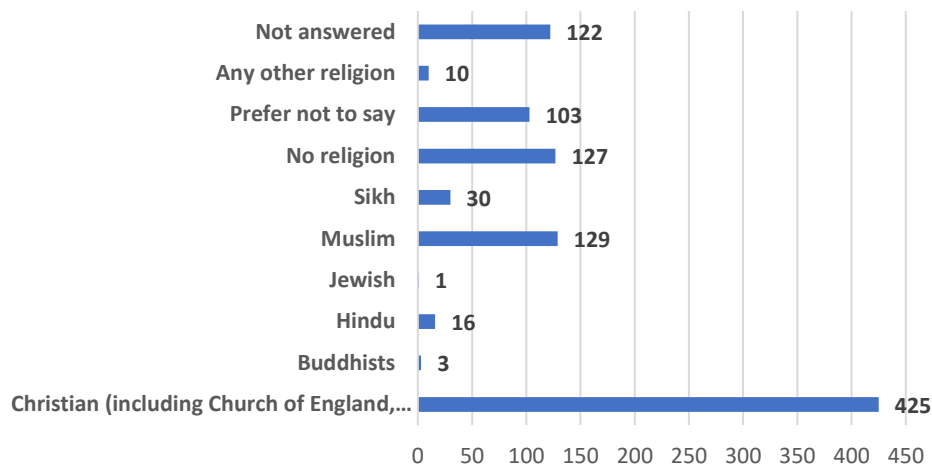
The gender distribution of the respondents shows an even distribution between those who identified as being Male 46% and Female 47% with 3% preferring not to say and 4% who did not answer.



### Religion or Belief

Overall there were 966 responses to the question regarding religious beliefs. The greatest number of responses 44% was from those respondents who classified themselves as Christian of all denominations. 13% stated that they were Muslim and 3% were Sikh. This question was not answered by 13% and a further 11% preferred not to say.

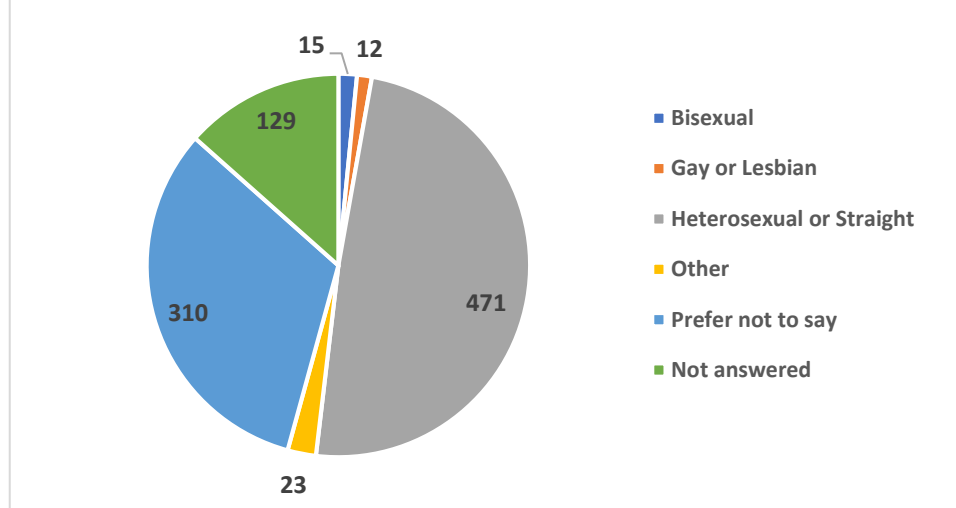
### Overall distribution based on Religion or Belief



### Sexual Orientation

Of the 960 people who responded to the question on sexual orientation the majority of respondents, 49% identified as being heterosexual or straight, 32% preferred not to state any sexual preference and 13% did not respond to this question. There were however, 2% of people who identified as being 'other' 1.25% stated they were Gay or Lesbian.

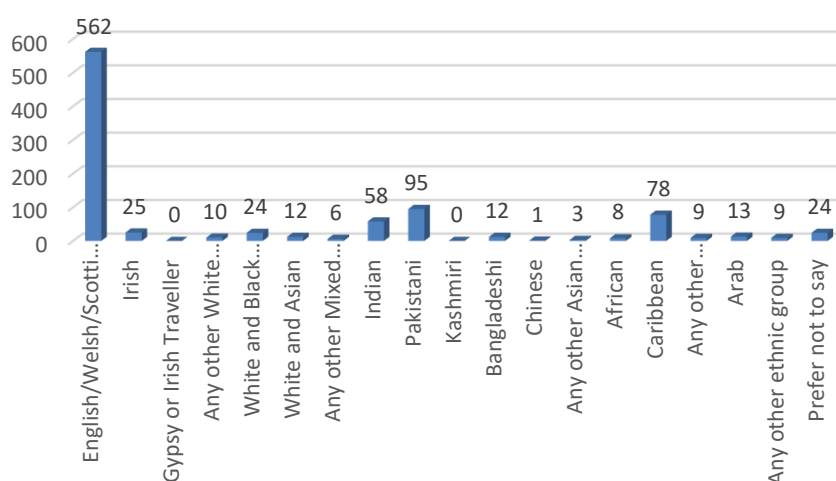
### Distribution Based on Sexual Orientation



### Ethnicity of Respondents

When asked the question "What is your Ethnic Group?" the majority of those that responded, 59% completed the box with the label "English/Welsh/Scottish/Northern Irish/British". The next 3 with the highest scores were Pakistani with 10%, Caribbean with 8% and Indian with 6%. 2.5% reported that their background was of mixed White and Black Caribbean/African heritage. There were 2.5% of respondents who preferred not to state their ethnicity.

**Ethnicity of Respondents to the combined Questionnaires**

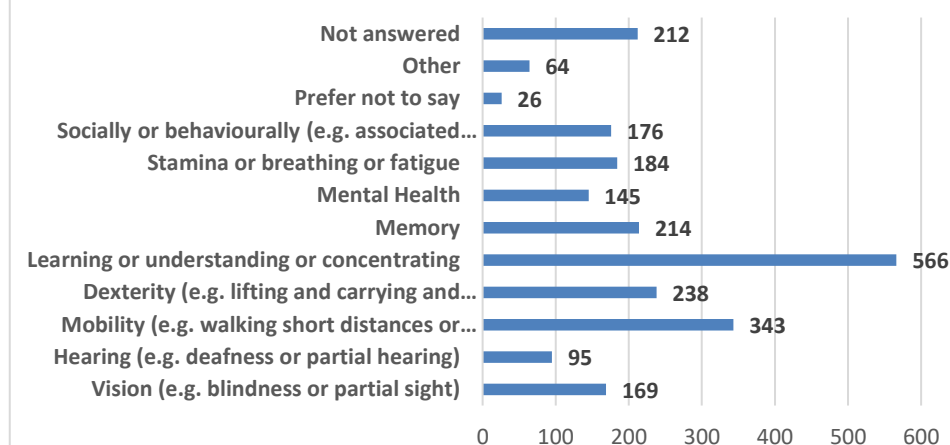


**Long term Physical, Mental or Illness greater than 12 months.**

Respondents were asked the question “Do you have any physical or mental health conditions / illness lasting or expected to last more than 12 months?” Of the 963 overall responses 70% said that they did have a long-term condition, 14% replied that they did not. This was further broken down as follows:

Of those that responded the greatest number of people, 23% stated that they had a difficulty with “learning, Understanding or Concentration”. This was closely followed by 14% who report that they have a mobility disability, the next highest groups were those who had a form of dexterity problem at 10% and memory problem at 9%.

**Breakddown of Reported Physical or Mental Health Conditions from the Combined Questionnaires**



21. Informed People or Groups

Pre-consultation - Cabinet Member for Health and Social Care, Chair of Health and Social Care Overview and Scrutiny Committee, AHMT councillors, MPs, service users and carers, day centre staff.

22. Summary and evidence of findings from your EIA

3/3/19 The key proposals in the draft Day Opportunities Strategy in summary are:

- Focus on the individual, their strengths, choices, assets, and goals through person centred planning.
- Focus on the outcomes that service users and carers wish to achieve.
- Provide support that enables the person to access a range of opportunities in the wider, and their own, community as an active and equal citizen.
- Focus on skills development, improving independence in daily living i.e. travel training and employment where possible.
- Maximise the opportunity to use citizens personal social care budgets or direct payments to access support or activities of the citizen’s choice.

- Make the most of a vibrant and developing city, ensuring access to the wide range of opportunities Birmingham has to offer.

Ongoing service development and improvement is proposed to continue through co-production with the key stakeholders which includes service users, carers and providers of provision.

In line with the council's duty under the Equality Act the draft Day Opportunities Strategy has specific relevance to the protected characteristics of disability, race, gender and age and we are, at this stage, confident that a timely and considered approach to implementing the recommendations in the strategy is likely to have a positive impact upon customer groups in terms of the proposed delivery models, which will promote and maximize the independence of adults to remain within their communities and to access community based resources that are responsive to a range of needs related to individual's support needs and cultural preferences and requirements. Greater choice and control for adults will be encouraged through the encouragement to take up direct payments.

All of the above are underpinned by a commitment to being inclusive so that every citizen who is eligible for and chooses to access a day opportunity will be supported to do so in the best possible way to respond to their individual needs and be sensitive to their protected characteristics and circumstances.

Post-consultation the draft Strategy and the embryonic Equality Assessment will be reviewed to ensure that it is inclusive to all eligible adults regardless of their protected characteristics. Any specific needs or support related to the protected characteristics will be addressed accordingly.

16/10/19

Whilst, pre-consultation, the draft Strategy and the proposals contained in it were assessed as being inclusive and intended to improve and increase equality of opportunity and, for example, foster good relations between people of different characteristics by increasing access to local, community-based activities, feedback from consultation respondents highlighted issues, including safety, availability of suitable transport, access to alternative support and accessibility of community activities, that will have to be considered in any future implementation of the draft proposals moving forward.

Co-production, when applied effectively, will enable the Council to draw on the expertise of a range of citizens and other stakeholders to ensure that the opportunity to minimise any unintended disadvantage is utilised.

7/1/20

Since the last review of this EA there has been a delay in the governance process because of the general election and the enforced period of purdah. The consultation report is scheduled to be presented to Cabinet on 11<sup>th</sup> February 2020.

## **Appendix C: - Draft Day Opportunities Strategy Consultation Day Opportunities Consultation 2019 Report**



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# Foreword



Councillor Paulette Hamilton

Our Day Opportunities consultation concluded on the 4th of August 2019 and I would like to thank everyone who took part. The consultation enabled people to have their say in a number of different ways including consultation meetings, holding stalls at events to encourage people to get involved, meetings in our internal and some external day centres, and of course through our Day Opportunities questionnaire's.

In total, we held 75 consultation events across the City and 960 questionnaires were completed.

The feedback we have received indicates that there is support for most of the principles of the Strategy and for the Day Service Model. Further details of what people have said can be found in Appendix 2. Here is a summary of what you have told us:

- **Carers** - the importance of day care as a means of support/respite for carers needs to be considered.
- **Diversity** - there is a need to consider the needs and aspirations of young people as well as citizens growing old with a learning disability and dementia.
- **Draft day service model** – some people felt that the draft model would have a positive impact on them and or their family, however, they would like more explanation as to how it would work in practice, considering people have different complexity of needs.
- **Draft Strategy** – there was support for people having more focus on outcomes, choice, control, and independence and that this in turn would help to increase people's self-esteem and confidence.
- **Friendships** – people who attend day centres value the friendships that they build. This needs to be taken into account.
- **Future of day centres** - some see encouraging people to access services in the community as a means to reducing the number of day centres in the future. People want to know how day opportunities will be funded in future and how they will be resourced.
- **Key aspirations of the draft Strategy** – some concerns were expressed in relation to the aspiration to maximise the use of personal budgets and direct payments, that there may not be enough provision in the community.
- **Safety, transport, accessibility** and the attitude towards people with learning disabilities and physical disabilities are of particular concern if day opportunities are to be community based.
- **Social Work** – concerns were expressed around some social work practice, in particular, the review process and not having access to a named social worker when a case was closed. Support was expressed for the Three Conversations Model, however, some commented that implementation of this was not always consistent.

It is clear from the consultation that people want to be engaged in considering any changes linked to the proposed Strategy. This can be achieved by further co-production in the consideration of the Implementation Plan if the decision is to agree and approve the draft Strategy and Service Model.

The appendices of the report provide a full analysis from the consultation. If you have any queries, please contact us through the Day Opportunities Mail Box at: - [dayopportunitiesconsultation2019@birmingham.gov.uk](mailto:dayopportunitiesconsultation2019@birmingham.gov.uk)

Or telephone 0121 303 5012

Thank you to everyone for taking the time to share your views.

## Executive Summary

### Our Approach to this Consultation

Birmingham City Council went out to consult on its draft Day Opportunities Strategy and draft Day Service Model. The draft Strategy and draft Day Service Model (Appendix A) proposed a fundamental shift in practice in the way that the Council collectively plans, manages, delivers, and commissions day opportunities services across the City. The proposed new approach was considered to provide the conditions where day opportunities can be more responsive to individual need, be more inclusive in terms of integration into the wider communities of the City and be more innovative and creative in terms of the future development of the sector.

Birmingham City Council aimed to develop and implement both an inclusive and responsive approach to consultation so to encourage as many people as possible to take part and to ensure a cross section of responses from the many different groups of citizens of the City.

- 75 consultation events were held
- 173 consultation service user friendship groups
- 1462 consultation attendances
- 960 completed consultation questionnaires
- Over 700 questions submitted
- Over 3600 comments

The consultation was originally to run for a 90-day period from 8<sup>th</sup> April to 6<sup>th</sup> July 2019. Following feedback received by the council, amendments were made to the consultation documents to make them clearer and the period of consultation was extended for a further four weeks to the 4<sup>th</sup> of August 2019.

### Who were the audience?

As well as the service users of day opportunities and their carers, who were seen as the most important contributors, all citizens of Birmingham were entitled and welcome to be involved in the consultation process. To support the process both standard and easy read versions of key documents were produced, a website set up, as well as alternative points of contact being established for citizens who do not have internet access. In addition, the Council took a proactive approach to supporting participation in the consultation by involving a wide range of different community groups, partners to the Council, as well as other groups who had an interest in the day opportunities agenda.

## Key Aspirations of the draft Strategy

Over the years, day opportunities provision has seen little investment and development and has been predominantly building based offering relatively limited choice and control for those that attend. In response the draft Strategy and draft Day Service Model which form the basis of this consultation aims to provide a clear set of design principles and actions to support the development of day opportunities in the City into the future.

The 6 key aspirations contained in the proposed draft Day Opportunities Strategy which were consulted upon were:

- Focus on the individual, their strengths, choices, assets, and goals through person centred planning.
- Focus on the outcomes that service users and carers wish to achieve.
- Provide support that enables the person to access a range of opportunities in the wider, and their own, community as an active and equal citizen.
- Focus on skills development, improving independence in daily living i.e. travel training and employment where possible.
- Maximise the opportunity to use budgets or direct payments to access support or activities of the citizen's choice.
- Make the most of a vibrant and developing city, ensuring access to the wide range of opportunities Birmingham has to offer.

## Draft Day Service Model

To complement the 6 key aspirations a draft Day Service Model was also developed which defined the different levels or phases of services that citizens can expect to receive dependent upon their needs. The three distinct phases of the model include:

- Enablement
- Personalised Support
- Specialist Intensive Support

## What people have told us

**Draft Strategy Proposals** - a high percentage of those who completed the standard questionnaire were in agreement with the proposals (62% agreed and 18% disagreed), whilst a higher percentage of those who completed the easy read questionnaires were not in agreement with the proposals (41% disagreed and 36% agreed). The overall level of support for the proposals was 47.7 %.

**Six key aspirations** - the majority of all respondents were in agreement of the key aspirations of the draft Strategy, with the exception of the principle to maximise the opportunity to use personal budgets and direct payments to access support or activities of the citizens choice. A high percentage of those completing standard questionnaires disagreed with this principle, whilst a high percentage of easy read agreed with the principle. Overall, 42% agreed with this principle.

**Draft Day Service Model** - a high percentage of those completing standard and easy read questionnaires were in agreement with the proposed Day Service Model. When asked about the impact the draft Day Service Model would have on them and or their family, it was felt that the model would have a positive impact.

## Recommendations

The findings of the consultation conclude that there is support for most of the principles of the Strategy and for the Day Service Model. However, it is acknowledged by the Council that the comments and concerns raised by consultees, which are summarised in this report, need to be sensitively and clearly addressed. A summary of the next steps include:

- To seek Cabinet approval of the Adult Social Care Draft Day Opportunities Strategy 2019, further to the consultation.
- To seek Cabinet approval for the development of an Implementation Plan. The Plan is to be developed through a robust process of co-production with those with a vested interest in day opportunities provision.
- Develop an Improvement Plan to address comments and concerns raised through the consultation.

The Easy Read Executive Summary can be found in Appendix 1

## Context

From the 8<sup>th</sup> April to the 4<sup>th</sup> August 2019 Birmingham City Council went out to consult on its draft Day Opportunities Strategy and draft Day Service Model. The draft Strategy and draft Day Service Model, attached as Appendix A, proposed a fundamental shift in practice in the way that the Council collectively plans, manages, delivers, and commissions day opportunities services across the City. The proposed new approach was considered to provide the conditions where day opportunities can be more responsive to individual need, be more inclusive in terms of

integration into the wider communities of the City and be more innovative and creative in terms of the future development of the sector.

The draft Strategy presented for consultation proposed to deliver more day opportunities services based in the community, with a focus on developing skills to promote independence. It proposed to gradually move away from traditional building based day services to provision that focused on what personalised outcomes a service user wishes to achieve, with a focus on their strengths and what they are good at, so to promote health and well-being in line with the Care Act 2014.

The proposed draft Day Services Model featured in the draft Day Opportunities Strategy contained 6 key 'aspirations'. These were:

- **Person centred planning** - Focussing on the individual, their strengths, choices, assets, and goals through person centred planning.
- **Outcomes** - Focussing on the outcomes that service users and carers wish to achieve.
- **Community involvement** - Providing support that enables the person to access a range of opportunities in the wider, and their own, community as an active and equal citizen.
- **Improving independence** - Focussing on skills development, improving independence in daily living.
- **Choice and Control** - Maximising the opportunity to use personal budgets or direct payments to access support or activities of the citizen's choice.

- **Opportunities Birmingham has to offer** - Making the most of a vibrant and developing city, ensuring access to the wide range of opportunities Birmingham has to offer.

To complement the key aspirations a proposed Day Service Model was developed which defined the different levels or phases of services that citizens can expect to receive dependent upon their needs. The model was developed in response to the wide range of different support needs of citizens accessing day opportunities services across the City. The three distinct phases are:

- **Enablement** – The term enablement has been defined in the glossary of terms for this consultation as a period of short intensive support giving an individual the opportunity and confidence to regain some of the skills that they may have lost e.g. through ill health.

Therefore at the point of entry to the day service, for those entering the enablement phase or level, there would be a focus on what outcomes service users wish to achieve, so to support them to achieve their personal aspirations. This enablement phase would be time limited, for example up to 12 weeks, and would focus on regaining lost skills; as well as promoting independence and helping people to connect to their communities. This phase would be suitable for service users with lower level support needs. To clarify, the day opportunities enablement phase is not the same as the Council's Enablement Service which has a focus on helping people recover skills and confidence to live at home after a spell of illness or hospital stay.

- **Personalised Support** - Some people may need a little longer to regain skills and feel confident and require a higher level of support to achieve their personal outcomes. In this phase there would be a focus on enabling people to regain their independence and support for them to connect to their communities over a longer period of time. This phase would be suitable for service users with greater support needs.
- **Specialist Intensive Support** - This level would provide a focus on providing specialist intensive support for people with complex needs. This would usually involve longer term support but still with a focus on the achievement of an individual's identified outcomes, as well as improvements in their health and wellbeing. Individuals would be supported to access the community like everyone else. This phase would be suitable for service users with more complex specialist needs, for example, service users living with dementia or those growing older with a learning disability.

To support the consultation, a consultation document was produced and widely distributed as well as a survey questionnaire. Both documents were available in standard and easy read formats. The consultation document focussed on:

- The proposals
- Service overview
- Current day opportunities provision

- What has been done so far to develop the draft Strategy and draft Service Model
- Reasons for consultation
- Schedule of consultation events
- Next steps

## Methodology

### Our Consultation Principles

Birmingham City Council aimed to develop and implement an inclusive and responsive approach to consultation and encourage as many people as possible to take part to ensure a cross section of responses from the many different citizens of the City.

Our approach to the consultation was based on the public law duty to consult; the key principles are as follows:

- **Consultation must be at a time when proposals are still at a formative stage** – The ideas presented in the consultation were in a draft form. Citizens were given the opportunity to feedback on the proposals in different ways. Their views and comments have been taken into account within the recommendations of this report.
- **The proposer must give sufficient reasons for its proposals to allow consultees to understand them and respond to them properly** – The draft consultation document gave consultees the reason why we were consulting. The draft Day Opportunities Strategy also gives a

national and local context of our proposals. The consultation documentation was tested on a group of citizens prior to publication to ensure that the language used was clear and easy to understand. A variety of communication methods were used, including ‘easy read’ documents for adults with a learning disability or those who may have difficulty reading, and an adapted form of the presentation at consultation meetings. In council run day centres, staff spent time with small friendship groups to go through the proposals to ensure that service users understood, at their pace.

- **Give sufficient time for responses to be made and considered** – The consultation was originally to run for a 90-day period from 8<sup>th</sup> April to 6<sup>th</sup> July 2019. Following feedback received by the council, amendments were made to the consultation documents and the period of consultation was extended for a further four weeks to 4<sup>th</sup> August 2019 to allow consultees sufficient time to review the amendments and respond further if they wished. Following the closure of the consultation on 4<sup>th</sup> August 2019, the council gave citizens an extended period to the 23<sup>rd</sup> August to send any comments which may have been informed by the published frequently asked questions and the corresponding responses.
- **Responses must be conscientiously taken into account** – The contents of this report present the findings of the consultation and will inform the decision makers known as the Cabinet, within Birmingham City Council, prior to making a decision on the way forward. Throughout the consultation, feedback, comments and questions have been captured and recorded in a variety of formats including: completed questionnaires in a standard and easy read

format which were available online and in paper versions, comments and questions recorded at consultation meetings, and feedback sheets submitted at the end of each meeting. Questionnaire analysis is attached as Appendix 2.

The frequently asked questions and responses have been themed and are attached as Appendix 5 to this report. The raw comments used to inform and shape the themes is Appendix 6 to this report.

## Our aim throughout the consultation, was to:

- Make sure the methods and approaches used were tailored to specific audiences as required.
- Provide consultation events to meet the needs of the different stakeholder groups including events for service users and carers, providers and citizens of Birmingham.
- Arrange meetings so that they covered the local geographical areas that make up Birmingham.
- Have due regard for equality and diversity, ensuring that the consultation works to understand how people's differences and cultural expectations can affect their experiences.
- Provide accessible documentation, including easy read, large print Word documents and Word documents for use with screen readers.
- Arrange meetings in accessible venues with hearing loops where required.

- Offer accessible formats including translated versions or interpreter facilities where required.
- Inform City wide partners of consultation activity and share plans.

## Our Consultation Materials

The Council produced a range of communication materials to support the consultation process, which were all available on the consultation website and in paper format:

**Consultation Documentation** – A number of key documents were produced to inform the consultation process. It was important that the consultation documents could be easily understood, therefore we worked with the People for Public Services Forum to produce the documentation and a specialist organisation to produce the key documents in an 'easy read' format.

**Consultation Website** - The Birmingham City Council Day Opportunities Consultation 2019 website provided the key documents, additional supporting documents and supporting information. This documentation was also available in paper copies, acknowledging that not all citizens have internet access.

**Consultation Questionnaire** - The completion of a questionnaire was the primary way of responding to the consultation. The questionnaire included an equality monitoring section. However complementing this approach it was considered by the Council important to encourage the submission of any comments and questions posed by citizens and that



these contributions were to be then formally included in the findings. These comments and questions were often regarding wider issues relating to the provision of day opportunities. As the consultation progressed and questions and comments were submitted, they were posted on the webpage along with the related answers.

Copies of the key letters, questionnaires, promotional material used, and feedback templates can be found on the Adults Social Care Day Opportunities Consultation 2019 website:

[https://www.birmingham.gov.uk/info/20018/adult\\_social\\_care\\_and\\_health/1522/adults\\_social\\_care\\_day\\_opportunities\\_consultation\\_2019](https://www.birmingham.gov.uk/info/20018/adult_social_care_and_health/1522/adults_social_care_day_opportunities_consultation_2019)

Alternatively, paper copies can be accessed by contacting the Day Opportunities Commissioning Team by telephone on **0121 303 5012**, or if you have any form of speech impairment, are deaf or hard of hearing you can contact Birmingham City Council by **Next Generation Text**.

## Promoting the consultation

### Our audience

As well as the service users of day opportunities and their carers, all citizens of Birmingham were invited to be involved in the consultation process which was designed to be as inclusive as possible. The Council took an active approach to supporting participation in the consultation by identifying a wide range of different community groups, partners to the Council and other groups who had a close involvement and interest in day opportunities.

## Our Communication Activities

A range of communication activities were used to promote the consultation including:

### a. Website and promotional materials

The Council developed a website entitled **Adults Social Care Day Opportunities Consultation 2019**. The website included copies of the draft Strategy and draft Day Service Model, copies of the presentations used at meetings, copies of all documents given out at the meetings, as well as a variety of background documents which informed the development of the draft Strategy and draft Day Service Model. The website was regularly updated during the progress of consultation process.

To support communication a dedicated Day Opportunities email address was created and for people who do not use the internet a dedicated phone line was installed. For those with a speech impairment or are deaf or hard of hearing 'Next Generation Text' was available to aid communication.

We used Google Analytics to measure user activity on the website giving us an insight in to how many visitors visited the Day Opportunities Consultation 2019 website pages. This analysis has been broken down further to display activity on specific sections available on the website. The analysis can be found in Appendix 8.

Citizens of Birmingham volunteers who make up the People for Public Services Forum informed, designed and helped co-produce a range of

promotional material which included posters and fliers in both electronic and hard copy formats.

#### **b. Day Opportunities Service Users and their Carers**

The most effective way to ensure that day opportunities service users, their carers and families were informed of the consultation was by communicating directly through the centres which they attended. This was the case for both internal services delivered by Birmingham City Council and services delivered by the external market. For internal day centres, letters were distributed through the centres, which carried details of the consultation and events.

#### **c. The General Public**

Material promoting the consultation events was sent to a wide range of community facilities including council buildings, libraries, community centres, leisure centres, well-being centres, pharmacies, GP surgeries and through direct payment recipients' remittance advice.

#### **d. Day Opportunities service providers**

The consultation was promoted to both Birmingham City Council providers of day opportunities provision as well as third sector and private company providers.

#### **e. Community Groups**

The Council strived to inform as many community groups as possible including:

- All third sector organisations contracted by the Adult Social Care Directorate of the Council.
- All organisations involved in the Council's Neighbourhood Networks Scheme.
- A comprehensive list of faith groups throughout the City were sent details of the consultation and events and were asked to promote them amongst their respective communities.
- Health Watch promoted the consultation through their social media network.
- Carers groups such as Forward Carers promoted the consultation through their event site and through the Black Carers Group.
- Through Shared Lives carers networks.

#### **f. Partners to the Council**

A variety of partner organisations also assisted in promoting the consultation within their circles. These included the:

- Mental Health Programme Board
- Birmingham Voluntary Sector Council
- Birmingham MIND and their partners
- Clinical Commissioning Groups
- Department of Work and Pensions

#### **g. Education**

Special Educational Needs schools and colleges were informed of the consultation. A consultation event was held with representatives from specialist schools and colleges. The meeting specifically looked at issues relating to young people transitioning out of schools and colleges, and what their future needs might be.

#### **h. Elected Members, Members of Parliament and Council Communications**

Councillors across political parties were engaged and informed of the consultation by the Cabinet Member for Health and Social Care. The Health and Social Care Overview and Scrutiny Committee were also informed. The Cabinet Member for Health and Social Care also informed cross party Birmingham MPs of the consultation including details of the extension period.

#### **i. Council Staff**

The consultation was communicated through the Council's Chief Executive's Weekly Message and the Council's Adult Social Care briefing.

## **Equality Impact Assessment**

As part of the Day Opportunities Consultation process an Equality Impact Assessment (EIA) was created which was regularly reviewed and updated. The EIA had a focus on the different service user groups using day

opportunities provision as well as any potential impacts on their carers and families.

An EIA is a process designed to ensure that a policy, project or scheme does not adversely discriminate against any disadvantaged or vulnerable people.

The different groups covered by the Equality Act 2010 are referred to as protected characteristics. The protected characteristics are: disability, gender reassignment, marriage or civil partnership status, pregnancy and maternity, race, religion or belief, sexual orientation, sex, and age.

An initial EIA was produced prior to the start of the consultation and focussed on the draft Strategy and the approach being taken to the consultation. During the consultation a review and update of the EIA was undertaken in the light of emerging messages and issues.

The EIA is a live document and has been periodically reviewed and updated during the Day Opportunities Strategy development process.

## **Consultation Governance**

A clear consultation governance process was established to oversee the consultation. The governance process was concerned with ensuring that an accountable, responsive, equitable and inclusive approach was taken which followed the law. The Council functions including commissioning, legal services, human resources, finance, citizen engagement as well as senior management supported this process.

The Cabinet Member for Health and Social Care was regularly briefed in regard to the progress of the consultation as part of the governance process. The Cabinet Member for Health and Social Care in turn briefed the wider Birmingham City Cabinet.

The Chair of the Health and Social Care Overview and Scrutiny Committee was also regularly briefed with respect to the consultation process. The draft Strategy and consultation approach were formally presented to the full Health and Social Care Overview and Scrutiny Committee.

To ensure cross party engagement the All Party Political Group was briefed on an ongoing basis with the relevant consultation material.

## The Approach to Consultation

### a. The identification of Stakeholders

The term Stakeholders refers to people with an interest in a particular subject. The Council were able to identify a list of stakeholders to ensure a flexible approach was used depending on the audience. A stakeholder analysis was undertaken to ensure all potential individuals and groups were identified see Appendix 3.

### b. Consultation Event Format

The Council took a structured approach in relation to the delivery of the consultation events. Each event was facilitated in response to the type of

participant present and also the numbers of attendees. The standard event format was as follows:

- A presentation in standard or easy read format which provided details of the proposed Strategy and draft Day Service Model.
- An opportunity for participants to visit a number of information stations or stalls in the consultation venue where they could speak to a subject matter expert and find out further information about particular service areas relevant to day opportunities such as direct payments, travel training, employment opportunities and other such areas.
- Small group / friendship group discussions where participants had the opportunity to have a more detailed and personalised discussion regard the proposed Strategy and Service Model. These discussions were led by a facilitator from the Council. Notes were taken to capture key comments and questions which were then used to inform the consultation findings.

### c. Types of Consultation Events

There were a number of different types of consultation events, each one responded to and focussed on the needs of the respective stakeholder groups:

**Day Centre Events** – A total of 35 events were held at day centres across the City. These included for both service users and their carers.

**Public Events** – A total of 14 public events were held across the districts of the City. These were open to all citizens of Birmingham.

**Provider Events** – A total of 5 events were held for the third sector, private companies as well as the Council run providers of day opportunities provision.

**Specialist Focus Groups** – 9 events were held across a number of specialist groups with an interest in day opportunities provision.

**City Wide Partners to the Council** - 9 additional events were held with organisations, boards and special interest groups that the Council work with.

**Open Public Events** – The opportunity for additional engagement with the public was facilitated through 3 events delivered by partners to the Council.

**Small Groups / Friendship Groups** – These groups were facilitated at council run day centres. These provided a more personalised and familiar opportunity for contributions to be made. A total of 94 friendship groups were held with a total of 546 participants between April and early July. A further 79 groups with 468 participants were held during the consultation extension period.

The list of Consultation Events and the number of people who participated in the consultation can be found in Appendix 7 to this report.

**The Overall Numbers were: -**



## Who did we consult with?

### a. Service Users

The service users of day opportunities provision were seen as the most important stakeholder group throughout the consultation process.

Council Day Centre staff had a particular role to support service users through the consultation process. Day centre staff used communication aids such as sign language including Makaton, pictorial images and language interpretation to support the process. Communication methods such as a 'thumbs up / thumbs down' responses were used for nonverbal service users. As previously described in this report, more intimate friendship groups of 4-5 service users were organised within each of the Birmingham City Council Day Centres as a way of maximising their contributions to the consultation. Advocates and carers were also used where necessary to support service user communication.

Events were also held to engage with service users in specialist day centre provision provided by third sector and private companies at:

- Care First
- Focus Day Centre Carers
- Cerebral Palsy Midlands
- Sutton YMCA
- Birmingham MIND

#### **b. Carers**

Carers attended many of the day centre-based consultation events and other events. There were over 450 carer attendances at the consultation events. Some carers chose to attend an event with the service user they were supporting. We had the opportunity to meet with carers including: The Black carers group, Shared Lives carers, and through attending the Forward Carers' National Carers Week Event.

#### **c. Providers of Day Opportunities Services**

A number of consultation events were held with day opportunities providers. Following event attendance, some providers invited the council to deliver consultation events for their service users and carer/advocates.

#### **d. Wider Public**

Consultation meetings were held across the 10 districts of Birmingham with an open invitation to any member of the public to attend and contribute to the consultation. These events were located in easy to access community venues. Such issues as disabled access were also considered when identifying the venues. The events were held at different times of the day to maximise attendance, including some evening sessions.

#### **e. City Wide Boards**

A number of key city wide boards were supported to contribute to the consultation, these included:

- Special Educational Needs and Disability Board (SEND)
- Autism and Attention Deficit Hyperactivity Disorder (ADHD) Programme Board
- Mental Health Programme Board
- Transforming Care Programme Advisory Board for Learning Disability.

#### **f. Elected Members and Members of Parliament**

The Cabinet Member for Health and Social Care was regularly briefed both on the consultation approach as it developed and on the consultation itself. The Cabinet Member supported engagement with cross party elected members, ensuring they were well informed. The Health and Social Care Overview and Scrutiny Committee were invited and supported to be involved in the process. The Committee submitted a collective consultation return. The Opposition Parties were also invited to contribute to the consultation.

Council officers also met with cross party Birmingham MPs to explain the aims of the consultation and to encourage participation. MPs submitted their consultation response.

#### **g. Engagement with Trade Unions**

Trade Unions attended Council run day opportunities team briefings so to keep them informed as to progress and as to what the consultation entailed. The aim of these team briefings was to inform teams of the design aspirations and the service model contained within the proposed

Strategy and how staff could assist service users to contribute to the consultation. It was made clear that the process was not about any form of consultation in regard to the employment status of staff.

#### **h. City Wide Partners and Groups**

A number of city wide partners were supported to be involved in the consultation process. This involved either facilitating a consultation directly with their service users or asking the organisations to promote the consultation across their networks. These partners included:

- Birmingham Voluntary Sector Council
- The NHS Clinical Commissioning Group and their wider forums.
- Forward Carers
- Special Educational Needs Schools and Colleges
- The Neighbourhood Network organisations
- Birmingham MIND – who subsequently promoted the consultation through their wider forums.
- Department of Work and Pensions
- The Council's Citizen's Panel
- The Council's People for Public Services Forum
- Faith groups – a wide range of faith groups were contacted and asked to promote the consultation.

- Birmingham Pan Disability Jobs Fair
- Shared Lives carers groups
- Dementia focus group
- Black Carers Group
- Healthwatch

## **What we did with the questionnaires, comments, and questions submitted**

Data and feedback has been gathered from a wide range of sources. These include the:

- Completion of questionnaires on-line, by post or in paper form, including easy read versions.
- Minutes taken at consultation events and meetings including comments and questions made by consultees.
- E-mail feedback and correspondence from consultees.

- Completion of feedback sheets which informed an evaluation as to how well the consultation was delivered, available and collected at consultation events and meetings.

All copies of questionnaires received were inputted onto the 'Be Heard' database, this is a specialist Birmingham City Council database used for consultations, which captures and analyses responses to questionnaires.

Comments and questions received have also been analysed and categorised to inform any emerging themes that have been raised by contributors to the consultation. These are covered in more detail in the following Appendices:

Appendix 2 – Consultation Findings – Questionnaire Analysis

Appendix 4 – Consultation Findings \_ Common Themes

Appendix 5 –Frequently asked Questions and Responses Themed

Appendix 6 – Comments Themed (raw)



# Key Actions and Recommendations

## Key Actions and Recommendations

The first key action is to seek Cabinet approval of the Adult Social Care Draft Day Opportunities Strategy 2019, further to the consultation.

The consultation produced many comments expressed by those that took part which need to be systematically considered and addressed. It is therefore recommended that the draft Strategy is adopted with the following caveats:

- Set up co-production groups to explore how the Strategy's key aspirations and Day Service model could work in practice from the citizens perspective
- Through the co-production process develop a draft Implementation Plan relating to the six key aspirations and the Day Service model as agreed by consultees
- Develop an Improvement Plan of key areas identified throughout the consultation which would include the following elements:
  - Social Work Practice
  - Transport including safety
  - Transition – Preparation for Adulthood
  - Choice of Provision
  - Accessibility to Community Facilities
  - Direct Payments
  - Carers Considerations

- With reference to the aspiration of maximising the opportunity to use personal budgets or direct payments, consideration would be given as to how the infrastructure for receiving a direct payment can be further developed as part of the Council's overall approach. This would be part of the overall Improvement Plan. There would be a focus on enhancing the direct payment offer by ensuring that there is clear information and advice, as well as the necessary infrastructure to enable citizens to exercise choice and control if they choose to take a direct payment.
- Return to Cabinet in January 2021 with results of the above for approval to implement.

# Appendices:

**Appendix A** – Draft Day Opportunities Strategy 2019

**Appendix 1** – Easy Read Executive Summary

**Appendix 2** – Consultation Findings – Questionnaire Analysis

**Appendix 3** – Stakeholder Analysis

**Appendix 4** – Consultation Findings - Common Themes

**Appendix 5** – Frequently Asked Questions and Responses Themed

**Appendix 6** – Comments Themed (raw)

**Appendix 7** – Consultation Events Data

**Appendix 8** – Google Analytics Day Opps Webpage Traffic

**Appendix 9** – Consultation Communication Documents

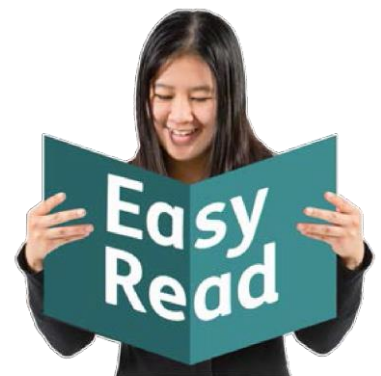
**Appendix 10** – Glossary of Terms

# Appendix 1:

## Day Opportunities

### Consultation 2019 Report

### Executive Summary



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# Introduction



Earlier this year, Birmingham City Council suggested different ways of working for **day opportunities** in Birmingham.



**Day opportunities** are different activities for people who need support.



We suggested a new way for people to be able to do things in Birmingham.



This is a report about what people told us about our suggestions and our ideas for the next steps.



Thank you to everyone who took part.

# Asking people what they thought



We asked people what they thought about our suggestions over 4 months, from April to August 2019.



People told us what they thought at 75 different meetings.



Our standard and easy read questionnaires were filled in by nearly 1000 people.



## Who did we hear from?

We spoke with people who use day services and their carers.



We also spoke with many different community groups, organisations and people who are interested in day services in Birmingham.

# What we suggested



We suggested that people should be able to:

- Do more things in their local community



- Learn how to do more things



- Become more independent



To do this the council would need to:

- Spend more money on things people can do in the community



- Have lots of different activities for people to do

- Make sure that activities in the community are accessible to everyone





These are our six suggested principles:



1. Focus on each individual person and what is right for them



2. Focus on the things that each person wants for their lives



3. Provide support so that people can get involved in more things in their community



4. Focus on helping people to be able to be more independent, living at home and getting out and about



5. Encourage people to make the most of a **direct payment**



A **direct payment** is money you are given by the council to pay for the support you need.



6. Help people to make the most of all the exciting opportunities that are available in Birmingham





## Draft Day Service Model

Our idea is to offer different levels of support depending on each person's needs.



1. Helping people to do more for themselves. This is for people who don't need a lot of support but need a bit of help with certain things.



2. Personalised support for people who need extra support.



3. Specialist intensive support for people with complex needs.

# What people told us



Most of the people who completed the standard questionnaire agreed with our suggestions.



More people who completed the easy read questionnaire disagreed with our suggestions than those who agreed with our suggestions.



Overall about half of all the people who completed the questionnaire agreed with our suggestions.

## The 6 principles



Most people agreed with the principles except Number 5.



Most people that completed the standard questionnaire did not agree with Number 5. But most people that completed the easy read questionnaire did agree with Number 5.



## Draft Day Service Model

Most people agreed with our idea to offer different levels of support.



Most people told us that this new way of providing support would be better for them and their family.

# People also said that:



- Day services are important because they give carers a break



- Day services need to think about both younger and older people



- They need more information about how services might work in the future



- Helping people to do more for themselves helps people to:
  - Feel good about themselves
  - Have more confidence



- People have good friends at day centres



- People want to know how the council will pay for day services in the future



- There may not be enough things in the community for everyone to do what they would like



- They are worried about people being safe in the community



- They are worried about transport and whether activities will be suitable for different needs



- They want it to be easier to get support from a social worker

# Next steps



The council has read all the comments that people have made.

Most people supported most of our suggestions.



We think we should go ahead.

Next we will:



- Speak to the **Cabinet** about what people have said and ask them to agree with our suggestions



The **Cabinet** is a meeting of elected people who decide how services are delivered in Birmingham.



- Ask the Cabinet to agree that we should start to plan how we will do the things we want to do



- Make sure that any plans we make follow what people have told us about what they think



# For more information

If you have any questions, please contact us by:



Email:  
**dayopportunitiesconsultation2019@  
birmingham.gov.uk**



Or telephone: **0121 303 5012**





## Appendix 2: –

### Draft Day Opportunities Strategy Consultation

### Consultation Findings - Questionnaire Analysis



# Consultation Findings

## Consultation Events

**Table 1.1. An overview of Consultation Events/Meetings and Attendees.**

Type of Event	Number of meetings	Attendees
BCC day centre events	30	1048
Small groups / friendship groups	173	1014
Day Care Provider Events	5	90
Public Events	14	83
External day centre events	5	71
Meetings Briefings/Programme Boards	9	-
Specialist Focus Group	9	95
Open Public events	3	75
<b>Total</b>	<b>248</b>	<b>2476</b>

## Questionnaire responses

There were two types of questionnaire available for participants to complete which were a standard version and an easy read version. The easy read version was designed primarily for those with a Learning Disability or those who may have difficulty with reading.

Both types of questionnaire were available in hard copy, online and at all consultation events. Those participating in the consultation had a choice of completing the questionnaire online or completing one at their leisure and returning a hard copy via post (in a pre-paid envelope). Another option offered was that those who attended consultation meetings could complete the questionnaire at the end of the event and hand it in to the consultation team.

**Table 1.2 Number of questionnaires completed**

Completed Questionnaires	Standard	Easy Read	Total
Number of questionnaires completed	428	532	<b>960</b>

*[It should be noted that the number of respondents quoted subsequently may not be equal to the number of people completing the questionnaires due to multiple responses to questions being entered to questions by some respondents.]*

## Questionnaire Analysis

The questionnaires contained 4 separate sections:

**Section 1** – Tell us who you are: contained questions about the person completing the questionnaire

**Section 2** – contained questions about the Proposed Day Opportunities Strategy

**Section 3** – contained questions about the Draft Day Service Model

**Section 4** – asked questions relating to Equalities Information, e.g. age, gender, and ethnicity.

## I. Questionnaire Responses

### a) Section 1: Tell us who you are:

**Q1. Standard: Firstly, which of the following are you? (or the person you are completing this on behalf of)?**

**Q1. Easy Read: Please tick all boxes which apply to you**

Table 2.1 below details the responses to this question. A high percentage of those who responded to the standard questionnaire (52%) and (85%) to the easy read questionnaire categorised themselves as “I am a resident of Birmingham and attend a day centre in Birmingham” followed by “I am a resident of Birmingham” (32%) standard and (74%) easy read and “I care for someone who attends a day centre in Birmingham” (24%) standard (14%) easy read.

**Table 2.1. An overview of people completing both the Questionnaires**

Category	Standard		Easy Read		Combined Total	
	No.	%	No.	%	No.	%
I am a resident of Birmingham	139	32%	393	74%	532	34.46%
I am a resident of Birmingham and attend a day centre in Birmingham	222	52%	454	85%	676	43.78%
I care for someone who attends a day centre in Birmingham	102	24%	73	14%	175	11.33%
I represent/own a local business	3	1%	1	0%	4	0.26%
I represent a charity that covers the Birmingham area	29	7%	6	1%	35	2.27%
I represent a community group in Birmingham	11	3%	3	1%	14	0.90%
I work for Birmingham City Council	62	14%	7	1%	69	4.47%
I am a Birmingham councillor	2	0.33%	0	0%	2	0.13%
I represent a public sector organisation	6	1%	0	0%	6	0.39%
Other	16	4%	11	2%	27	1.75%
Not Answered	2	0.33%	2	0.21%	4	0.26%

As people were able to select more than one option the figures shown in **Table 2.1.** do not tally with the total amount of individual respondents who submitted a questionnaire in table **2.2.**

**Q2. Are you completing the questionnaire on behalf of somebody else?**

**Table 2.2. An overview of people completing question 2**

	<i>Number</i>	<i>Yes</i>	<i>Number</i>	<i>No</i>	<i>Number</i>	<i>Did not respond</i>
<i>Standard Questionnaire</i>	<b>221</b>	<b>52%</b>	<b>201</b>	<b>47%</b>	<b>6</b>	<b>1%</b>
<i>Easy Read Questionnaire</i>	<b>280</b>	<b>53%</b>	<b>237</b>	<b>44%</b>	<b>15</b>	<b>3%</b>
<i>Combined Total</i>	<b>501</b>	<b>52%</b>	<b>438</b>	<b>46%</b>	<b>21</b>	<b>2%</b>

In response to the standard questionnaire (47%) responded **No**, (52%) responded that **Yes**, they were completing the questionnaire on behalf of somebody else, with (1%) not providing a response. In response to the easy read questionnaire (44%) responded **No**, (53%) responded that **Yes**, they were completing the questionnaire on behalf of somebody else, with (3%) not providing a response.

\* The combined percentage (%) total for question 3 – Question 7 in the following section is based on the combined number of responses to that particular question.

Example Question 3: There was a combined total of 963 responses to the question – the combined total for those that strongly agree is 206.

$$206 \div 963 \times 100\% = 21.39\%$$

## Section 2: Proposed Day Opportunities Strategy / Our ideas for day services

**Q3. Standard:** What do you think about the proposals in the draft Day Opportunities Strategy?  
**Q3. Easy Read:** What do you think about our ideas for changing day services?

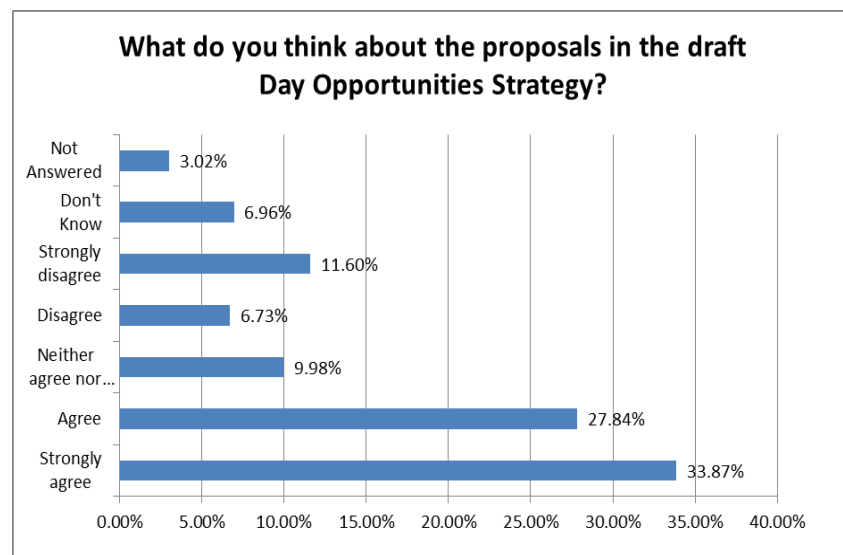
**Table 2.3. Responses to Question 3**

	Standard			Easy			*Combined Total	
	No.	%		No.	%		No.	%
Strongly agree	146	33.87%		60	11.28%		206	21.39%
Agree	120	27.84%		134	25.19%		254	26.37%
Neither agree nor disagree	43	9.98%		54	10.15%		97	10.07%
Disagree	29	6.73%		90	16.92%		119	12.36%
Strongly disagree	50	11.60%		130	24.44%		180	18.70%
Don't know	30	6.96%		59	11.09%		89	9.24%
Not answered	13	3.02%		5	0.93%		18	1.87%
<b>Total</b>	<b>431</b>			<b>532</b>			<b>963</b>	

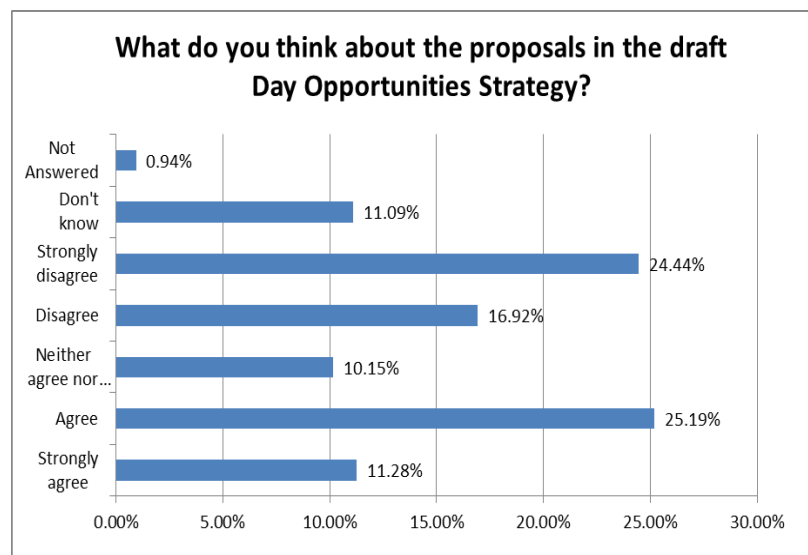
A high percentage of those who completed the standard questionnaire were in agreement with the proposals (61.71% and 18.33% disagreed), whilst a higher percentage of those who completed the easy read questionnaires were not in agreement with the proposals (41.36% disagreed and 36.47% agreed). The overall level of support for the proposals was 47.7%.

The following **graphs 2.1 and 2.2** provides a full breakdown of responses to this question

**Standard 2.1 – Overview of responses to the draft strategy**



**Easy Read 2.2– Overview of responses to the draft strategy**



Comments linked to this question indicate that those in agreement with the proposals of the strategy felt that the proposals were long overdue. However, others who agreed with the draft proposals cautioned that more needs to be done to ensure adequate support is in place to implement the proposals. For example, one respondent commented: "I strongly agree with the proposals, however I believe service users may need a great deal of support, some even one to one, when taking them out in the community and in terms of transport." Others said they agreed with the proposals but did not want this to be at the expense of building based services.

For those who did not agree with the proposals, there was a feeling that the proposals represented closure of building based day centres and comments reflected a lack of trust in Birmingham City Council's intentions. For example, one respondent commented that "the Strategy is a sneaky way of depleting day centres and then closing them to save money."

**Q4. Our Draft Day Opportunities Strategy is based on the following statements. Please give us your view on the statements listed below:**

The statements referred to in this question relate to the 6 key statements outlined in the draft strategy, proposing a fundamental shift in practice in the way that Birmingham City Council collectively plan, manage, deliver, and commission day opportunity services.

The majority of all respondents were in agreement with the key aspirations of the draft Strategy, with the exception of the principle to maximise the opportunity to use personal budgets and direct payments to access support or activities of the citizens choice. A high percentage of those completing standard questionnaires disagreed with this principle, whilst a high percentage of easy read agreed with the principle. Overall, 42% agreed with this principle.

When asked about the impact the draft Day Opportunities Strategy would have on them and or family members, a high percentage of those completing standard questionnaires felt it would have a positive impact, whilst a high percentage of those completing the easy read felt it would have a negative impact.

**Q4. Standard: Our Draft Day Opportunities Strategy is based on the following statements. Please give us our view on the statements listed below:**

**4a) Standard: Focus on the individual, their strengths, choices, assets and goals through person centred planning**

**4a) Easy Read: Do you agree or disagree that we should focus on each individual person**

**Table 2.4. Responses to Question 4a**

	Standard			Easy			*Combined Total	
	No.	%		No.	%		No.	%
Strongly agree	239	55.84%		162	30.45%		401	41.77%
Agree	126	29.44%		260	48.87%		386	40.21%
Neither agree nor disagree	19	4.44%		44	8.27%		63	6.56%
Disagree	18	4.21%		16	3.01%		34	3.54%
Strongly disagree	14	3.27%		18	3.38%		32	3.33%
Not sure /Don't know	10	2.34%		30	5.64%		40	4.17%
Not answered	2	0.46%		2	0.38%		4	0.42%
<b>Total</b>	<b>428</b>			<b>532</b>			<b>960</b>	

**4b) Standard: Focus on the Outcomes that service users and carers wish to achieve.**

**4b) Easy Read: Do you agree or disagree that we should listen to what you like to do and what you want to achieve?**

**Table 2.5. Responses to Question 4b**

	Standard			Easy			*Combined Total	
	No.	%		No.	%		No.	%
Strongly agree	232	54.21%		183	34.40%		415	43.23%
Agree	133	31.07%		274	51.50%		407	42.40%
Neither agree nor disagree	24	5.61%		31	5.83%		55	5.72%
Disagree	13	3.04%		7	1.32%		20	2.08%
Strongly disagree	12	2.80%		11	2.07%		23	2.40%
Not sure /Don't know	12	2.80%		23	4.32%		35	3.65%
Not answered	2	0.47%		3	0.56%		5	0.52%
<b>Total</b>	<b>428</b>			<b>532</b>			<b>960</b>	

**4c) Standard: Provide support that enables the person to access a range of opportunities in the wider and their own community as an active and equal citizen**

**4c) Easy Read: Do you agree or disagree that we should support people to take part in things in their local, like everyone else?**

**Table 2.6. Responses to Question 4c**

	Standard			Easy			*Combined Total	
	No.	%		No.	%		No.	%
Strongly agree	219	51.17%		121	22.66%		340	35.34%
Agree	115	26.87%		251	47.00%		366	38.05%
Neither agree nor disagree	32	7.48%		48	8.99%		80	8.32%
Disagree	28	6.54%		35	6.55%		63	6.55%
Strongly disagree	19	4.44%		43	8.05%		62	6.44%
Not sure/Don't know	12	2.80%		31	5.81%		43	4.47%
Not answered	3	0.70%		5	0.94%		8	0.83%
<b>Total</b>	<b>428</b>			<b>534</b>			<b>962</b>	



**4d) Standard: Focus on skills development, improving independence in daily living i.e. travel training and employment where possible**  
**4d) Easy Read: Do you agree or disagree that we should help people to learn how to be more independent?**

**Table 2.7. Responses to Question 4d**

	Standard			Easy		*Combined Total	
	No.	%		No.	%	No.	%
Strongly agree	199	46.50%		94	17.64%	293	30.49%
Agree	122	28.50%		228	42.78%	350	36.43%
Neither agree nor disagree	34	7.95%		64	12.00%	98	10.20%
Disagree	26	6.08%		52	9.76%	78	8.12%
Strongly disagree	31	7.24%		54	10.13%	85	8.84%
Not sure/Don't know	12	2.8%		34	6.38%	46	4.78
Not answered	4	0.93%		7	1.31%	11	1.14
<b>Total</b>	<b>428</b>			<b>533</b>		<b>961</b>	

**4e) Standard: Maximise the opportunity to use budgets and direct payments to access support or activities of the citizens choice**  
**4e) Easy Read: Do you agree or disagree that we should help people to have more control over their support with a personal budget?**

**Table 2.8. Responses to Question 4e**

	Standard			Easy		*Combined Total	
	No.	%		No.	%	No.	%
Strongly agree	93	21.73%		90	16.85%	183	19.02%
Agree	74	17.29%		148	27.72%	222	23.08%
Neither agree nor disagree	45	10.51%		85	15.92%	130	13.51%
Disagree	71	16.59%		65	12.17%	136	14.14%
Strongly disagree	119	27.80%		81	15.17%	200	20.79%
Not sure/Don't know	21	4.91%		57	10.67%	78	8.11%
Not answered	5	1.17%		8	1.5%	13	1.35%
<b>Total</b>	<b>428</b>			<b>534</b>		<b>962</b>	

**4f) Standard: Make the most of a vibrant and developing city; “ensuring access to the wide range of activities Birmingham has to offer”**  
**4f) Easy Read: Do you agree or disagree that we should help people to take part in many different activities in Birmingham, like everyone else?**

**Table 2.9. Responses to Question 4f**

	Standard			Easy			*Combined Total	
	No.	%		No.	%		No.	%
Strongly agree	190	44.39%		118	22.10%		308	32.02%
Agree	113	26.40%		255	47.75%		368	38.25%
Neither agree nor disagree	47	10.99%		47	8.80%		94	9.77%
Disagree	24	5.61%		37	6.93%		61	6.34%
Strongly disagree	30	7%		40	7.49%		70	7.28%
Not sure/Don't know	16	3.74%		30	5.62%		46	4.78%
Not answered	8	1.87%		7	1.31%		15	1.56
<b>Total</b>	<b>428</b>			<b>534</b>			<b>962</b>	

When asked what is the impact that the draft Day Opportunities Strategy would have on them and or family members, a high percentage of those completing standard questionnaires felt it would have a positive impact, whilst a high percentage of those completing the easy read felt it would have a negative impact.

**Q5. Standard: What impact do you think the draft Day Opportunities Strategy would have on you and or your family members?**  
**Q5. Easy Read: How would our idea for day services affect you and your family?**

**Table 2.10. Responses to Question 5**

	Standard			Easy			*Combined Total	
	No.	%		No.	%		No.	%
Very positive impact	149	34.81%		54	10.11%		203	21.10%
Positive impact	91	21.26%		103	19.29%		194	20.17%
No impact	47	10.99%		54	10.11%		101	10.50%
Negative impact	31	7.24%		90	16.85%		121	12.58%
Very negative impact	47	10.98%		123	23.03%		170	17.67%
Don't know	52	12.15%		96	17.98%		148	15.38%
Not answered	11	2.57%		14	2.63%		25	2.60%
<b>Total</b>	<b>428</b>			<b>534</b>			<b>962</b>	

### Section 3: Draft Day Service Model

The Draft Day Service Model refers to the three-tier model of support including; (1) Enablement, (2) Personalised Support and (3) Specialist Intensive Support. The three tiers are designed to reflect that different people will need different levels and intensity of support dependent on their needs. In relation to the proposed day service model, a high percentage of those completing standard and easy read questionnaires were in agreement with the proposed Day Services Model. When asked about the impact the Draft Service Model would have on them and or their family, it was felt that the model would have a positive impact.

**Q6. Standard: To what extent do you agree or disagree with the draft Day Service model?**

**Q6. Easy Read: We said that we would like to provide 3 level of support – Do you agree or disagree with this?**

**Table 3. Responses to Question 6**

	Standard			Easy			*Combined Total	
	No.	%		No.	%		No.	%
Strongly agree	142	33.18%		94	17.38%		236	24.36%
Agree	118	27.57%		242	44.73%		360	37.15%
Neither agree nor disagree	50	11.68%		56	10.35%		106	10.94%
Disagree	30	7.01%		37	6.84%		67	6.91%
Strongly disagree	44	10.28%		46	8.50%		90	9.29%
Don't know	33	7.71%		51	9.43%		84	8.67%
Not answered	11	2.57%		15	2.77%		26	2.68%
<b>Total</b>	<b>428</b>			<b>541</b>			<b>969</b>	

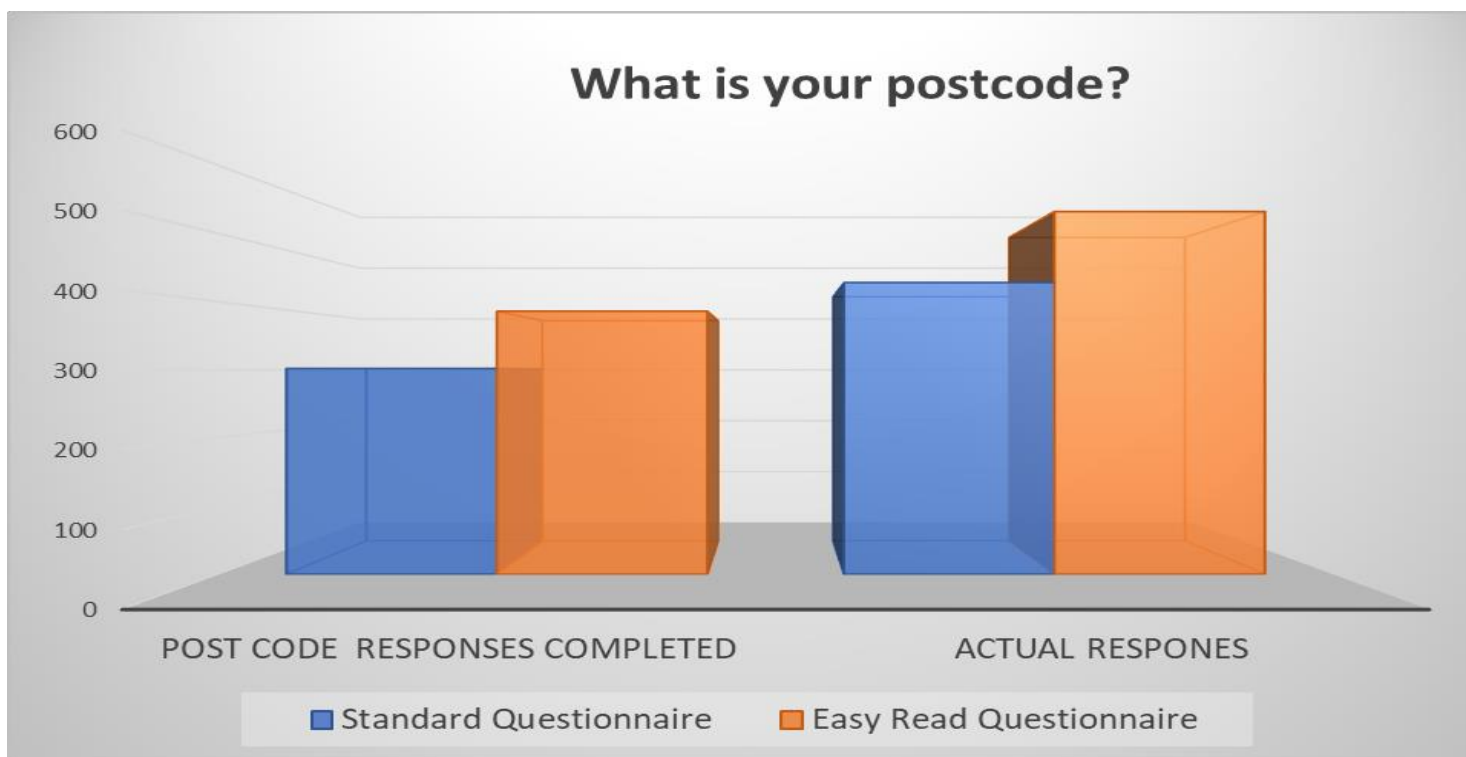
**Q7. Standard: What impact do you think the Day Service Model would have on you and all your family members?**  
**Q7. Easy Read: How would our idea for 3 levels of support affect you and your family?**

**Table 3.1. Responses to Question 7**

	Standard		Easy		*Combined Total	
	No.	%	No.	%	No.	%
Very positive impact	142	33.18%	49	9.14%	191	19.81%
Positive impact	88	20.56%	163	30.41%	251	26.04%
No impact	47	10.98%	84	15.67%	131	13.59%
Negative impact	35	8.18%	40	7.46%	75	7.78%
Very negative impact	50	11.68%	74	13.81%	124	12.86%
Don't know	50	11.68%	107	19.96%	157	16.29%
Not answered	16	3.74%	19	3.55%	35	3.63%
<b>Total</b>	<b>428</b>		<b>536</b>		<b>964</b>	

#### Questionnaire Section 4 - Equalities Information

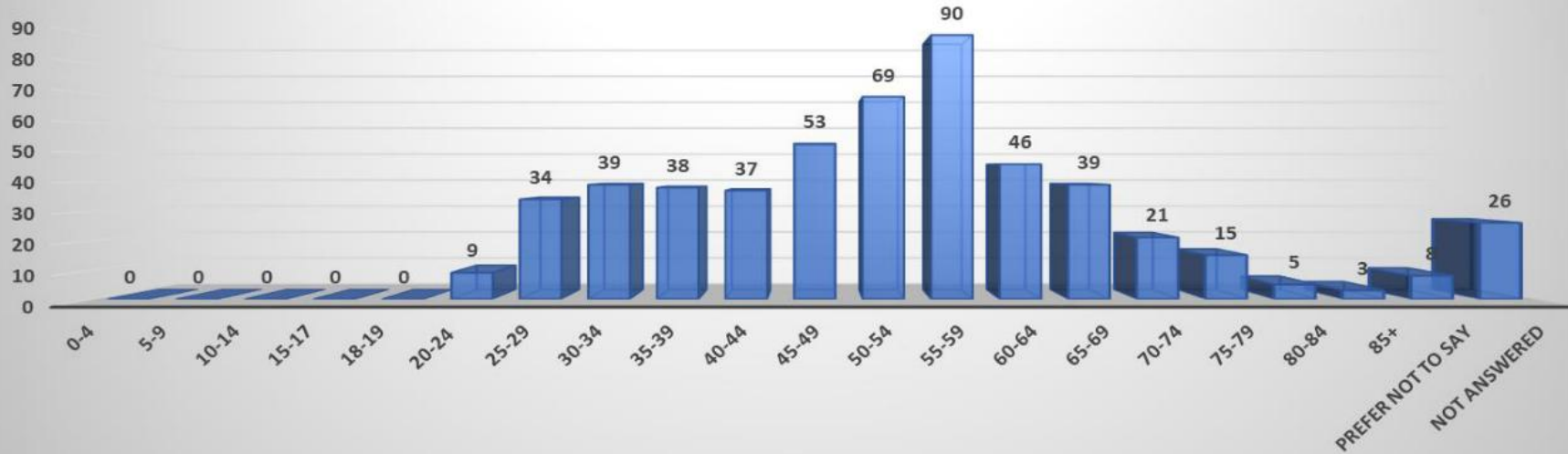
	Post Code Responses Completed	Actual Responses	Percent Completed
Standard Questionnaire	302	428	71%
Easy Read Questionnaire	386	532	73%
Total	688	960	



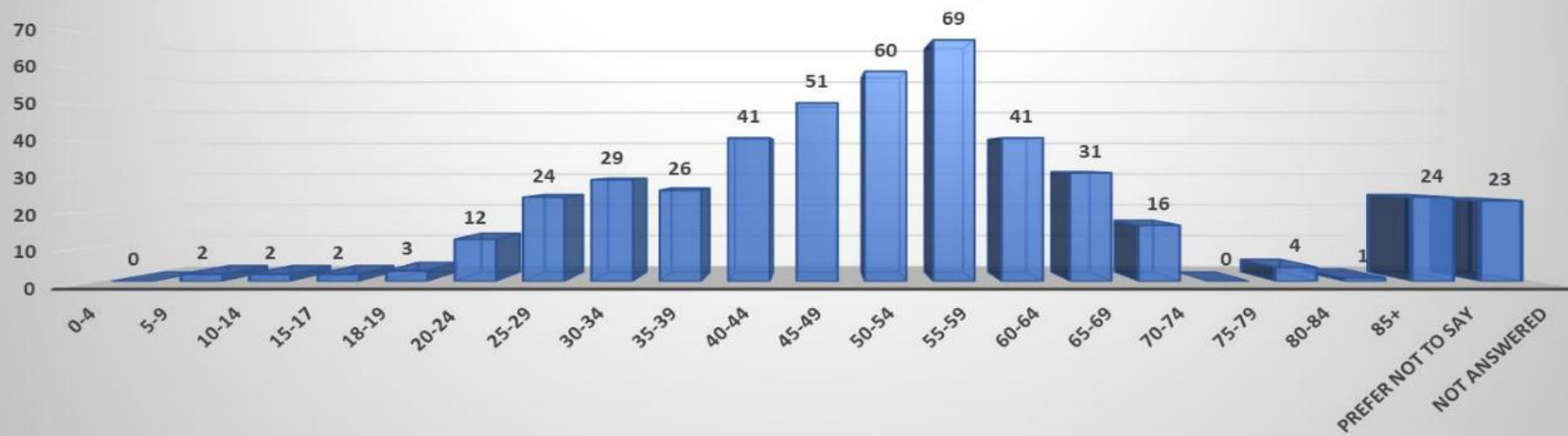
Standard Questionnaire		
Section 4: Equalities Information		
How old are you?	Numbers	Percentage
0-4	0	0%
5-9	2	1%
10-14	2	1%
15-17	2	1%
18-19	3	1%
20-24	12	3%
25-29	24	5%
30-34	29	6%
35-39	26	6%
40-44	41	9%
45-49	51	11%
50-54	60	13%
55-59	69	15%
60-64	41	9%
65-69	31	7%
70-74	16	3%
75-79	0	0%
80-84	4	1%
85+	1	1%
Prefer not to say	24	5%
Not answered	23	4%
Total	461	100%

Easy Read Questionnaire		
Section 4: Equalities Information		
How old are you?	Numbers	Percentage
0-4	0	0%
5-9	0	0%
10-14	0	0%
15-17	0	0%
18-19	0	0%
20-24	9	2%
25-29	34	6%
30-34	39	7%
35-39	38	7%
40-44	37	7%
45-49	53	10%
50-54	69	13%
55-59	90	17%
60-64	46	9%
65-69	39	7%
70-74	21	4%
75-79	15	3%
80-84	5	1%
85+	3	1%
Prefer not to say	8	2%
Not answered	26	4%
Total	532	100%

Easy Read - How old are you?



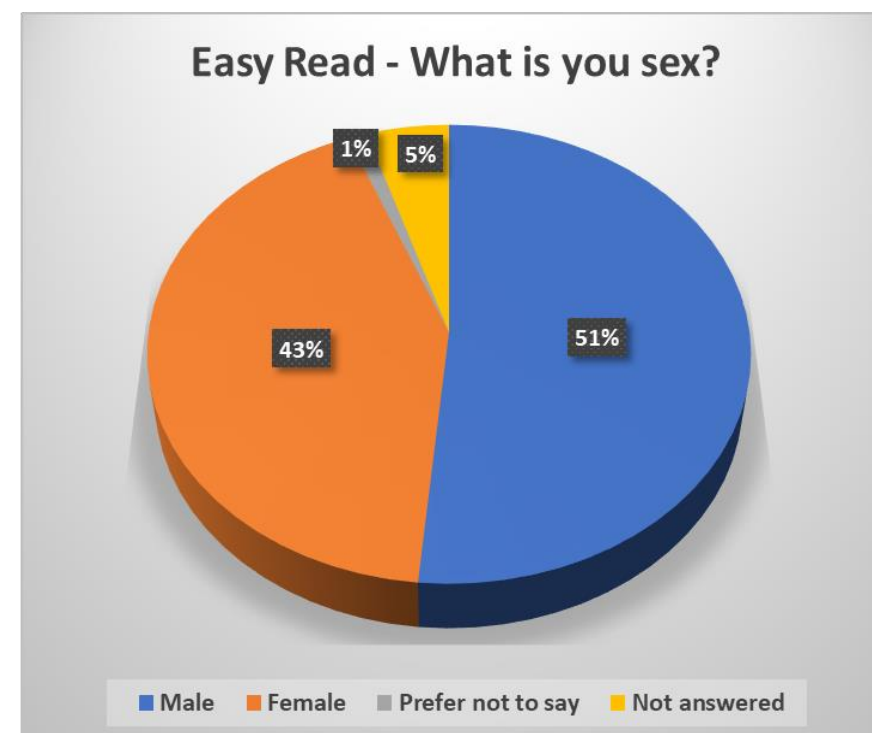
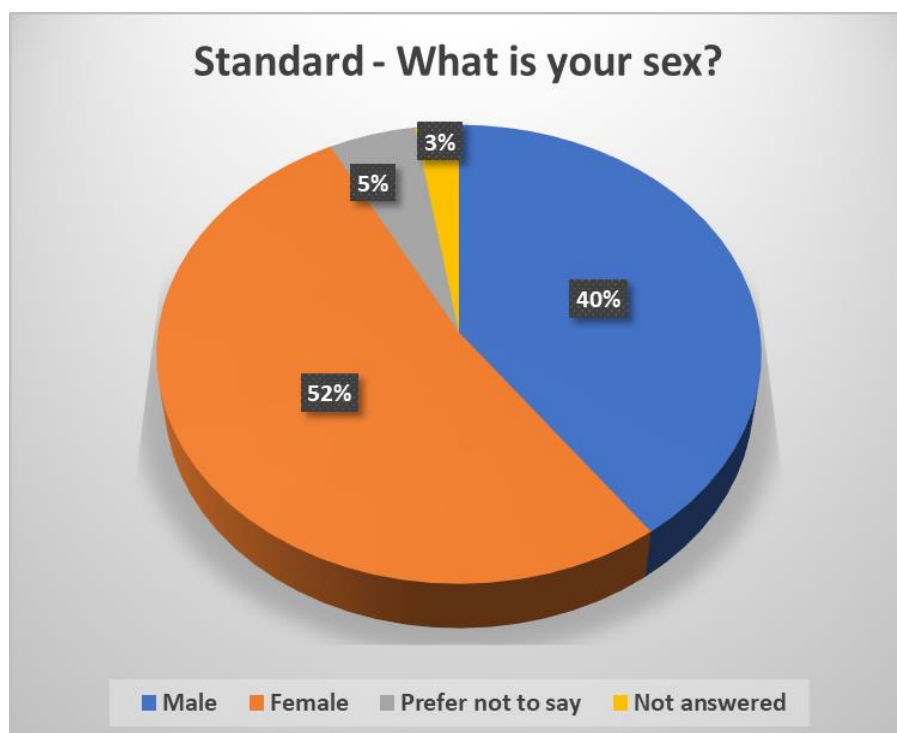
Standard - How old are you ?





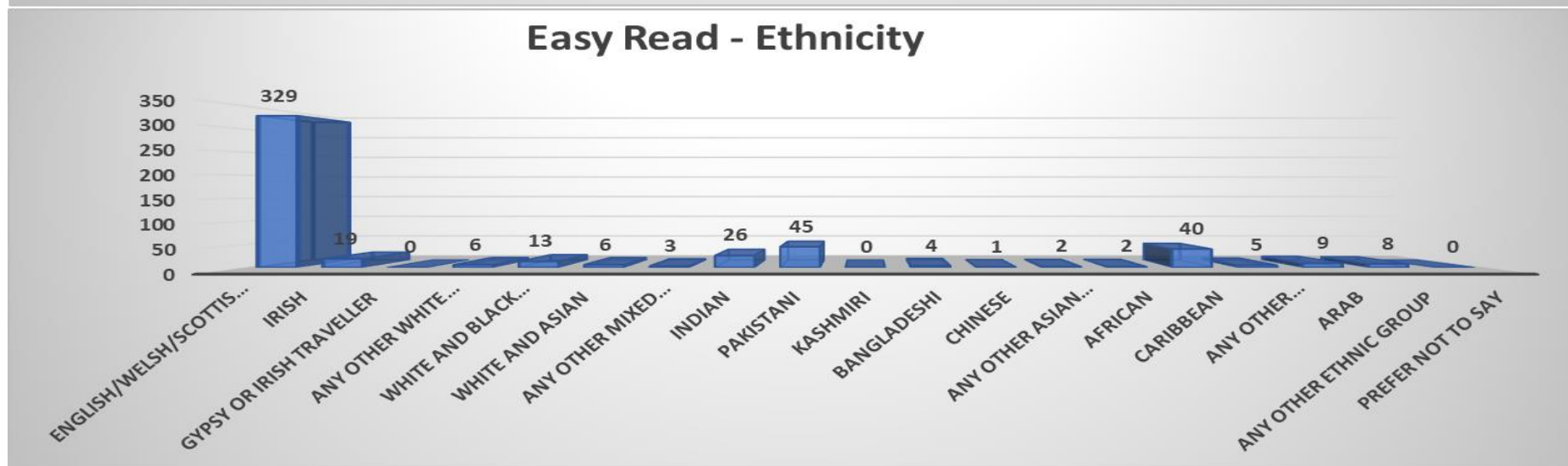
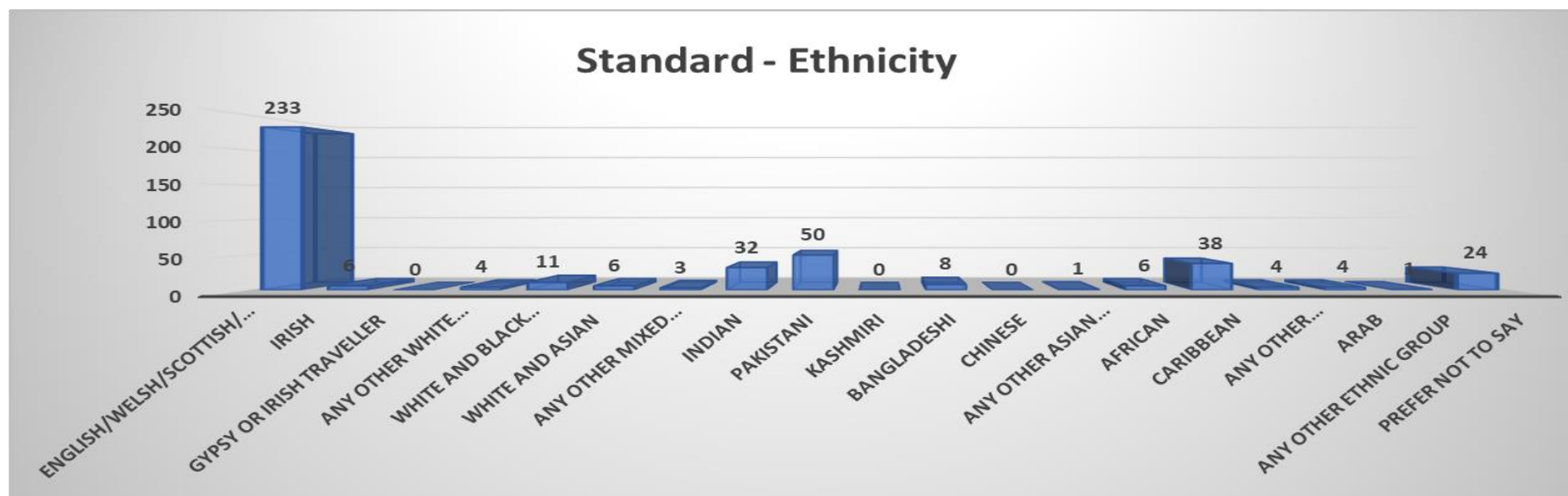
Standard Questionnaire		
Section 4: Equalities Information		
What is your sex?	Numbers	Percentage
Male	172	40%
Female	225	52%
Prefer not to say	22	5%
Not answered	11	3%
Total	430	100%

Easy Read Questionnaire		
Section 4: Equalities Information		
What is your sex?	Numbers	Percentage
Male	276	51%
Female	228	43%
Prefer not to say	6	1%
Not answered	26	5%
Total	536	100%



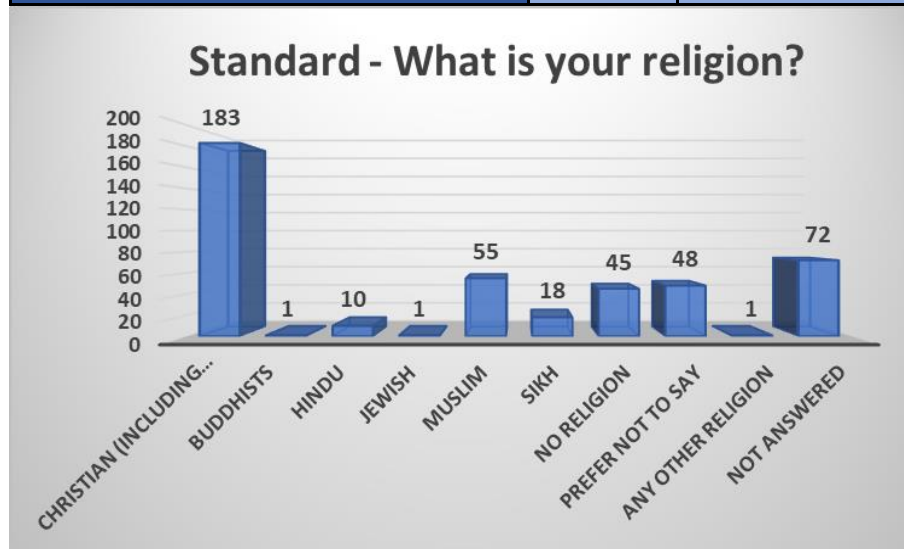
Standard Questionnaire		
Section 4: Equalities Information		
What is your ethnic group?	Numbers	Percentage
English/Welsh/Scottish/Northern Irish/British	233	54%
Irish	6	1%
Gypsy or Irish Traveller	0	0%
Any other White background	4	1%
White and Black Caribbean/African	11	3%
White and Asian	6	1%
Any other Mixed background	3	1%
Indian	32	7%
Pakistani	50	12%
Kashmiri	0	0%
Bangladeshi	8	2%
Chinese	0	0%
Any other Asian background	1	1%
African	6	1%
Caribbean	38	9%
Any other Black/African/Caribbean background	4	1%
Arab	4	1%
Any other ethnic group	1	1%
Prefer not to say	24	6%
Total	431	100%

Easy Read Questionnaire		
Section 4: Equalities Information		
What is your ethnic group?	Numbers	Percentage
English/Welsh/Scottish/Northern Irish/British	329	63%
Irish	19	4%
Gypsy or Irish Traveller	0	0%
Any other White background	6	1%
White and Black Caribbean/African	13	2%
White and Asian	6	1%
Any other Mixed background	3	1%
Indian	26	5%
Pakistani	45	9%
Kashmiri	0	0%
Bangladeshi	4	1%
Chinese	1	1%
Any other Asian background	2	1%
African	2	1%
Caribbean	40	8%
Any other Black/African/Caribbean background	5	1%
Arab	9	2%
Any other ethnic group	8	2%
Prefer not to say	0	0%
Total	518	100%

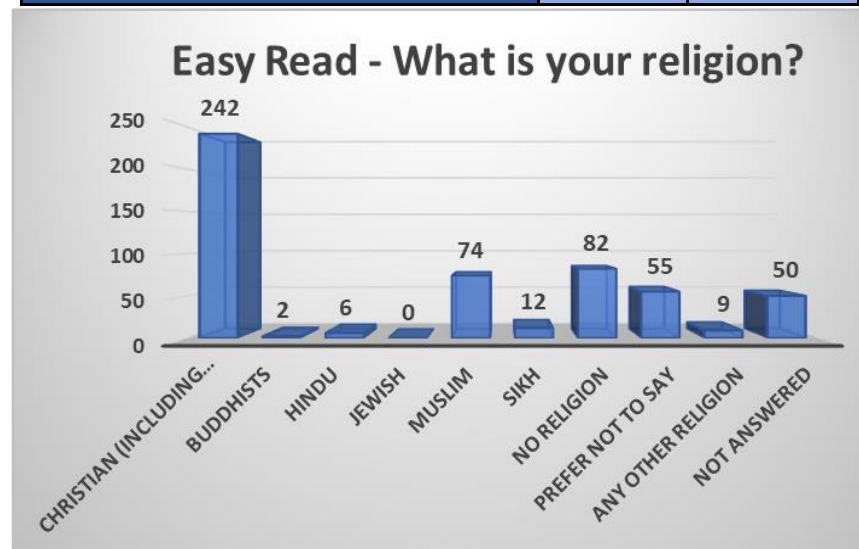


\*Not answered has been omitted within Ethnicity due to the system counting blanks sections.

Standard Questionnaire		
Section 4: Equalities Information		
What is your religion or belief?	Numbers	Percentage
Christian (including Church of England, Catholic, Protestant, and all other Christian denominators)	183	42%
Buddhists	1	1%
Hindu	10	3%
Jewish	1	1%
Muslim	55	13%
Sikh	18	4%
No religion	45	10%
Prefer not to say	48	11%
Any other religion	1	1%
Not answered	72	17%
Total	434	100%

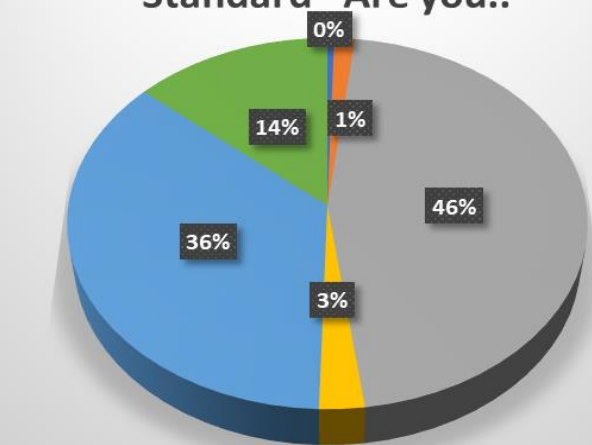


Easy Read Questionnaire		
Section 4: Equalities Information		
What is your religion or belief?	Numbers	Percentage
Christian (including Church of England, Catholic, Protestant, and all other Christian denominators)	242	45%
Buddhists	2	1%
Hindu	6	1%
Jewish	0	0%
Muslim	74	14%
Sikh	12	2%
No religion	82	16%
Prefer not to say	55	11%
Any other religion	9	2%
Not answered	50	9%
Total	532	100%



Standard Questionnaire		
Section 4: Equalities Information		
What is your Sexual Orientation? Are you...	Numbers	Percentage
Bisexual	2	1%
Gay or Lesbian	6	1%
Heterosexual or Straight	197	46%
Other	11	3%
Prefer not to say	154	36%
Not answered	58	14%
Total	428	100%

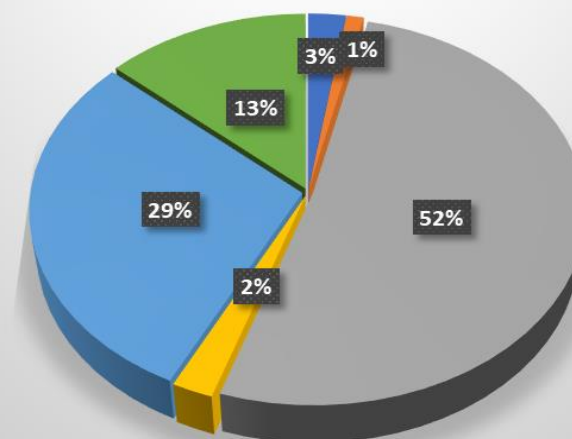
Standard - Are you..



■ Bisexual  
■ Heterosexual or Straight  
■ Prefer not to say  
■ Gay or Lesbian  
■ Other  
■ Not answered

Easy Read Questionnaire		
Section 4: Equalities Information		
What is your Sexual Orientation? Are you...	Numbers	Percentage
Bisexual	13	3%
Gay or Lesbian	6	1%
Heterosexual or Straight	274	52%
Other	12	2%
Prefer not to say	156	29%
Not answered	71	13%
Total	532	100%

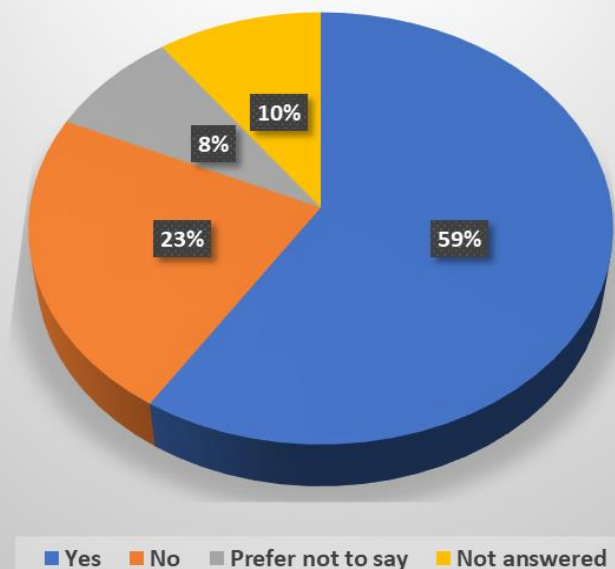
Easy Read - Are you..



■ Bisexual  
■ Heterosexual or Straight  
■ Prefer not to say  
■ Gay or Lesbian  
■ Other  
■ Not answered

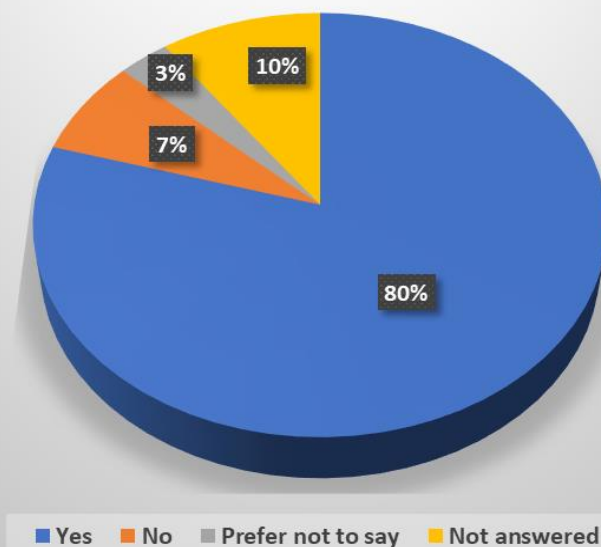
Standard Questionnaire		
Section 4: Equalities Information		
Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?		
	Numbers	Percentage
Yes	254	59%
No	98	23%
Prefer not to say	35	8%
Not answered	43	10%
Total	430	100%

Standard - Do you have a disability?



Easy Read Questionnaire		
Section 4: Equalities Information		
Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?		
	Numbers	Percentage
Yes	424	80%
No	39	7%
Prefer not to say	17	3%
Not answered	53	10%
Total	533	100%

Easy Read - Do you have a disability?

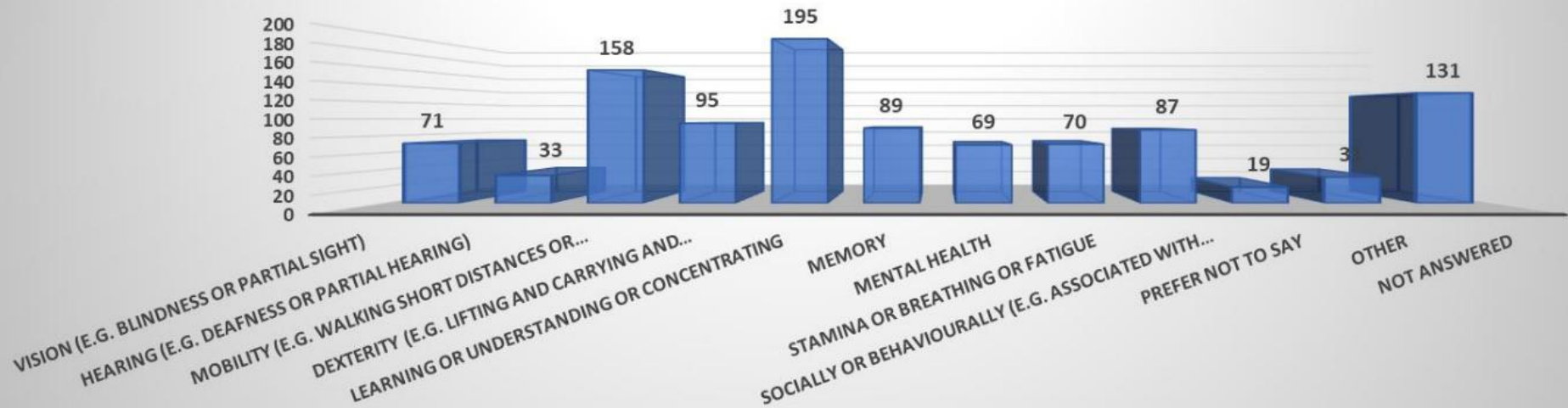


Standard Questionnaire		
Section 4: Equalities Information		
Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more? <i>If Yes, What type?</i>		
	Numbers	Percentage
Vision (e.g. blindness or partial sight)	71	7%
Hearing (e.g. deafness or partial hearing)	33	3%
Mobility (e.g. walking short distances or climbing stairs)	158	15%
Dexterity (e.g. lifting and carrying and carrying objects, using a keyboard)	95	9%
Learning or understanding or concentrating	195	19%
Memory	89	8%
Mental Health	69	7%
Stamina or breathing or fatigue	70	7%
Socially or behaviourally (e.g. associated with autism, attention deficit disorder or Asperger's syndrome)	87	8%
Prefer not to say	19	2%
Other	31	3%
Not answered	131	12%
Total	1048	100%

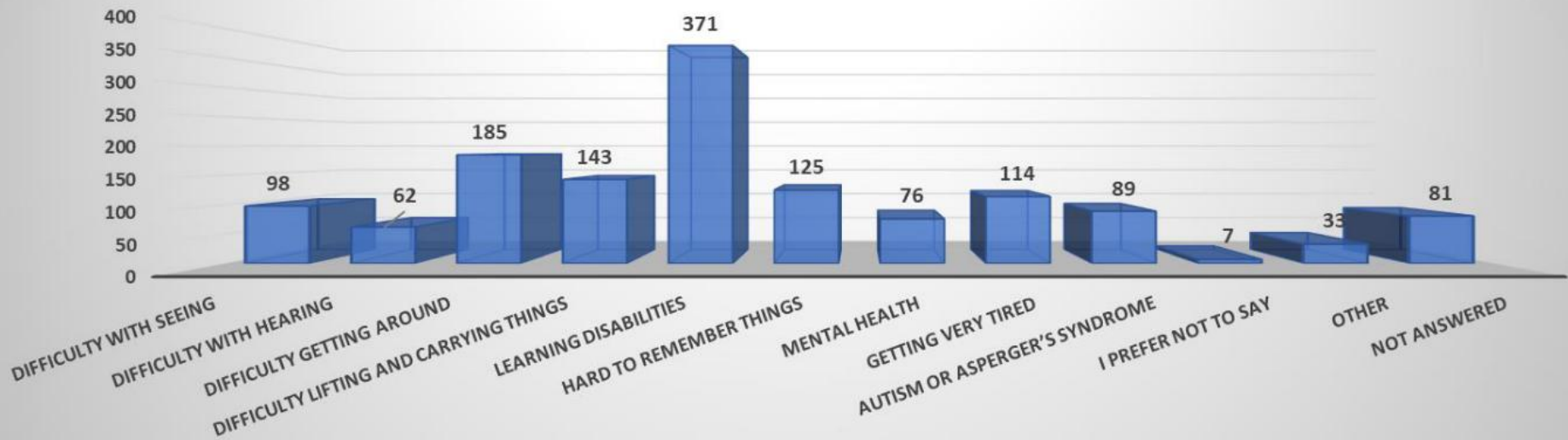
Easy Read Questionnaire		
Section 4: Equalities Information		
Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more? <i>If Yes, What type?</i>		
	Numbers	Percentage
Difficulty with seeing	98	7%
Difficulty with hearing	62	4%
Difficulty getting around	185	13%
Difficulty lifting and carrying things	143	13%
Learning disabilities	371	27%
Hard to remember things	125	9%
Mental health	76	5%
Getting very tired	114	8%
Autism or Asperger's syndrome	89	6%
I prefer not to say	7	1%
Other	33	2%
Not answered	81	6%
Total	1384	100%



### Standard - What type of disability?



### Easy Read - What type of disability?





### Appendix 3: - Draft Day Opportunities Strategy Consultation Stakeholder Analysis

Stakeholder group	Key Links / Contact Person	Strategy for consulting with the stakeholder	Level of Interest / Influence	What is the importance to the Stakeholder
<b>Internal</b>				
Adult Social Care Senior Management Team	Linda Harper	Meetings/Briefings	High	To be assured citizens will be consulted on the draft Strategy and Model.
Birmingham Community Health Care	Cal Rogerson	Meeting/Briefing	Low	Communication
Cabinet Members / MP's	Cllr Hamilton	Meetings/Briefings	High	To be assured citizens will be consulted on the draft Strategy and Model. Consultation documentation and approach
People for Public Services Planning Group	Amanda Heaney	Meeting/Briefing	Low	N/A
Corporate Management Team/Executive Manangement Team	Graeme Betts	Meetings/Briefings	High	To be assured citizens will be consulted on the draft Strategy and Model. Consultation documentation and approach
Internal Day Centre Staff	Sonia Mais- Rose	Meeting/update	High	Communication
Learning and Development	Gemma Higgins	Meeting/Briefing	Low	N/A
Neighbourhood Networks	Austin Rodriguez	Meeting/Briefing	Low	Communication
Post 16 - 25 Education Providers / SENAR	Kathy Jarrard	Meeting/Briefing	Low	Engagement and Communication
Scrutiny	Linda Harper	Meetings/Briefings	High	To be assured citizens will be consulted on the draft Strategy and Model. Consultation documentation and approach
SEND Improvement Board	Linda Harper	Meeting/Briefing	Medium	Communication
Social Work Teams	Social Work Group Managers	Meeting/update	High	Communication / Impact on service
Sustainable Transformation Plan	Rachel O'Connor / Richard Kirby	Meeting/Briefing	Low	Communication
Transition Team Managers	Desmond Tuoyire	Meeting/Briefing	High	Communication
Vulnerable Adults Citizen's Panel	Panel members	Meeting / Briefing	Low	N/A

<b>External Providers</b>				
Birmingham Voluntary Sector Council	Stephen Raybould	Meeting / Briefing	Low	Communication
Carers	Citizen Forum Members, Day Centre Manager / Day Centre Staff, Parent Carers Forum, June Marshall, Carers Hub and Black Carers Group.	Consultation Events	High	To be consulted on and understand the draft Strategy and Model. To understand the impact of any proposals. Opportunity to give feedback.
CCG	Carol Heggarty	Meeting/Briefing	Low	Communication
Children's Trust	Chris Bush	Meeting/Briefing	Low	Communication
Community Catalyst	Zoe Miller	Meeting/update	Low	Engagement and Communication
External Providers	Linda Harper / Max Vaughan	Consultation Events	High	To be consulted on and understand the draft strategy and model. To understand the impact of any proposals. Opportunity to give feedback.
Family Members	Cllrs Citizen Forum Centre Managers Work Managers Day Social	Consultation Events	High	To be consulted on and understand the draft Strategy and model. To understand the impact of any proposals. Opportunity to give feedback.
Forward Carers	Simon Fenton	Meeting / Briefing	High	Communication
General Public	Cllr's Forum Members Citizen	Consultation Events	High	To be consulted on and understand the draft Strategy and Model. To understand the impact of any proposals. Opportunity to give feedback.
Health/Acute Providers	Carl Finch	Meeting/Briefing	Low	Communication / Impact on service
HealthWatch	Caroline Reynolds	Meeting/Briefing	Low	Communication
Mental health	Jo Carney	Meeting/Briefing	High	Communication / Impact on service
MIND	HUB Staff Members	Meeting/Briefing	High	Communication / Impact on service
Service Users	Max Vaughn/John Freeman /Sonia Mais - Rose/ Day Centre Managers / Day Centre Staff	Consultation Events	High	To be consulted on and understand the draft Strategy and Model. To understand the impact of any proposals. Opportunity to give feedback.
Trade Unions	Sonia Mais- Rose	Meetings	High	Maintaining working conditions for members. Any impact on members communication.

**Appendix 4: -**

**Draft Day Opportunities Strategy Consultation**

**Consultation Findings Common Themes**



# Common Themes from Comments and Questions

**Appendix 4** will examine common themes that have emerged from the comments and questions received by respondents throughout the consultation process.

Over 700 questions were received, and over 3600 comments gathered from a range of sources which included; returned Standard questionnaires, returned Easy Read questionnaires, event feedback sheets, e-mails received to the Consultation e-mail address and notes taken at consultation events.

The number of questions and comments analysed in this section differs slightly from the number stated above. This is because when a comment or question covered several different themes, these have been split and assigned accordingly. All comments and questions received have been reviewed and analysed.

Comments and questions have been categorised according to 9 identified themes plus one additional heading for miscellaneous comments that could not be easily categorised.

The themes identified from the comments and questions are;

- A.** Carers
- B.** Closures
- C.** Community Activities
- D.** The Consultation
- E.** Direct Payments
- F.** Draft Strategy
- G.** Funding / Savings
- H.** Social Work
- I.** Transitions
- J.** Miscellaneous

In addition to the 9 themes a range of sub-categories have been identified to assess the views relating to the consultation.

## Theme A: Carers

Analysis identified 132 comments and 7 questions.

This theme has been split into two sub-categories on the perceived impact that the proposals in the draft Day Opportunities Strategy would have on the lives of carers whose family members attend day opportunity services. As with other categories the anticipated impact of the proposals in the draft Strategy centred on the perception that there would be closure of some or all building based day opportunity services.

- **Carers' Concerns**

Exactly half of the comments related to the level of support that either carers provide to and/or receive from the current day opportunities system. It was clear from respondents that many carers feel that the support they receive from day centres alleviates the pressure that they feel that they are under. Many stated that if day centres were to close this would increase stress levels both for carers and their family members or the person they support. Carers also cited that were day centre provision to reduce or close completely this would also impact on their carer/work/life balance. Carers commented that day centres allow them to go out to work and should this provision no longer be available the resulting impact would either mean a loss of income or their family member having to move into residential care.

Another visible feature in this category was the issue of both ageing carers and ageing citizens who access day opportunities services. Older carers (some who are 80 years plus and caring for more than one family member) may have their own health and social care needs, which impact on their ability to care for their family member, access the community and organise and manage alternative provision of support in the day. Respondents felt that building based services were vital to supporting them to continue to care for their family member in circumstances that are becoming more difficult to manage due to their advancing age.

- **Respite**

The respite that building based services provided was mentioned in a number of comments in this category. Respondents again referenced the importance of respite for carers who are elderly or have their own health issues that they need to manage. There was also further mention that the respite current day services provide enables carers to have some degree of independence and to be able to live their own lives (e.g. attend appointments, shopping, housework, etc.). Several respondents referred to day centres as being their "life-line" and the only break that they get in a job that lasts "24/7".

Respondents also referred to the assurance that they receive, in the knowledge that family members are being supported in a safe environment, is a form of respite in-itself as it alleviates some of the stress that they are under.

There was also mention of the lack of dedicated respite service provision which could be an alternative option to help with the pressures of caring full-time.

The need for carer support also dominated the questions asked relating to this category.

## **Theme B: Closure of day centres**

Analysis identified 172 comments and 12 questions.

There are no additional subcategories within this theme. All comments and questions related directly to closure of day centres.

Respondents were concerned that the proposals put forward in the draft Day Opportunities Strategy would result in the closure of building based day centres. Some respondents felt that the Strategy

would result in the closure of all building-based day services, while others focused their concerns on the closure of the day centre that they or their family member attend. The topic dominated a lot of discussions held at consultation events in both Birmingham City Council run services and those delivered by external providers.

Respondents referred to the importance of the routine of attending a day centre regularly as they are not able to cope with change. Carers also referred to the importance of maintaining a routine, not only for the welfare of their family member but also because it enables them to manage other areas of their lives.

Respondents also expressed concerns about the costs of accessing the community if they no longer had a day centre to regularly attend. Costs relating to transport, adequately trained staff to support them and costs of activities in the community were mentioned. Some carers also expressed concerns that if centres were to close this would impact on their ability to work and therefore their income. Respondents felt that accessing a day centre affords them the social contact, range of activities and safety that they would not be able to afford if they had to access the community independently.

There were many comments referring to the importance of friendships and concern that opportunities to make and maintain these friendships would be lost if day centres were to close as a result of implementing the proposed Strategy. Carers felt that attendance at a day centre enhanced their family member's independence as it enabled them to make friendships and participate in activities in a safe environment.

Both the comments and questions reflected the belief that what is being proposed in the draft Strategy is already being carried out in the day centres, therefore, there is no need for change.

Comments received expressed concerns that the closure of day centres would negatively impact on the health and well-being of those that currently access the services and their family/carers; and that the prospect of centres closing has led to an increase in stress levels. Carers, in particular, thought that attendance at a day centre kept their family member safe and that it was important that trained staff were on hand to support those with more complex needs.

## Theme C: Community Activities

Analysis identified 1554 comments and 66 questions.

Due to the volume of comments and the range of areas encompassed by the views expressed seven subcategories have been identified.

- **Accessibility**

There were comments and questions on accessibility to both the local and wider community. There were four issues that emerged from comments and questions on this theme. These were; access to the community, transport, public awareness and attitudes and costs of accessing the community.

Respondents commented on difficulties with accessing the community, and that work needs to be done to facilitate access if people are to be encouraged into more community-based activities. Respondents cited a number of obstacles, and lack of facilities in the community currently. These

included a lack of suitably equipped toilets and changing facilities, wheelchair access to shops, restaurants, and cafes, and difficulties with operating wheelchairs on pavements. There were also comments regarding access to places of worship and people requiring support to practice their faith.

Transport was also referred to in comments and questions. Respondents referred to the cost of public transport, availability of affordable transport, availability of services such as Ring and Ride, and difficulties experienced by some respondents with public attitudes on public transport.

Public attitudes towards, and awareness of, conditions such as learning disability or physical disabilities featured in a number of comments and questions. Respondents stated that more needs to be done to make businesses aware of issues if places in the community are to become more accessible. Awareness would need to be raised around behaviours that people may have which members of the public would perceive to be challenging. Carers have stated that members of the public have misinterpreted the way that their family member behaves. Service users, carers and staff at day opportunity services have all reported verbal abuse and negative behaviour from members of the public. This has been led to perception that going into the community is not safe.

Respondents also commented on the costs of both transport and activities in the community. From comments received this is seen as another barrier to accessing the community.

- **Activities**

198 comments in this theme were from service users and carers stating the range of activities that they would like to do, or currently do, within their day service provision. These included a mix of centre-based activities and activities that can be carried out in the community.

- **Community integration and support**

Respondents stated that to integrate them into the community more a number of factors need to be considered such as; what options/activities are available for people to access, the affordability of these activities, options need to have appropriate facilities, transport needs to be accessible and affordable, businesses and members of the public need to understand disability and different behaviours.

Respondents stated that the nature of their conditions can limit what they do or are able to access, e.g. mobility, cognitive function and chronic pain. Furthermore, the activities on offer can limit people's integration into the community, for instance those with severe learning disabilities may be limited to what they can access.

A number of respondents expressed that they would like to access the community more, to meet new people and try more things. People stated that they would like to know more about what is in the community and that it may be that more investment is required to develop what is on offer to people in the community.

Respondents also suggested that a future model of day opportunities could include a combination of community activities and building based day centres as not everyone wants to go out into the community, or, at least not all of the time.

Some respondents stated that although they would like to access the community, they are nervous of doing so due to a sense of vulnerability. To access the community, they would require sufficient support which, for some, would be 1:1 support. Some respondents commented that they are unable to go anywhere on their own, for example one respondent stated that they have a tendency to wander, another person stated that the individual they care for has little awareness of risks, therefore requiring support to go out and about. Other comments made by respondents stated that they would not go out at all if they didn't have support or that they would be distressed if they were out in the community without someone to help them. Respondents stated that they would need support with using transport, managing, and using money and in some cases with their communication skills.

- **Day centres are important**

A number of respondents referenced the importance of day centres for those who use the services and their carers and families.

Respondents stated that attending building-based day centres gave them the opportunity to meet friends and have regular social contact. Many respondents simply stated that they want to stay at their day centre, that they enjoy their time there at it makes them happy.

In some cases, respondents reported that they had been attending the day centre for a long time, in some case 25 years plus, and that to change would be upsetting. It was reported in comments that not attending the day centre would have negative impact on health and wellbeing, e.g. resulting in anxiety, depression, and loneliness. Attending the day centres provides a structure and routine which is important to many people who responded.

Comments also stated that people do not necessarily want to go into the community and prefer the sense of safety and security that building based services provide, and that this type of provision is best suited to those with complex needs. For example, one commentator with complex needs stated, "If having complex needs means I still have the opportunity to access the day service then that's okay. Without my day service I would be without support, I'd be stuck at home more and more and would lack things I can access and do." People also reported that they do not feel safe in the community, find activities difficult to access and that there aren't enough suitable alternatives in the community that provide the facilities and staffing that they get at their day centre.

Other benefits of building based day centres was the support with personal care, communication, range of activities and skills that could be learnt.

Having a reliable service to attend also supports the families and carers of those who require a day service. As stated in other themes of this analysis day centres provide respite and support to families and carers.

Some respondents did voice support accessing activities in the community but would like to combine this with regularly attending a building-based day centre too.



- **Friendships**

Friendships made at day centres were referred to in 33 comments in relation to accessing the community. As referenced in other themes respondents stated that they value the day centre as a place to meet and make friends. If they were to no longer attend the day centre there would be concerned that they would be lonely, isolated and bored at home.

Respondents also stated that they valued the opportunity to meet with people of a similar age group and to take part in shared activities with other people. Respondents stated that being at a day centre provides not only social contact but also a sense of security. Questions on this theme queried how this could be replicated out in the wider community.

- **Information**

There were comments and questions relating to information about what activities are available in the community for people to access, that may be an alternative to, or in addition to, building based day services. To aid access to community activities will require up to date and accurate information on as broad a range of services as possible to be available. Respondents stated that this not only needs to be comprehensive but also easy to access and in a simple format.

Questions submitted relating to this topic asked for information on what service are currently available and how they could be accessed. Day opportunity provider services also enquired as to how they could better promote their services to social work teams and potential users of their services.

- **Referrals**

13 comments within this theme referenced referrals into day opportunities services. The perception among respondents was that referrals to day centres was slowing down, and for people seeking a referral found the process difficult to access. Providers of day opportunity services commented that social work teams did not have a clear overview of services that were available in which to refer people.

## **Theme D: Consultation – process and governance**

Analysis identified 358 comments and 55 questions.

Due to the volume of comments and the range of areas encompassed by the views expressed five subcategories have been identified.

- **Capacity to understand**

The ability to understand either the presentation or the questions asked in the questionnaires. Some felt that more explanation of the proposals was required, and that the information relayed in the consultation was too complex for some people to understand.

- **Documentation**

A number of comments reflected on the consultation documentation, including the questionnaires and the draft Day Opportunities Strategy. The majority of these comments referenced the questionnaire with many stating that they felt that the questions were biased towards encouraging certain responses. Others felt that they did not have sufficient information with which to make an informed decision.

- **Events and presentations**

Views ranged from the presentation being clear, understandable, and informative; an appreciation of group discussions; and the opportunity to express views; and some being enabled to have their say; through to a lack of trust in the intentions of the consultation, that the information was not clear enough and the content of the presentation was too vague. There were also comments on the large numbers of people and noise levels at events held at internal Birmingham City Council day services. However, additional small group discussions were arranged to mitigate against this and enable more meaningful participation of citizens who use these services.

- **Governance – Decision making**

Comments referring to the Governance and decision-making process. mostly expressed a perceived lack of transparency around the governance process and a lack of trust in Birmingham City Council.

- **Process**

Comments on the consultation process ranged from those that were dissatisfied with promotion of the consultation events, the length of time taken to respond to questions, and that the process was going through the motions through to positive comments about the person centred approach.

Most of the questions related to the analysis of data, the process of approving the analysis report and how people will be notified of the outcomes of the consultation.

## **Theme E: Direct payments and personal budgets**

Analysis identified 157 comments and 30 questions.

Concern was expressed around the process of managing direct payments, which was viewed by many to be challenging. Two subcategories have been identified for this theme.

- **Direct Payments**

Concern was expressed around the process of managing direct payments, which was viewed by many to be challenging. Some said that they didn't have the capacity or support to take on the responsibility and others said that they did not want to take on this responsibility and that day centres are more convenient. Some felt that it placed more responsibility on the carer and that they

were too complex to manage, e.g. responsibility for Income Tax and National Insurance. One respondent likened the administration involved in having a direct payment to a job.

In addition to the level of support required to manage finances, employ PAs, etc. objections were raised around potential for mismanagement of funds. It was felt by some respondents that having a Direct Payment was not suitable for those with complex needs. Furthermore, the level of funds available through Direct Payments does not always afford adequate support. It was pointed out that Direct Payments are not in line with the cost of living and higher rates are often charged for support at weekends.

Some respondents felt that Direct Payments were forced upon them and that by encouraging this would result in less need for day centres.

Respondents in support of Direct Payments were in favour because they enable access to more activities. They can also provide increased opportunities for independence and enable services that suit people's needs more. Overall, respondents who favoured Direct Payments thought that they allow for greater control and therefore are better for all.

It was suggested in several comments that it would be good to have more information, e.g. a resource directory of services to purchase with a Direct Payment.

- **Personal Assistants**

Most of the comments expressed difficulties in employing and managing PAs, including sourcing training, paying adequate wages, and supervising PAs. There were also concerns expressed about safeguarding with respondents saying that they would feel safer at a day centre where they know that staff are well trained and supported. Although some respondents recounted bad experiences with PAs there were some positive examples too but this often depends on having adequate support and funding to get the right personal assistant.

## **Theme F: Draft Strategy**

Analysis identified 1125 comments and 71 questions.

Analysis identified comments and questions relating specifically to the Six Draft Aspirations and Draft Service Model. Due to the volume of comments and the range of areas encompassed by the views expressed nine sub-categories have been identified.

- **Draft Model**

Respondents expressed concerns about the graphical representation of the model as a triangle and what each tier represents. Responses focused on whether or not the structure of the triangle should be inverted so that the Specialist Intensive Support tier was moved from the bottom to the top so that it represented the largest section. There was concern expressed that, as the model currently stands, it suggests that priority would be given to the Enablement tier at the expense of the Specialist Intensive Support tier resulting in more able people receiving a greater level of support than those with specialist and complex needs. In addition, some respondents felt that the model was too restrictive in its categorisation of people and their needs, and hope was expressed that in practice there would be a more fluid approach.

There were also comments querying how assessments would be made and how people's level of need would be determined. There was scepticism that the process would be fair and transparent and that it would result in service users not receiving an adequate level of support. Furthermore, concern was expressed about the time limit applied to the Enablement tier of the model, with some respondents saying that this would not suit some client groups, e.g. mental health, dementia, etc. where capabilities can change in a short space of time. It was suggested that the time limit of 12 weeks be made flexible and be dependent on an individuals' needs. Respondents also queried whether there would be ongoing support for those who have completed the Enablement stage, as skills learned can be lost if they are not supported to be maintained.

Again, people expressed the desire to stay within their current day centre provision and a number of comments stated that the model is already being implemented in the service that they attend and that this meets their needs.

Those who expressed support for the model commented that they felt it was logical and made sense. Respondents welcomed the structured approach and the focus on enablement. Some respondents also welcomed the focus on the individual and their capabilities. Commentators felt that the proposed Model was a positive step towards helping people to improve and better themselves.

There was support for the concept of improving people's level of independence and the positive impact that this can have on confidence and self-esteem.

The remaining comments under this theme were undecided or could not be determined as either being in support or not in support of the Model. Respondents who were undecided stated that they would need further information and detail, particularly in relation to how assessments and reviews would be conducted, before they could comment on the model. Others commented on the structure of the model such as the need to clarify how flexible movement would be across the tiers in the triangle as boundaries are not always clear when applied to an individual's circumstances.

The questions received also asked for clarity on the stages of the model, what they meant, how assessments would be made, who and how decisions would be made and what implementation would mean for current service provision.

- **Draft Strategy**

Those not in support of the strategy voiced concerns that implementation of the strategy would result in the closure of day centres, and that this in turn would leave to insufficient support for service users, families and carers. Comments revealed a degree of uncertainty as to what the impact of the Strategy would be and what would replace day centres if any were to close. Some respondents felt that implementation of the Strategy would result in them having to organise daily activities for their family member, should they no longer be attending a day centre, and that this would increase the work and pressure put on families and carers.

As with comments made in the "Funding" theme there was a perception that the proposals in the draft Strategy were related to budget cuts within Birmingham City Council, and that the Council wanted to force people into private day care provision.

As in previous themes people also referenced that they do not want or like change and are happy with the way that things are currently. Some respondents said that the thought of change caused

them stress and anxiety. There were also concerns that changes would result in social isolation, safeguarding issues and would not be suitable for those with more complex needs.

There were also comments that the proposals in the Strategy have been made in the past and nothing changed, this has resulted in people having no confidence that things will change this time either.

Those in favour of the draft Strategy welcomed the person centred approach and a focus on a person's needs and abilities. Respondents felt that the Strategy would increase the confidence and independence of those who use day opportunities services should changes be implemented.

There was recognition that things need to change and that this was long overdue. Respondents expressed that people should have the right to do what they would like to do with the right support, and that they are entitled to the same rights as others in the community.

There was a sense that the changes would have a positive impact on lives, with a greater choice of activities, the opportunity to learn new skills and access to different environments. Some commented that it was good to be focused on the future and positive to focus on empowering people and enabling them to be more included in the wider community.

Others commented that the Strategy proposes what is on offer elsewhere in the country, including neighbouring boroughs.

The remaining comments in this sub-category were either neutral or undecided about the proposals presented in the draft Strategy. Comments were undecided about the impact of strategy and that it would depend on how it was to be implemented. Others stated that it may work for some people more than others. In particular, it was felt that the proposals may be more suited for the younger generation rather than older adults or those who are older and have complex needs.

Other respondents stated that it was difficult to decide whether or not the Strategy was good or not unless they had examples of how the changes would work in practice.

- **Equality and diversity**

The comments and questions relating to equality and diversity in terms of the proposed draft Strategy covered very similar issues.

Firstly, generational issues with comments and questions stating that the proposals favour the younger generation more than the older generation of service users. Some respondents felt that there was not enough focus on the older population in the draft Strategy, and that those with dementia need particular consideration and services that are centre based and structured, due to the nature of the condition.

Ethnic and cultural issues were also mentioned in both the comments and questions. Respondents felt that more engagement and consideration should be given to ensure that cultural, religious, and ethnic groups are accommodated and engaged with in the future model of day opportunities. Some respondents expressed that there needs to be awareness of how cultural practices and religious beliefs may impact on implementation of the proposals in the draft Strategy.

Views were also expressed that the draft Strategy was perhaps too broad in scope and that the needs of certain groups should have been included and considered. These include people with; brain/head injury, autism, sensory loss or impairment and people who have multiple disabilities.

Questions were asked about what can be done to improve public attitudes towards those with a disability to enable people to have more confidence in accessing the community.

- **Person centred planning**

There was a positive response to person centred planning with support for giving service users the choice to do things that they enjoy doing throughout the day. Of the 17 comments on this topic, it was felt that a focus on the citizen is a positive move as people have different needs which need to be accommodated. To get this right it is important to ensure that the right people are involved in developing person centred plans with clarity whose contribution is required including the service user, carer, social worker, and service provider.

There were also questions in relation to person centred planning and what the implications of implementing the draft Strategy would be for existing packages of care. There was some anxiety that this would mean an end to current provision and the subsequent impacts that this would have on the wellbeing of those affected. There were also questions around choice and how meaningful this would be and whether changes would mean that people would no longer be able to attend their day centre.

- **Quality**

The comments relating to quality issues and how these will be monitored and assured. Respondents expressed the need for a guarantee that care and support provided is adequate and of a high standard. There was reference to external providers services for day care, who are not regulated by the Care Quality Commission (CQC), and how this needs to be done by Birmingham City Council. Respondents requested a system of preferred providers, based on assessment of quality service, so that both service users, carers and service providers have more confidence in the day opportunities market.

The questions reflected the issues raised in the comments, many questions centred on the process of ensuring quality in service providers and the role of the CQC. Questions covered both external and internal (BCC) day centres and how and why approaches to assuring quality were different.

- **Resistance to change**

In many of the themes already examined, a recurring feature is a reluctance from respondents to change the day opportunities system as it currently stands. Comments indicate that this is a concern of those who use day opportunity services and their carers and family members. A total of 88 comments have been identified as specifically expressing a resistance to change. The resistance to change being expressed in the comments comes from respondent's perception of what implementation of the proposed draft Day Opportunities Strategy and draft Service Model means to them, e.g. changes to package of care, reduced hours at the day centre, closure of day centre, etc.

Previous themes and sub-categories have referred to comments where respondents have stated that what is being proposed as part of the consultation is already being delivered by the day centre that they or their family member attend. Consequently, they feel that there is no need to change the status quo.

Comments have also expressed concern about the impact that a change of routine would have for service users and their families and the importance of stability for those who need a more

structured environment. Some comments of this nature appear to have been made in the context of the closure of day centres and service users being forced to find alternative provision in the community as one commentator expressed concern about what accessing the community would have on those who require more routine and structure.

Respondents also expressed their unhappiness at the prospect of change and how this causes them anxiety and distress. Some felt that change would lead to loneliness and isolation and loss of friendships made at the day centre that they currently attend.

- **Safeguarding**

There were comments and questions relating to safeguarding issues and implementation of the proposed Six Aspirations and Day Service Model. Comments were largely in terms of the vulnerable nature of those accessing day opportunities services and how safeguards need to be put into place to avoid exploitation where people are accessing the community or employing staff directly, e.g. financial exploitation. Other respondents expressed that they want to be looked after in a safe environment by staff who are trained to support their needs and have also been DBS checked. In addition to this there was support for better regulation of day care provision and assurance that safeguarding training was available to, and taken up, by all staff.

The questions also reflected the issues raised in the comments with concerns about what will be done to protect vulnerable people who may be exercising greater independence out in the wider community and how to identify and report abuse.

- **Six Aspirations**

Those in support welcomed the focus on person centred planning, in particular identifying people's strengths and abilities. One commentator felt that this was particularly important when supporting those with dementia.

Respondents felt that the Strategy displays a positive attitude towards those who use day opportunities services and that the proposals would make things better. There was support for people having more choice, control, and independence and that this in turn would help to increase people's self-esteem and confidence.

Respondents also felt that it was good to have a focus on outcomes and what people have the potential to achieve. It was felt that people should have choice and control in their lives. Some commented that they supported the concept of more choice but that this ought to be meaningful.

The issue of choice was a key feature among those who did not support the Six Aspirations. Respondents felt that this would be dependent on whether or not a service user has the capacity to make a choice or not. Some commentators felt that this aspiration did not apply to those with complex learning disabilities or older people with dementia.

As with previous themes the prospect of closing day centres arose again, along with a reluctance to change current arrangements. A number of commentators said that the Six Aspirations proposed were already implemented by their Day Centre, so there is no need to make any changes.

There were concerns expressed about access to the community, in terms of transport and issues of safety and that to implement the proposals there would need to be a commitment to increased numbers of staff and funding.

Those who were neutral, or undecided showed some support for the proposals but were sceptical or unsure of how they would be implemented. One commentator expressed that success of implementation would depend on changing mind-sets, of both services and service users, and this would be difficult in some cases. Others felt that the Aspirations would work for some but not for others and that this would depend on the abilities and needs of the service user, i.e. not suitable for those with more complex needs.

Some respondents felt that the proposals would work as long as sufficient support structures were in place e.g. staffing levels, funding, transport, facilities, etc.

- **Skills and employment**

Public attitudes towards those with a disability was an issue raised in the comments and questions relating to skills and employment.

There were comments which raised issues such a potential prejudice from employers against employing people with a disability. Some respondents expressed concerns that employment could present opportunities for exploitation and bullying and that safeguards need to be in place to prevent such things from happening.

Respondents felt that sufficient support needs to be in place to help people with the application process and during the period in which they are employed or undergoing training. In addition to support, respondents also expressed the need to manage expectations of service users as to the type of employment and training they would be able to access and that social workers need to have a better understanding of an individual's suitability for employment and types of employment available to them.

There were comments from people who use day centres expressing what kind of employment and training that they would like to do. This ranged from computer courses, working in a shop, office work and working on reception.

There were a number of questions that reflected the issues raised in the comments and centred mostly on the process of people gaining employment, finding training courses, etc. Some respondents queried whether employment would be meaningful and whether or not businesses are on board with offering employment to people who access day centre services.

## **Theme G: Funding/Savings**

Analysis identified 65 comments and 17 questions.

Concern was expressed that the draft strategy is produced as a means of achieving savings by Birmingham City Council.

Many comments from respondents suggested that they thought the Strategy was an agenda to save money. There were many references in both the questions and comments to savings and budget cuts faced by Birmingham City Council. Respondents felt that the proposals in the Strategy would cost money to implement and respondents queried whether or not Birmingham City Council has the money to do this in conjunction with budget cuts.

There was support for the proposals put forward in the draft Strategy, but respondents stated that sufficient funds need to be available if implementation of the strategy is to work.



In relation to this, respondents also referred to the value of direct payments which currently, it was claimed, makes it difficult for people to be able to afford to employ staff, pay for transport and activities. In particular, the cost of assisting people to access the community was referred to in both comments and questions related to this topic.

Other respondents wanted to see more investment in the day centres that they currently attend with a commitment to making them better.

## **Theme H: Social work**

Analysis identified 56 comments and 21 questions.

Comments were prominently negative around this theme.

Comments reflected existing concerns with social work practices and how these might be improved and how they will be impacted on by the proposed Strategy. Based on previous experiences some carers expressed a lack of trust in social work practice, with particular reference being made to the assessment of needs. This was also reflected in comments made by day care providers, who like carers, felt that their knowledge of service users should form an important part of social work assessments and reviews. A number of respondents also referred to difficulties in contacting social workers, a number would prefer to have a named social worker, in obtaining a social work assessment and any follow up required as a result of an assessment. Support was expressed for the Three Conversations Model, however, some commented that implementation of this was not always consistent.

The questions asked were primarily concerned about social work processes and practices. These ranged from how to find a social worker, how social workers are allocated, how will the strategy impact on assessments and client reviews to queries relating to the safeguarding process. Respondents also wanted to know if implementation of the draft Strategy would result in increased numbers of social workers. As with comments in the 'Funding' theme the perception among respondents was that the draft Strategy would require increase in resources in order to be implemented safely and effectively.

There were also several questions related to how service users or their carers can exercise choice if what they wanted contrasted with a social worker's recommendation.

## **Theme I: Transition**

Analysis identified 24 comments and 4 questions.

The majority of the comments were concerned with the transition process.

There were comments relating to the transition of young people from school/education to adult services, and what services need to be provided to accommodate the needs of this group which may be different to what existing services currently provide. Comments in this category made particular reference to young people having different needs, and expectations, to older adults. Therefore, services ought to take this into consideration. Young people will not necessarily want to spend their days with older adults, and the choice of activities available to them ought to reflect their age and skills (e.g. computer skills). It was suggested that services aimed at 18-30 age group be designed to accommodate these interests.

Respondents made reference to the referral process from education into adult services which they said ought to be reviewed as it is too complex and takes too long for young people to access day opportunity services.

## **Theme J: Miscellaneous**

There were a selection of comments and questions that could not be easily categorised into a theme. For details of these comments please refer to Appendix 6 where they are listed in full.

**Appendix 5: -**

**Draft Day Opportunities Strategy Consultation**

**Frequently Asked Questions & Responses**



The following questions were asked at different Day Opportunities Consultation 2019 events and we provided responses via the consultation website. The final set was published on 16<sup>th</sup> August 2019.

The following pages are the same lists of questions and responses but sorted into themed groups. The number in brackets is the number at which the question featured in the earlier published lists.

The themes and sub-themes correspond to the published comments set – Appendix 6.

The comments are themed in alphabetical order. This does not suggest any order of importance.

<b>Carers 1-7</b>
<b>Closures 8-19</b>
<b>Community Activities 20-84</b>
<b>The Consultation 85-139</b>
<b>Direct Payments 140-169</b>
<b>Draft Strategy 170-249</b>
<b>Funding &amp; Savings 241-257</b>
<b>Social Work 258-278</b>
<b>Transition 279-282</b>
<b>Miscellaneous 283-297</b>

## A) Carers

1. **Q: Will there be more pressure put on to carers / family members if the proposed model is implemented?**

No. The council values the contribution that carers make in supporting family members. That is why advice and support for carers is available through Forward Carers ([www.forwardcarers.org.uk](http://www.forwardcarers.org.uk)). Through our carers strategy, the council has committed to ensuring that carers are valued and feel supported. By law, carers are entitled to a carer's assessment to ensure they receive the right level of support. (40)
2. **Q: Can we have a carers helpline run by BCC?**

Forward Carers is a West Midlands based carer support service and it is supported by Birmingham City Council. The aim is simple – to improve the physical and mental wellbeing of carers, young and old, including parent carers, so that families stay healthier and happier together, for longer.

More information about Forward Carers can be found on <https://forwardcarers.org.uk/> On this website, you will find useful information on how to look after yourself and manage your caring role, with advice and tips designed with carers across the West Midlands in mind. As well as this, you can find out about all of the support and services available in your area by going to the Local Services section of the website. (122)
3. **Q: Have you thought about carers needs?**

As a carer you are entitled to a social care assessment in your own right. A carer's assessment is a discussion with you that will help us understand the physical, emotional and practical impact that caring has on your life and to ensure you can access appropriate support services to help you in your role. If you are carer for an adult and caring has a major impact on your life, you can talk to Birmingham Carers Hub about the help and support you may need. This is called a carer's assessment which Birmingham Carers Hub undertakes on behalf of Birmingham City Council. This can happen even if the adult you care for is unwilling to accept help. Your assessment gives you the chance to discuss your needs.

To request a carers assessment, please contact Birmingham Carers Hub:

By email: [info@birminghamcarershub.org.uk](mailto:info@birminghamcarershub.org.uk) By phone: 0333 006 9711

Birmingham City Council: Telephone: 0121 303 1234 Email: [acap@birmingham.gov.uk](mailto:acap@birmingham.gov.uk) (123)

4.	<p><b>Q: Will BCC listen to what carers have to say in relation to the draft strategy and proposed model?</b></p> <p>All comments made will be considered and will be reflected in a consultation report which will be developed and presented to Cabinet for their decision. (59)</p>
5.	<p><b>Q: Can carers be given more support, e.g. free travel passes?</b></p> <p>Forward Carers is a West Midlands based carer support service and it is supported by Birmingham City Council. On this website, you will find useful information on how to look after yourself and manage your caring role, with advice and tips designed with carers across the West Midlands in mind. As well as this, you can find out about all of the support and services available in your area by going to the Local Services section of the website.</p> <p>More information about Forward Carers can be found on <a href="https://forwardcarers.org.uk/">https://forwardcarers.org.uk/</a> (126)</p>
6.	<p><b>Q: Would it not be beneficial to have carers on the panel who have a better understanding of the caring responsibilities be involved instead of members of BCC who can make relevant changes?</b></p> <p>The consultation exercise has ensured that there has been a particular focus on carers as they are identified as being very important to forming the future proposed Strategy. Birmingham City Council is currently consulting only on the proposed key aspirations of the draft Strategy and the proposed day service model. If the draft Strategy is approved by Cabinet a more detailed Implementation Plan will be developed. (191)</p>
7.	<p><b>Q: Most of the carers are of pensionable age and many more mature service users value the routine of fixed days and times, which provides a structure to their week; physical safety and access; and the sense of security from being in an environment with familiar faces and routines. How would this be met in the new model?</b></p> <p>The proposals in the draft Strategy are intended to include the needs and interests of a wide range of people. Person centred planning would mean that each individual would have a package of support that best supports their needs and the outcomes that they wish to achieve. Making sure that carers are supported as well is part of the proposals. (136)</p>

## B) Closures

8.	<p><b>Q: Why were we told 2 years ago that all day centres would be closed by 2021 and privatised?</b></p> <p>The landscape now is different to two years ago. This consultation sets out a set of design principles and possible actions to support the improvement and proposed further development of day opportunities in Birmingham to ensure there is enough provision. (57)</p>
9.	<p><b>Q: Step backwards to go forward. There was an Enablement Centre now it's gone, so what's the point?</b></p> <p>Birmingham City Council continues to learn from past initiatives and will use this as part of future planning. (265)</p>
10.	<p><b>Q: Is the draft strategy about closing day centres?</b></p> <p>No. Birmingham City Council is currently consulting only on the proposed key aspirations of the draft strategy and the proposed day service model. Currently, there are no plans for closure of any day centre. If the draft strategy were to achieve its aims, we <b>may</b> need fewer day centres and, in future, it <b>might</b> be proposed to close some centres, and this would be consulted upon at that time. However, our proposals in this consultation are not about closing day centres. (34)</p>
11.	<p><b>Q: Is the whole purpose of this consultation to make all the day centres that are under used an excuse to close them?</b></p> <p>Currently our proposals in this consultation are not about closing particular day centres; the proposals are about doing things differently to better meet the needs of people now and in future. (62)</p>
12.	<p><b>Q: Is the consultation also about externalising some of the Day Services under BCC? Will BCC be tendering services?</b></p> <p>There are no plans currently to externalise Services under Birmingham City Council. There are no plans to tender services. (151)</p>
13.	<p><b>Q: Why can't we keep day centres as they are? What's the chance of this?</b></p> <p>This consultation does not involve any decision being taken about any particular day centre and that there would be separate consultation(s) in the event that anything is proposed in the future. (61)</p>

14.	<p><b>Q: How many internal day centres will remain open if the strategy is implemented?</b></p> <p>Birmingham City Council is currently consulting only on the draft strategy and the proposed day service model. There are no current plans for closure of any day centres. (36)</p>
15.	<p><b>Q: How do private providers plan for the future when we are being told that we are moving away from Day Centres?</b></p> <p>Providers are not being told that Birmingham City Council is moving away from day centres. The aspirations of the proposed strategy include increasing choice and control as to where citizens access support and services. This is an element of the draft Strategy that Birmingham City Council is consulting on and no decision has been made. (20)</p>
16.	<p><b>Q: What is the point? This has already been done, Tyburn Road split into Beeches Gold, we had meetings then, what is going to happen to the day centre?</b></p> <p>The draft Day Opportunities Strategy is not about closing particular day centres. Birmingham City Council will ensure that the lessons learnt are considered for any future planning. (296)</p>
17.	<p><b>Q: It was stated at an event by an attendee that Birmingham City Council funded clients are not accessing day centres - why is this?</b></p> <p>This is not correct. Birmingham City Council funded clients continue to access day centres. (232)</p>
18.	<p><b>Q: Can't argue with the principles but is there a reassurance that if something is working then it will not change?</b></p> <p>The Council identifies that there are areas of good practise already operating within the currently available day opportunities provision. (213)</p>
19.	<p><b>Q: 1600 people use day opportunities provision in Birmingham of which 50% benefit from external provision (approx. 60 organisations), Are Birmingham City Council trying to reduce this figure?</b></p> <p>No. Birmingham City Council seeks to ensure there are sufficient Day Opportunities available to support the needs and interests of all citizens who require and choose this support. (2)</p>



C) Community Activities	
Accessibility	
20.	<p><b>Q: Can you get wheelchairs on the public buses?</b></p> <p>Birmingham City Council recognises that some people who use wheelchairs face challenges when using a range of public transport. (223)</p>
21.	<p><b>Q: Who will enable me as there are not enough personal care facilities in community e.g. hoists (wheelchairs users)?</b></p> <p>When someone who is eligible for support from Adult Social Care chooses to access support and activities out in the community then all of their specific support needs linked to this will be assessed. (246)</p>
22.	<p><b>Q: How will the community be developed to support this model e.g. transport, building accessibility?</b></p> <p>If the draft Strategy were to be approved this will be an area for further development with our partners. (114)</p>
23.	<p><b>Q: Transport is a big problem. Will transport staff be trained?</b></p> <p>If the draft Strategy were to be approved this will be an area for further development with our partners. (219)</p>
24.	<p><b>Q: Some places are not wheelchair friendly – how do you know in advance?</b></p> <p>AccessAble is a website and app which helps to give you the accessibility information you need to work out if a place is going to be accessible for you. <a href="https://www.accessable.co.uk/">https://www.accessable.co.uk/</a> (105)</p>
25.	<p><b>Q: Will the council pay for more changing facilities?</b></p> <p>This is an issue wider than just day opportunities provision. There may be potential for day opportunities providers to make available their changing facilities for any citizen with a disability who are accessing the local community in their area. (106)</p>

26.	<p><b>Q: The consultation paper says that during 2018 that a group of adults with disabilities and BCC officers visited a range of community facilities to assess accessibility. Please could you provide all the details of what was done, the kinds of disabilities of those who were involved, and the conclusions reached. We understand that there was a report on this that was prepared. Please can we have a copy? If it does not contain all the details requested, please could you provide these as well.</b></p> <p>The report details how, over the summer of 2018, a team of 27 disabled adults and Birmingham City Council commissioning officers visited a range of Birmingham City Council commissioned services and Birmingham City Centre to assess accessibility using a set of jointly developed accessibility standards. Generally, the visits found that both the venues visited and the city centre were accessible and people were supported by staff across the sites visited. A set of recommendations have been written to support further improving accessibility they can be found towards the back of the report.</p> <p>The report does not form part of the Day Opportunities Consultation 2019. Day Opportunities – Co-production Report Accessible Community Assets July &amp; August 2018 can be accessed on the Citizen Involvement Team website <a href="https://www.birmingham.gov.uk/citizenvoice">https://www.birmingham.gov.uk/citizenvoice</a> within the carousel. (238)</p>
27.	<p><b>Q: Why is there no mention of transport in the draft strategy / proposed model?</b></p> <p>We understand transport provision is important. There are no current plans for changes of any transport provision. (63)</p>
28.	<p><b>Q: Why aren't there enough hoists in public toilets?</b></p> <p>Birmingham City Council is aware that this is an issue. Work needs to be done with a wide range of organisations to discuss further. (112)</p>
29.	<p><b>Q: There is limited transport at the centre; maybe you should have a contract with Ring and Ride to collect people? Can the transport model used for schools be replicated for transporting groups of elderly people?</b></p> <p>If the draft Strategy were to be approved then transport provision may be considered for further development with our partners. (233)</p>
30.	<p><b>Q: What contingencies are there if something were to happen to Ring and Ride?</b></p> <p>The Council is involved in the current discussions and the development of contingencies if required. (19)</p>

31.	<p><b>Q: What transport is in place to take an individual to activities if a carer works?</b></p> <p>Transport needs are considered on a case by case basis. (121)</p>
	<b>Activities</b>
32.	<p><b>Q: Is it possible to invite the community to attend activities at the centre?</b></p> <p>If the draft Strategy were to be implemented following the consultation analysis and subsequent decisions by Cabinet greater interaction between day opportunity provision and the wider community would be encouraged including potentially inviting the community to attend activities at day centres. (86)</p>
33.	<p><b>Q: Is there a reason why Internal and External Day Services can't work more closely together?</b></p> <p>Birmingham City Council is committed to providing quality day services across the city and will continue to work in partnership with our providers to ensure the citizen remains at the heart of what we do. From a commissioning perspective, we want to work towards a 'one market approach' which would enhance much closer working between internal and external providers. (1)</p>
34.	<p><b>Q: Why don't centre's work together to put on activities?</b></p> <p>It is beneficial for centres to work together to share expertise and other resources. This is an approach that is encouraged by Birmingham City Council. (266)</p>
35.	<p><b>Q: You talked about the lady with disabilities, who wanted to learn how to use computer and was going to college to learn. What happens when she finishes her course, will there be a job waiting? Will whoever she works for have the facilities and assistance she needs to help her with her disabilities? If not, where would she go or spend her time after she finishes her training. Service users need a base they can come back to and the day centres provide that.</b></p> <p>Employment is not the desired outcome for all citizens. Others may choose to have a flexible package allowing them to access different activities in different places. Birmingham City Council continues to work with employers to ensure that real employment opportunities can be created as part of an inclusive society. (288)</p>
36.	<p><b>Q: Will multiple providers be able to join together to create more and more tailored opportunities for younger adults?</b></p> <p>The Council wants to work towards a "one market approach" which would enhance much closer working between providers. (249)</p>

37.	<p><b>Q: Why aren't the same services available at each day centre?</b></p> <p>The activities within each Day Centre are developed in response to the feedback and desired outcomes of the citizens. Birmingham City Council seeks to ensure that expertise is shared across services. (272)</p>
38.	<p><b>Q: Aren't these community activities already accessed through the day centre?</b></p> <p>The draft strategy proposes to increase choice and control over the activities that citizens choose to do and where and when they do them. (291)</p>
39.	<p><b>Q: Will internal day centres be open at the weekend / seven days a week?</b></p> <p>At the present time, there are no plans to open at weekends. However, the council regularly reviews its service to ensure it meets the needs of its citizens. (25)</p>
40.	<p><b>Q: Why is the Day Centre not used in the evenings as a Youth Club?</b></p> <p>Birmingham City Council welcomes all suggestions for improving the use of buildings. (276)</p>
41.	<p><b>Q: I understand parks etc. are free activities, but what happens during inclement weather and for service users who may have respiratory problems?</b></p> <p>The expectation is that managers would plan any activity in line with a detailed and informed risk assessment process. This would ensure that alternative arrangements are in place for inclement weather. (118)</p>
42.	<p><b>Q: Will I still be able to go to the Cinema when I go back to Ebrook?</b></p> <p>You would need to speak to the staff at Ebrook about how you still wish to be able to go to the cinema. (79)</p>
43.	<p><b>Q: Can I learn to use a computer?</b></p> <p>You would need to speak to the staff at the centre about how you wish to be able to use the computer. If they can't run computer sessions, they may be able to support you to access a computer class elsewhere. (80)</p>

44.	<p><b>Q: Community involvement costs! The service users may say that they would enjoy more daytrips or outings from the centre. Where will the money come from to attend these regular outings? Realistically, how often do you go out and participate in activities 7 days a week (all day)? Would you have the money to do this?</b></p> <p>The expectation is that there would be a person-centred approach to all social activities which will support the outcomes of the individual Social Activities would be part of a menu of activities within the service and so it may be reasonable to assume that these would not take place 7 days a week. As part of the Draft Day Opportunities Strategy and in line with the Care Act 2014, individuals can exercise choice and control and choose to use their allocated budgets differently. (119)</p>
45.	<p><b>Can the service users learn life skills such as washing and cooking? It would be good if they could learn how to prepare basic food and over a few months achieve their health and hygiene certificate.</b></p> <p>You would need to speak to the staff in the relevant centres in relation to what life skills they could offer. If that is not feasible, then service users would be supported to access life skill elsewhere and gain their certification. (82)</p>
46.	<p><b>Q: We know the service users and carers get value for money at their day centres –mainly at Harborne R.C. Many of the activities provided including independent living skills, cooking, arts and crafts, computers, reading, writing, numbers, money management, support with self- advocacy, sports, walks &amp; exercise, dance and many more opportunities-which cannot be faulted as these are set to meet individual needs and all of which are not carried out in isolation but with the interaction of their peer group – why fixing this when it does not need fixing !?</b></p> <p>The Draft Day Opportunities Strategy is for all day services across Birmingham. The activities that you have identified as taking place at Harborne Day Centre is not the same for all centres. The draft Strategy, were it to be implemented, would ensure that all citizens would enjoy their desired outcomes. (117)</p>
47.	<p><b>Q: Life skills, day trips. Highbury Park walks, cricket, football weeding, washing up, keeping greenhouse tidy and safe, working on land, growing vegetables cooking, what can you offer me in the community that will help me achieve better than this?</b></p> <p>In summary the key aspirations of the proposed Strategy aims to give you more informed choices, flexibility and control through person centred planning. The opportunities that person centred planning opens up can lead to many achievements. Citizens would be supported to achieve their outcomes, and staff would work with the individual to make this happen. (250)</p>

48.	<p><b>Q: Can I learn to iron at Ebrook DC and at home?</b></p> <p>The Draft Day Opportunities Strategy which is being consulted upon proposes that people attending day opportunities services are supported to be enabled to do everyday activities. So, if an individual wishes to learn to iron, they would need to speak to staff at their relevant day centre to explore the idea. (78)</p>
49.	<p><b>Q: Can I do more activities outside?</b></p> <p>The Draft Day Opportunities Strategy which is currently being consulted upon proposes that people who wish to use day opportunities services are positively supported into community-based opportunities of their choice wherever possible. The providers of Day Opportunities would therefore be required to develop ways to help citizens to explore their aspirations and support them to do more activities outside with their service users. Also, the use of a direct payments would allow people to explore and experience other activities in the community. (77)</p>
50.	<p><b>Q: Can we have more gardening being taught at Ebrook?</b></p> <p>You would need to speak to the staff at the centre about how you wish to be taught gardening. If they can't run gardening sessions, they may be able to support you to access gardening hobbies elsewhere. (81)</p>
51.	<p><b>Q: Why isn't the garden used more at Alderman Bowen help service users to grow flowers and do flower arranging? Why isn't there a beauty option at Alderman Bowen?</b></p> <p>Birmingham City Council will ensure that the citizens at Alderman Bowen are asked their views on how they would like the garden to be used and whether there is a desire for a beauty programme. (273)</p>
52.	<p><b>Q: I want to do woodwork, which I used to do at the old Bournville college. Moseley day centre had a woodwork room, but it was turned into a sensory room. Can I do woodwork at Moseley again or somewhere else?</b></p> <p>Citizens would be supported to achieve their outcomes and staff would work with the individual to make this happen. This is an example of person-centred planning. The draft strategy seeks to foster more of such opportunities. Speak to day centre staff on how else you could access woodwork if it is no longer offered at the centre.</p> <p>A Direct Payment would allow you to pay for a support worker to help support you to attend activities of your choice and at venues, without being dependent upon your current service to support you. (48)</p>

53.	<p><b>Q: Can I learn to read at the centre and write stories?</b></p> <p>Citizens would be supported to achieve their outcomes and staff would work with the individual to make this happen. This is an example of person-centred planning. The draft strategy seeks to foster more of such opportunities. (41)</p>
54.	<p><b>Q: I enjoy gardening (planting seeds) - I used to go to the Four Seasons Gardening Centre but this was stopped, I would like to go again why was it stopped?</b></p> <p>We would need to understand individual circumstance that led to that decision. However, if a person is still interested, they can be supported by the day centre. (42)</p>
55.	<p><b>Q: Will we have more day trips?</b></p> <p>The Draft Day Opportunities Strategy which is being consulted upon proposes that people attending day opportunities services are supported into being an active part of the local community wherever possible. So, if an individual wishes to do more day trips they would need to speak to staff at their day centre to explore the idea. (76)</p>
56.	<p><b>Q: Can Ebrook have a games room?</b></p> <p>Ebrook has a multipurpose room in which games takes place. Birmingham City Council will work with the citizens and staff at Ebrook to consider how resources might be used differently. (279)</p>
<b>Community Integration and Support</b>	
57.	<p><b>Q: How will you monitor citizen's activities in the community?</b></p> <p>In line with Care Act 2014 we are seeking to increase choice, control and independence for individuals. When someone who is eligible for support from Adult Social Care chooses to access support and activities out in the community they will still be entitled to regular review. (240)</p>
58.	<p><b>Q: What is meant by the term "their own community"?</b></p> <p>Community means different things to different people so it could be in their own community where they live or where they want to be. (22)</p>

59.	<p><b>Q: Why is Birmingham City Council suggesting that citizens that attend a day centre do more activities in the community?</b></p> <p>The proposed Strategy puts forward the aspiration that citizens who attend day services should be able to access a range of opportunities in the wider and their own community as an active and equal citizen. The proposed strategy also has a focus on skills development and improving independence in daily living as well as maximising choice, independence and control for the service users. The Council proposes that to realise these aspirations there needs to be a greater focus on undertaking activities in the community. (111)</p>
60.	<p><b>Q: It was queried how will this integrate people into the community?</b></p> <p>If citizens are to access services in the community a person-centred assessment determines if the necessary support alongside a risk assessment. (110)</p>
61.	<p><b>Q: How will vulnerable citizens be supported in the community if they no longer go to a day centre?</b></p> <p>No citizen with an assessed need for care will be denied a service appropriate to their needs. (39)</p>
62.	<p><b>Q: Do services in the community know how to support people?</b></p> <p>If citizens are to access services in the community a person-centred assessment determines the necessary support alongside a risk assessment. (109)</p>
63.	<p><b>Q: Is the aim to get people that receive a day service to find a service in the community?</b></p> <p>Birmingham City Council does not wish to prejudice the result of the consultation and therefore cannot determine how the 6 key aspirations outlined in the draft strategy might be delivered. (97)</p>
64.	<p><b>Q: How will citizens with moderate and complex needs be supported in the community?</b></p> <p>Levels of need and the period of intervention can vary depending on the individual circumstances and, how people are supported in the community depends on the level of support they need. (32)</p>



65.	<p><b>Q: People with Complex needs - who do we signpost them to out in the community? This can be quite difficult</b></p> <p>Birmingham City Council acknowledges that information about what is available is not comprehensive. We aim to ensure there is good quality information available about what can be accessed in the community regardless of the complexity of needs. (4)</p>
66.	<p><b>Q: Will there be a sufficient choice of services for a citizen with complex needs?</b></p> <p>We acknowledge that there is a lack of sufficient choice generally and also for people with complex needs. The ambition is to develop greater choice in the future. (60)</p>
67.	<p><b>Q: Will there be any backup solutions to those who will not be able to cope within the community? If this doesn't work out, what will they be able to fall back on?</b></p> <p>If the citizen does not feel this right is the right choice for them this will be discussed with a Social Worker, alternative can be explored. (289)</p>
68.	<p><b>Q: Many believe that the personalisation of day services offers real opportunities for people with learning disabilities to have greater access and active participation in their local community. How would you ensure that the market place is sufficiently developed to offer a range of inclusive opportunities?</b></p> <p>The key aspirations of the proposed Strategy refer to people accessing more activities in their own community and making the most of the vibrant city that is Birmingham. This will require Birmingham City Council and service providers across the city to work together to ensure that the best possible offer of a range of inclusive opportunities is available for people with a wide range of support needs. (148)</p>
69.	<p><b>Q: Will there be more support for me to do activities and develop myself to explore outdoor activities in the community?</b></p> <p>Citizens would be supported to achieve their outcomes and staff would work with the individual to make this happen. This is an example of person-centred planning. The draft strategy seeks to foster more of such opportunities. Speak to day centre staff on how else you could access woodwork if it is no longer offered at the centre</p> <p>A Direct Payment would allow you to pay for a support worker to help support you to attend activities of your choice and at venues, without being dependent upon your current service to support you. (44)</p>

70.	<p><b>Q: I want to know what help is available in the community to do activities, either with the help of a carer or a support worker to assist me? I want to do more outdoor leisure activities such as swimming, or ten pin bowling. I want to feel safe can I get support to go swimming have somebody to support me in the pool?</b></p> <p>Citizens would be supported to achieve their outcomes and staff would work with the individual to make this happen. This is an example of person-centred planning. The draft strategy seeks to foster more of such opportunities. Speak to centre staff on how to achieve this and the support available.</p> <p>A Direct Payment would allow you to pay for a support worker to help support you to attend activities of your choice at venues, without being dependent upon your current service to support you. (43)</p>
71.	<p><b>Q: If the strategy is implemented will there be more staff in the internal day centres to support additional activities away from the day centre?</b></p> <p>If the draft strategy were to be implemented following consideration of results and subsequent decision by cabinet then resource requirements would be considered at that time. (24)</p>
72.	<p><b>Q: Will the level of safety be monitored if citizens carry out activities away from the day centre?</b></p> <p>The health and safety of citizens supported by Birmingham City Council services will always be of paramount importance irrespective of the type of service this concerns. The appropriate safety monitoring will be in place for any activity conducted away from the day centre. (26)</p>
73.	<p><b>Q: I want to know what help is available in the community to do activities, either with the help of a carer or a support worker to assist me? I want to do more outdoor leisure activities such as swimming, or ten pin bowling. I want to feel safe can I get support to go swimming have somebody to support me in the pool?</b></p> <p>Citizens would be supported to achieve their outcomes and staff would work with the individual to make this happen. This is an example of person-centred planning. The draft strategy seeks to foster more of such opportunities. Speak to centre staff on how to achieve this and the support available.</p> <p>A Direct Payment would allow you to pay for a support worker to help support you to attend activities of your choice at venues, without being dependent upon your current service to support you. (43)</p>

74.	<p><b>Q: I have concerns about the risk of exploitation of the vulnerable service users. In one of the meeting it was mentioned that sometimes parents don't aspire to much so if the parents and carers are being disregarded to help 'develop' skills for service users then who will advocate for them? Will it be social workers or community care workers who ensure that the service user will not 'fall through the net'?</b></p> <p>The responsibility to ensure vulnerable adults are safe and do not fall through the net is a collective responsibility, including family members, where appropriate, professional and the wider community. The draft Day Opportunities Strategy, if agreed, will strengthen this wider responsibility. (261)</p>
75.	<p><b>Q: Who will help me when outside? I have fits they would need to stay with me?</b></p> <p>All citizens who are supported in the service will have a detailed risk assessment for known health conditions such as epilepsy. The risk assessment would be adapted as appropriate for when individuals access activities in the community. (274)</p>
76.	<p><b>Q: What services will be provided that meets the persons needs at the centre rather than them being "accommodated" in the mainstream world as an addition?</b></p> <p>Birmingham City Council is implementing a new social work model, Three Conversations, which very much focuses on the individual, their desires and outcomes that they want to achieve and how they want to achieve them. Exercising choice and control and giving you more flexibility through person centred planning is a key part of the proposed Strategy aim. (252)</p>
	<p>Friendships</p>
77.	<p><b>How is the council going to replicate in the new model the sense of belonging and being part of an established community of peers as found in the day centre?</b></p> <p>The Council acknowledges how our day centres are valued and how they help maintain friendships and a sense of community. The draft strategy and proposed model focus on the individual and what is important to them. Friendship groups give a sense of wellbeing we and would want to harness that. (28)</p>

78.	<p><b>Q: The Stage 1 coproduction report concluded that although many of the activities that service users do in day centres can be accessed in the community “the sense of belonging and being part of established groups is harder to replicate”. Because of this we asked a question at the consultation meeting “How is the Council going to replicate this in the new model. The reply in the FAQ was: “The Council acknowledges how our day centres are valued and how they help maintain friendships and a sense of community. The draft Strategy and proposed model focus on the individual and what is important to them. Friendship groups give a sense of wellbeing and we would want to harness that”. But this does not answer the question that we asked. Please could you tell us in detail how the Council intends in practice to replicate in the new model the sense of belonging and being part of established groups that is currently provided by day centres. Please could your answer address how this to be done for people with a significant learning disability?</b></p> <p>The consultation has been concerned with establishing the key aspirations of the draft Strategy and the proposed day service model for consideration by Cabinet. If the draft Strategy is approved by Cabinet, then a more detailed implementation plan will be developed. As with any change in an individual’s support a review or re-assessment will identify and consider the impact of change and how to manage this. (237)</p>
	Information
79.	<p><b>Q: Is there a mapping exercise that the service users can access to find out what services are available?</b></p> <p>Connect to Support: <a href="https://birmingham.connecttosupport.org/s4s/WhereILive/Council?pagelId=3879">https://birmingham.connecttosupport.org/s4s/WhereILive/Council?pagelId=3879</a></p> <p>Neighbourhood Networks Scheme Community Assets Directory: <a href="https://brumnns.wordpress.com">https://brumnns.wordpress.com</a> (138)</p>
80.	<p><b>Q: Will the local community activities receive more support? Will the council support local initiatives to increase choices available in the local community?</b></p> <p>Currently the Council is supporting an increase in choices available in local communities via:</p> <ul style="list-style-type: none"> <li>• Neighbourhood Network Schemes - facilitating good communication and collaboration between a whole range of public, voluntary and community sector organisations, practitioners and professionals.</li> <li>• Community Catalysts - developing very small local ventures that offer people the help they need to live the life they want.</li> </ul> <p>Local Area Co-ordination - helping people to draw upon their own strengths to live the life they want, connected and contributing to their communities; and to strengthen the capacity of communities to welcome and include people. (239)</p>

81.	<p><b>Q: What is out in the community that meets the needs of those with a range of support requirements?</b></p> <p>The Council has a list of current day opportunities provision. There are websites such as Connect to Support which shows what community opportunities are available. <a href="https://birmingham.connecttosupport.org/s4s/WhereILive/Council?pageId=3879">https://birmingham.connecttosupport.org/s4s/WhereILive/Council?pageId=3879</a> (108)</p>
82.	<p><b>Q: Will we be given a list of what all of the opportunities are?</b></p> <p>Birmingham City Council seeks to develop a suite of information regarding the various activities that are available in the wider community. We continue to work with providers to share the various opportunities on offer so that in turn these can be made available to you. (140)</p>
83.	<p><b>Q: How connected is Neighbourhood Network Scheme to day opportunities?</b></p> <p>The Neighbourhood Networks Scheme has mapped a wide range of community-based activities across the city on a constituency basis. Citizens who currently use day centres are welcome to find out if there is something in their local community that is of interest and able to provide the support that they require. (75)</p>
84.	<p><b>Q: Where can I get dementia information from BCC?</b></p> <p>Birmingham City Council has a Connect 2 Support website that can direct you to dementia services and information. The link is <a href="https://www.birmingham.gov.uk/info/50118/health_and_wellbeing/1365/ageing_well_services/5">https://www.birmingham.gov.uk/info/50118/health_and_wellbeing/1365/ageing_well_services/5</a> (125)</p>
85.	<p><b>Q: How are you going to find different care and support services in our area? There is only the day centre in Quinton.</b></p> <p>There is currently work being done as part of the Local Area Co-ordination Scheme across the city to identify existing services to support adults with a range of interest and support needs. (139)</p>

86.

**Q: How can we as an organisation get our details on the asset register?**

The asset register is not necessarily relevant to all providers, but it might be appropriate for some to be on it. The asset register should include all community-based organisations, places and activities which are accessible to older people. Typically, they might be things which have previously tended to be overlooked in Social Care [e.g. a knitting group, a film appreciation society, a gardening group etc.] as well as some very specific services we know that can support the health and wellbeing of older people. These types of activities and services can support citizens to live healthy, happy and independent lives in their own homes and communities. It is not a list of services for people with eligible social care needs, it is more about helping people find activities, groups and networks in their local area that interest them and support their independence. For an asset to be included on the register it has to demonstrate one or more of the following outcomes:–

Outcome	Aim	Description and examples
<b>Social participation</b>	Increasing social participation amongst older people	Provides opportunities to meet other people socially
<b>Healthy lifestyles</b>	Encouraging and enabling healthy lifestyles	Helping people become or stay physically and/or mentally active; Supporting healthy eating, meals and nutrition; Substance misuse support
<b>Maximising income</b>	Maximising incomes	Debt and benefits advice; Jobs, skills and employment
<b>Housing</b>	Support to help older people live independently in their own homes	Home improvements, maintenance and adaptations (including gardens); Support for people in their homes
<b>Supporting carers</b>	Supporting carers	Care and support specifically and explicitly for carers at home or in the community

Providers can also contact Connect to Support directly to give the details of their service so that it can be published on this directory. This might be the more appropriate option for providers to promote their service.

<https://birmingham.connecttosupport.org/s4s/WhereILive/Council?pageId=3879> (12

D) Consultation	
Capacity to Understand	
87.	<p><b>Q: How do you expect the service users to understand the four key documents (stage 1 &amp; 2, NDTi and the vision)?</b></p> <p>All individuals have different capabilities and strengths, support has been provided to enable people to contribute in a meaningful way to the consultation. (262)</p>
88.	<p><b>Q: If people are elderly or hard of hearing how can they give feedback - what's in place to meet their needs?</b></p> <p>We have produced easy read versions of the documents, and have a minicom system in place to help receive feedback. Internal day centres are conducting smaller focus group meetings to facilitate communications in methods that suit the individual. For externally run day centres, providers would ensure that communication suits the individual. (45)</p>
89.	<p><b>Q: What's wrong with the system we have now?</b></p> <p>The Council recognises that people value day opportunities. This draft Strategy aims to provide a clear set of design principles and actions to support further development of day opportunities in Birmingham to ensure there is sufficient and accessible provision for those that need it. (149)</p>
Documentation	
90.	<p><b>Q: Why doesn't the easy read language questionnaire have simple yes/no questions to assist those with difficulties verbalizing?</b></p> <p>The easy read documents were developed with input from citizens and experts from the sector. (229)</p>
91.	<p><b>Q: The Questionnaire is one sided? If I tick this are my comments going to matter?</b></p> <p>Yes. The consultation analysis process will consider all responses received. (142)</p>

92.	<p><b>Q: Is there anywhere citizens can go to receive help filling out the consultation questionnaires?</b></p> <p>Citizens were advised they could call or email the day opportunities consultation team. Staff members at day centres were also on hand to assist. (93)</p>
93.	<p><b>Q: What is the point of someone else filling in this form if you proclaim this is person centred?</b></p> <p>Some people have communication difficulties including being unable to read, write and speak, or communicate in English so an advocate has been needed to assist these individuals complete their consultation responses. This is expected to be undertaken in a person centred way i.e. reflecting the wishes of the individual. The advocate has often been a family member or a member of staff at the day centre who knows the individual well. (203)</p>
94.	<p><b>Q: Will questionnaires which have been submitted before the amendments now become obsolete?</b></p> <p>No. The consultation analysis process will consider all responses received. (141)</p>
95.	<p><b>Q: What is happening with the NDTi report? What is the outcome of the NDTi report?</b></p> <p>The NDTi report has provided the Council with useful insight on how day opportunities could be improved across Birmingham and would inform an action plan to improve our services for citizens. It has also helped form draft key proposals. (27)</p>
96.	<p><b>Q: Why has it been changed from Service User to Citizen?</b></p> <p>Generally, the Council defines a service user as someone who uses a service directly including Day Opportunities. A citizen is anyone who lives in Birmingham and therefore is a member of the general public. A person can be a service user as well as a citizen. (204)</p>



	Events and Presentations
97.	<p><b>Q: Would there be many more of these meetings? When does it finish?</b></p> <p>The Consultation was originally planned to run for a ninety-day period from the 8th April 2019 – 6th July 2019. However, Birmingham City Council extended the consultation period to the 4<sup>th</sup> August 2019, this is the date it closed. However, the Council is continuing to update the frequently asked questions and responses section of the Day Opportunities Consultation 2019 website, this will be finalised on Friday 16<sup>th</sup> August 2019. There is still the opportunity to send in your views and comments which may be informed by the updated frequently asked questions and responses. The closing date for any further views and comments is Friday 23rd August 2019. (212)</p>
	Governance and Decision Making
98.	<p><b>Q: Do you have representatives from social work to support your discussions?</b></p> <p>There have been weekly governance and operational meetings throughout the consultation process. Membership of the groups includes social care professionals. (235)</p>
99.	<p><b>Q: What impact assessments have been carried out with regard to the draft strategy?</b></p> <p>No impact assessments have been completed with regards to the consultation. However, if the draft strategy were to be approved by Cabinet then all future potential risks will be assessed. (193)</p>
100.	<p><b>Q: Why is it called consultation?</b></p> <p>The purpose of a council run consultation is to enable citizens to give consideration to a proposal presented by a council and to then receive responses on any such proposal, in this case this relates to day opportunities for the future. This consultation process invites the views from Birmingham citizens, including those receiving social care support and their carers and families. (199)</p>
101.	<p><b>Q: Did this consultation come through MP's to view before the public?</b></p> <p>No, it was not presented to MP's to view before the public. However, some MP's have chosen to subsequently comment on the draft Strategy as part of the consultation process. (189)</p>

102.	<p><b>Q: Have central government instructed the council to make these changes locally?</b></p> <p>No, central government provide no direct guidance as to what day opportunities provision should look like locally. There is however related guidance / legislation such as the Care Act 2014 and Valuing Employment Now 2009 (DOH) guidance. (187)</p>
103.	<p><b>Q: Is this the first strategy - or is there an old one?</b></p> <p>A draft Day Opportunities Strategy was approved by Cabinet on the 31<sup>st</sup> July 2018. Birmingham City Council agreed to rescind the decision in December 2018. The draft Strategy which is being consulted upon is new. (202)</p>
104.	<p><b>Q: Where has the strategy for Day Opportunities come from – has it come from above (meaning cabinet and senior management)?</b></p> <p>The proposed Strategy was drafted in consultation with citizens and staff within the Adult Social Care Directorate. Elected members were also consulted and informed the content. (188)</p>
105.	<p><b>Q: Do you take our views into consideration?</b></p> <p>The consultation is all about receiving the views of the citizens. Upon receipt of all completed consultation questionnaires, views and comments, an analysis report will be produced. (186)</p>
106.	<p><b>Q: Why was the 2018 cabinet report quashed?</b></p> <p>A Day Opportunities Strategy was presented to Cabinet on the 31<sup>st</sup> July 2018. Birmingham City Council agreed to rescind the decision in December 2018. The draft Strategy which is being consulted upon is a new Strategy. The underlying principles of the Strategies are essentially the same. (209)</p>
107.	<p><b>Q: Can social workers become part of the co-production groups commissioning team &amp; social workers have a very different agenda?</b></p> <p>Co-production can include service users, carers, service providers and professionals. (130)</p>

108.	<p><b>Q: How much is the consultation costing?</b></p> <p>The costs for the consultation include venue hire, legal counsel, telephone line hire, stationery and printing and travel are currently costed at circa £34k. (179)</p>
109.	<p><b>Q: Will the analysis report be accurate and representative?</b></p> <p>The report will be formed from the analysis of all feedback received across the consultation period. (147)</p>
110.	<p><b>Q: Will there be a committee to oversee this (delivery of the strategy)?</b></p> <p>If the proposed Strategy is approved an Implementation Group will be formed to oversee the process. (182)</p>
111.	<p><b>Q: When does it go to Cabinet, will the dates be announced?</b></p> <p>A proposed date of November 2019 is planned. This is an indicative date and is subject to confirmation. (185)</p>
112.	<p><b>Q: Will the council actually look at the Cabinet Report? Will there be proof Cabinet have looked at the report?</b></p> <p>Cabinet meetings can be accessed by members of the public and are streamed live via the Birmingham City Council website. (143)</p>
113.	<p><b>Q: What would happen if Cabinet didn't agree to adopt the final version of the strategy and model?</b></p> <p>It is impossible to pre-empt the decision that Cabinet may make. (183)</p>
114.	<p><b>Q: What happens if the public disagree with the decision made by the council / cabinet?</b></p> <p>The draft Strategy is being developed through the consultation process with the aim of the Council understanding the views of the public, based on evidenced feedback. (207)</p>
115.	<p><b>Q: Who are the Cabinet Members?</b></p> <p>For the most up to date list of Cabinet Members please access the Council website:  <a href="https://www.birmingham.gov.uk/info/50067/the_executive_leader_and_cabinet">https://www.birmingham.gov.uk/info/50067/the_executive_leader_and_cabinet</a> (184)</p>

	Process
116.	<p><b>Q: The consultation should have been finished by now, why has it taken so long?</b></p> <p>It was considered by the Council that it was essential to conduct a consultation which maximised the inclusion of all those with an interest in day opportunities provision. The consultation was originally planned to run for a ninety-day period, from the 8th April 2019 – 6th July 2019. However, Birmingham City Council extended the consultation period to the 4<sup>th</sup> August 2019. The reason for the extension was in response to feedback from the public. The Council was asked to make three additional key background documents more prominent to better inform citizen's consultation returns, and to action a number of amendments in the main Consultation documents. (226)</p>
117.	<p><b>Q: Will Social Work teams be consulted/informed about the strategy?</b></p> <p>The consultation was publicised across the adult social care workforce and encouraged everyone to respond to share their views. (214)</p>
118.	<p><b>Q: Will the staff be consulted on these changes as they know the service and the service user's needs?</b></p> <p>Staff members within City Council centres have been engaged with to explain the draft strategy and proposed model. There have been engagement sessions with staff groups within each centre. Staff members have been encouraged to support services users throughout the consultation process. (95)</p>
119.	<p><b>Q: Why is there a consultation taking place now?</b></p> <p>Adult social care is going through a transformation as the demand on services increases year on year with an ageing population and increase in younger people with disabilities. The Council's Vision for Adult Social Care 2017 for Birmingham is aiming to meet the challenge of increasing demand by supporting citizens to be more resilient, independent, to exercise choice and control and to enjoy good health and well-being. The Vision and the challenge of increasing demand have informed the development of the draft Day Opportunities Strategy. (150)</p>
120.	<p><b>Q: How can you expect people to vote on something like this?</b></p> <p>The Council is not asking people to vote but to express their views through the consultation process. It is probable that there will be a range of different views that will need to be considered. (211)</p>

121.	<p><b>Q: When will we know the outcome of the consultation given that the time scales have been amended?</b></p> <p>Following the completion of the consultation period an analysis report will be produced. We aim to present the report to Cabinet in November 2019. This date is indicative and is subject to confirmation. (190)</p>
122.	<p><b>Q: What if this is the wrong vision?</b></p> <p>Similar visions and strategies have been adopted in other parts of the country, so this approach has been tried and tested for over 10 years. (206)</p>
123.	<p><b>Q: Can you confirm that information sharing about the consultation has been consistent across all day care centres?</b></p> <p>The Council has identified that consistency of approach regards the implementation of the consultation is an important principle which has been adhered to. This includes information sharing about the consultation being consistent across all day care centres. (196)</p>
124.	<p><b>Q: How are these ideas going to be achieved?</b></p> <p>The focus of the consultation is to agree a set of design principles prior to any planning. If the draft Strategy was to be approved by Cabinet, the next stage would be to consider how it might be best implemented. (102)</p>
125.	<p><b>Q: At Perry Trees' monthly carers group the staff didn't seem to have been briefed on the Day Opportunities Consultation. The chairman said that he would not talk about the consultation why was this?</b></p> <p>The Consultation is primarily aimed at Citizens, and their carer advocates. Staff working at internal day centres have been briefed to help support the consultation process. All Birmingham City Council Staff have been encouraged as citizens in their own right to attend the various consultation events. However, as Perry Tree is a residential establishment, staff are not directly involved with the consultation, as the draft day opportunity strategy does not impact upon the current service delivered by the Perry Tree Centre. (46)</p>

126.	<p><b>Q: The decision already seemed to be made, has this not been a waste of time &amp; money which could have been spent elsewhere, due to the amount of paperwork being printed during these consultations?</b></p> <p>There is a clear consultation process which the Council has to adhere to. This culminates with Cabinet making a decision regards the future of the proposed Strategy. The Council wanted to ensure that citizens are clearly informed by having access to all relevant documents. This is of particular importance to citizens who do not have access to electronic documents. The public also requested that additional documents be made available. (192)</p>
127.	<p><b>Q: How will people get back the questions and comments?</b></p> <p>All questions and comments are posted on the Council Day Opportunities website:</p> <p><a href="https://www.birmingham.gov.uk/info/20018/adult_social_care_and_health/1522/adults_social_care_day_opportunities_consultation_2019/6">https://www.birmingham.gov.uk/info/20018/adult_social_care_and_health/1522/adults_social_care_day_opportunities_consultation_2019/6</a></p> <p>They can also be made available by request in hard paper copies by phoning 0121 303 5012, or by Next Generation Text, dial 18001 before the full national phone number, or by Minicom 0121 303 1119 (208)</p>
128.	<p><b>Q: Wouldn't it be better to start with smaller piloted project first and build on that rather than trying to change it all?</b></p> <p>The consultation is concerned with seeking the opinion of citizens on the proposed key aspirations of the draft strategy and the proposed day service model. How these will be implemented, if approved by Cabinet, will be the next step. The use of smaller piloted projects could be one way of testing new types of services into the future. (99)</p>
129.	<p><b>Q: Where are the senior managers/ decision makers to answer these questions?</b></p> <p>Senior managers are an integral part of the process regards answering the questions posed by citizens during the consultation process. The Council decided the best approach regards the answering of questions during the consultation was to accept questions raised by citizens and then for council officers to research responses and to present the answers on-line and in paper form. This is so that all citizens can see all of the questions asked and all of the answers made. This process also meant that the answers were as accurate as possible. It was considered that it was in no one's interest if there were inaccuracies in responses. Senior management were part of this process of answering all questions posed. (195)</p>

130.	<p><b>Q: How many similar initiatives have been started and failed?</b></p> <p>This is the first time the proposed aspirations in the draft Strategy and the proposed service model have been contained in a Birmingham based draft Day Opportunities strategy. (133)</p>
131.	<p><b>Q: In terms of strategic planning should it not be prudent to include a plan?</b></p> <p>Birmingham City Council has consulted only on the proposed key aspirations of the draft Strategy and the proposed day service model. The Council consider that any plan as to how the proposed Strategy would pre-determine the Cabinet decision regards the approval of the Strategy. On page 18 of the draft Strategy there is a high-level outline plan which identifies the areas that would need consideration if the draft Strategy were to be implemented. (194)</p>
132.	<p><b>Q: The 6 points are all good – what have you been doing so far?</b></p> <p>How the six proposed aspirations may be implemented, if approved by Cabinet, might be the next step. The Council cannot start to implement the draft Strategy unless it is approved. The Council has committed resources to ensuring that the consultation reaches as many citizens of the city as possible so that they can have their say. (100)</p>
133.	<p><b>Q: Is this realistically achievable? How long do you think it will take to implement? Is it a 10; 5; 3; 1year strategy?</b></p> <p>The proposed Strategy if approved indicates a three-year period to introduce the new vision. If the draft Strategy is approved by Cabinet a more detailed Implementation Plan will be developed. (181)</p>
134.	<p><b>Q: How does Birmingham City Council plan to deliver the 6 key aspirations outlined in the strategy?</b></p> <p>The focus for the consultation is to agree a set of design principles. Birmingham City Council does not wish to prejudge the result of the consultation and therefore cannot determine how the 6 key aspirations outlined in the draft Strategy might be delivered. (9)</p>
135.	<p><b>Q: Who will make the decision if a Day Centre is closed?</b></p> <p>Birmingham City Council is consulting on the key aspirations of the draft Strategy and the proposed day service model. (218)</p>

136.	<p><b>Q: How is the information taken from the questionnaire and entered into the report?</b></p> <p>All copies of questionnaires received via the post will be inputted into the online version on Be Heard, a specialist Birmingham City Council database used for consultations, which captures and analyses responses to questionnaires. This is done to ensure that all feedback expressed via both on-line and paper versions of the questionnaire are represented as a whole in the analysis and analysed in the same way. (227)</p>
137.	<p><b>Q: Will the analysis report be accurate and representative?</b></p> <p>Comments, questions and returns received will be analysed and included in the final report. The consultation has included as many meetings as possible with a broad range of people. This will be reflected in the final report. (103)</p>
138.	<p><b>Q: How will people be notified about the outcomes of the consultation?</b></p> <p>An analysis report will be drawn up of the findings and outcomes of the consultation. This will be part of the report presented to the Council's Cabinet meeting. The analysis report will be published in line with the standard process for all cabinet documentation. (201)</p>
139.	<p><b>Q: If people are not happy how do they complain? If they are not happy with the outcome of the consultation?</b></p> <p>There is a formal Council complaints procedure if someone is not happy with the way the consultation was conducted. The consultation analysis report will reflect the views of all who contributed to the process. (200)</p>
140.	<p><b>Q: 2017 – BCC stated Fairways Day Centre was going to close, why was this letter sent out of the blue without any consultation?</b></p> <p>The decision with regard to Fairways Day Centre has been addressed. Birmingham City Council will ensure that the lessons learnt are considered for future planning. (278)</p>



E) Direct Payments	
Direct Payments	
141.	<p><b>Q: Have people got genuine choice between Direct Payments and day centres?</b></p> <p>Yes, you do have a choice. (162)</p>
142.	<p><b>Q: Are people given the correct information about Direct Payment?</b></p> <p>During the conversation between the service user and social work staff the social worker should advise the service user appropriately. All social work staff members have been given appropriate training and should be able to discuss the Direct Payment Scheme. (163)</p>
143.	<p><b>Q: How do direct payments work? Do I have to have a pre-paid card?</b></p> <p>If you have eligible care and support needs and choose a direct payment, you will be offered a pre-paid card. You can use this to pay for your care and support. There are other ways of managing direct payments tailored to suit the needs of individuals.</p> <p><a href="https://www.birmingham.gov.uk/info/50036/help_paying_for_care/1125/direct_payments">https://www.birmingham.gov.uk/info/50036/help_paying_for_care/1125/direct_payments</a> (90)</p>
144.	<p><b>Q: Will help be available to complete paperwork in the future? (query regarding benefits paperwork and increases should a direct payment be used)</b></p> <p>Following the discussion with the social worker all initial set up documentation should be completed by them. (169)</p>

145.	<p><b>Q: How are Direct Payments worked out?</b></p> <p>The social worker and the citizen will meet and discuss/agree on the following:</p> <ul style="list-style-type: none"> <li>(i) what service or support is required based on eligible needs</li> <li>(ii) how many hours of care is required per day/week</li> <li>(iii) whether the care will be delivered by a Day Care provider or PA/Carer.</li> </ul> <p>When an indicative cost has been identified the citizen then has to undergo a financial assessment to determine how much Birmingham City Council can financially assist the citizen. This may identify that the citizen is required to contribute to the cost of the care to be provided. (158)</p>
146.	<p><b>Q: Is there training that people get to use Direct Payments, as many users are struggling to use it?</b></p> <p>There are organisations such as Compass. Ideal for All and Penderels that can help you manage your Direct Payments. Your social work team can also support you through the process. The council's Direct Payments team is also here to help make things as easy as possible. (247)</p>
147.	<p><b>Q: Direct Payments won't work (i.e. – age means not tech savvy etc.)- what provisions are in place for the service user?</b></p> <p>Birmingham City Council commissions three organisations to either manage direct payments on behalf of direct payment recipients. (89)</p>
148.	<p><b>Q: Direct Payments - many carers feel this could be a source of anxiety, needing extra time and support. Additionally, some people mention how the personal budget can fall short due to the higher weekend rates charged by some agencies that are not being taken into account. Many do not want direct payments/ personal budgets to be imposed upon them. These same carers are unclear about how personal budgets/direct payments work.</b></p> <p><b>How could you persuade them to take up Direct Payments when they don't know how it works?</b></p> <p>Social Workers would have a conversation with the citizen and their carer to determine if a Direct Payment is the appropriate route for them. Information about Direct Payment can be found on the Birmingham City Council website or by contacting Client Services Finance on 0121 3031234. (74)</p>

149.	<p><b>Q: Can they access Direct Payments if an older person has no ability to access the social worker?</b></p> <p>A social worker should be available to discuss issues with any citizen in Birmingham and are contactable through a variety of means. If a social worker is not allocated the department can be contacted via Adults and Communities Access Point (ACAP) on 0121-303-1234. (165)</p>
150.	<p><b>Q: Is it explained to service users that once they accept Direct Payment, they are not allowed to buy back their Day Centre placement?</b></p> <p>Flexibility is central to direct payments. They can be used as part of a combined package. For example, part of a care package can be provided through direct services, such as an internal day centre, while other parts of the package can be provided through direct payments, enabling someone to live independently and choose their own support. An individual can decide that they do not want to continue with direct payments at any time. (159)</p>
151.	<p><b>Q: Are people informed that if they have a Direct Payment, they can go to a day centre?</b></p> <p>Yes, this is part of the conversation between social work staff and the service user who should be informed that a Direct Payment can be used to attend external day care provision which will meet the goals identified in their support plan. (160)</p>
152.	<p><b>Q: Can people on Direct Payment change their minds and come back?</b></p> <p>If you find that a direct payment is not right for you after all, you can switch to having a service provided by Adult Social Care. (167)</p>
153.	<p><b>Q: Are Direct Payments enough to cover the cost to come to a day centre five days a week?</b></p> <p>This is part of the conversation between social work staff and the service user where adequate levels of support funding should be agreed. (161)</p>
154.	<p><b>Q: We would like to know if a service user would get like for like if using a direct payment</b></p> <p>It is part of the conversation between social work staff and the service user that adequate levels of support funding should be agreed. (168)</p>

155.	<p><b>Q: At consultation meetings that we attended another important question was asked about whether a person would be able to buy the same number of hours of care and support as they currently get at a day centre if they receive a direct payment. The answer given in the FAQ was: “Many of the day opportunity services provided by organisations external to the council currently support citizens with packages of care funded directly by the council, by Direct payments and/or by self-funding arrangements. All of these groups can access the same services based on their assessed care needs or package of support required”. This doesn’t in any way answer the question that was asked. Please could you answer the following question: Many of those who attend day centres require care and support (in addition to care and support to access activities) throughout the waking day e.g. supervision to keep them safe; assistance with all personal care and so on. If such a person attends a day centre 5 days a week 09.30 – 15.30, would they receive a direct payment which is enough to fund the same number of hours from a personal assistant who would provide all the care and support that they need throughout that period?</b></p> <p>It is part of the conversation between social work staff and the service user that adequate levels of support funding should be agreed, which would be adjusted as appropriate following a review or reassessment of care needs. (170)</p>
156.	<p><b>Q: If funding is not suitable or enough to support a PA for 5 days how will this work?</b></p> <p>Direct payments are not compulsory and if you would rather the local council arrange the support they can do so. It is also possible to have a combination of support from the local council and direct payments.</p> <p>The direct payment must be an amount that is sufficient to meet the assessed needs of the person you are looking after. However, they might have to make an additional contribution towards the cost. (92)</p>
157.	<p><b>Q: Will the same level of care be maintained in the community if a citizen was in receipt of a direct payment rather than be supported by day care staff in a day centre?</b></p> <p>Many of the day opportunity services provided by organisations external to the council currently support citizens with packages of care funded directly by the Council, by Direct Payments and / or by self-funding arrangements. All of these groups can access the same services based on their assessed care needs or package of support required. (33)</p>

158.	<p><b>Q: In other councils around the country they've struggled with getting enough people to use Direct Payments, how do you plan to change this?</b></p> <p>Birmingham City Council recognises that Direct Payments are not for everyone before making a direct payment the council must be satisfied that the following apply:</p> <ul style="list-style-type: none"> <li>i. The person who is entitled to the direct payment has needs which can be met using a direct payment.</li> <li>ii. Prior to agreeing to Direct Payments, the council must be satisfied that the payments will be made to someone who is capable of managing them.</li> </ul> <p>Birmingham City Council continues to develop and improve plans for Direct Payments. (256)</p>
159.	<p><b>Q: Is the council going to schools and asking students leaving if they want to go to a Day Centre or take Direct Payments to go out in the community?</b></p> <p>This is not the approach currently adopted by Adult Social Care. (257)</p>
160.	<p><b>Q: Will providers of 'care' be regulated if we use Direct Payments to pay for care?</b></p> <p>The very essence of direct payments is to ensure that the service user has choice and control over who and what organisations provide the required care for them, as such it is up to the service user or their representative to ensure that anyone who provides care for an individual has appropriate documentation and qualifications. (166)</p>
161.	<p><b>Q: Will there be a change in the way direct payments can be used for example can they be used at the internal day centres?</b></p> <p>Direct payments cannot be used to pay for internal day service provision <u>but</u> they can be used as part of a combined package whereby part of the package is provided by direct services (such as an internal day centre) while other parts are provided through direct payments. (164)</p>
162.	<p><b>Q: Do you realise how isolated a severely disabled person could become if they only get the option of a direct payment?</b></p> <p>The Council recognises that Direct Payments would not suit everyone. Care can be funded through a combination of packages of care funded directly by the Council, by Direct Payments or by self-funding arrangements. Citizens would not solely offered an option of a direct payment. The best option for an individual would be discussed with their social worker. (56)</p>

	Personal Assistants
163.	<p><b>Q: Will the wages / hourly rate of PA's be increased?</b></p> <p>The Council does not set the hourly rate that personal assistants are paid. However the Council does have to ensure that it is Care Act compliant and therefore the Direct Payment rate that is paid is sustainable so to enable people to arrange their own care to meet their agreed outcome.</p> <p>The indicative personal budget that the Council uses where someone wishes to employ a personal assistant is currently calculated on an hourly rate of £10.96. This is as stated only indicative, for example, in the event of specialist care that commands a higher rate, then the citizen with a direct payment could agree to increase the hourly rate, this would need to be evidenced as part of the support planning process. (31)</p>
164.	<p><b>Q: Who will find a personal assistant?</b></p> <p>Birmingham City Council currently commissions three organisations to support citizens with direct payments. As part of this service they offer some support in finding personal assistants. (91)</p>
165.	<p><b>Q: Are support workers subject to a DBS check? Are they trained to supervise vulnerable people? Are they trained to administer medication? Can they support adults having seizures? Are they reliable? (this included personal assistants)</b></p> <p>Support workers employed by services should be DBS checked and suitably trained to look after people in their care. Implementation of Quality Standards will in part address this and check that this is the case. For Personal Assistants it is currently the employer's responsibility to ensure that their PA is appropriately trained, and DBS checked. Birmingham City Council can provide information and advice, and signpost for support with this. (70)</p>
166.	<p><b>Q: Will personal assistants be given the right level of training to support citizens?</b></p> <p>Yes. The council would work to ensure that the right level of training and support for PA's is available. (29)</p>

167.	<p><b>Q: Will personal assistants be qualified to administer medication?</b></p> <p>There is no specific reference to this in any plan for Council Personal Assistant provision. Any individual employed in a care role where there is a requirement to administer medication would need to be appropriately qualified or trained, irrespective of whether in the employment of the Council or not. (30)</p>
168.	<p><b>Q: When taking people accessing day opportunities out in the community ‘with support’ would staff be fully trained in all capacities of awareness of autism, mental health and learning disabilities etc?</b></p> <p>Any individual employed in a care role would need to be appropriately trained and qualified. (245)</p>
169.	<p><b>Q: How long will Birmingham City Council pay for Personal Assistants before they cut funding for them?</b></p> <p>As long as a service user is assessed as having an eligible need funding from Birmingham City Council for a Direct Payments will only be withdrawn if it is shown that a directly funded service has become more appropriate following reassessment or there is a change in financial circumstances. (156)</p>
170.	<p><b>Q: If funding is not suitable or enough to support a Personal Assistant for 5 days how will this work?</b></p> <p>The amount and duration of the support provided by a Direct Payment is usually discussed during the initial conversation between the social work staff and the service user. (157)</p>
	<b>F) Draft Strategy</b>
	Draft Model
171.	<p><b>Q: All the terms in the model need a clear definition. Can this be made available?</b></p> <p>A glossary of terms can be found at the end of the draft Strategy document. (248)</p>
172.	<p><b>Q: What is Enablement? We have been getting different versions/ definitions of Enablement.</b></p> <p>Clarification of definition of enablement and other terms used in the draft strategy will be reviewed in the light of any responses received during the consultation and updated in the final strategy document. (270)</p>

173.	<p><b>Q: Why did Max Vaughan explain enablement in a different way to how it is explained in the glossary within the draft strategy?</b></p> <p>Max Vaughan expanded on the definition of the term enablement used in the glossary contained in the Draft Day Opportunities Strategy 2019 by adding that the term can also include gaining new skills. (58)</p>					
174.	<p><b>We would like a more extensive and basic explanation of the proposed model (bullet points at the side) - can this be given?</b></p> <table><tr><td><p><b>Enablement</b></p><ul style="list-style-type: none"><li>▪ We propose that when people attend day centres, we would focus on helping them to develop skills that help them to be more independent. This would be for a period of time to suit the individual.</li><li>▪ We propose to focus on what people want to achieve (outcomes) and work with them to help achieve their goals.</li><li>▪ We propose to work with people to access other activities in the community and not just the day centre to achieve their desired outcomes</li></ul></td><td><p><b>Personalised planning</b></p><ul style="list-style-type: none"><li>▪ We propose to focus on helping people to develop skills that help them be more independent. For some people they may need extra time to achieve their outcomes</li><li>▪ Suitable for people with higher support needs</li><li>▪ We propose to focus on what people want to achieve (outcomes) and work with them to help achieve their goals.</li><li>▪ We propose to work with people to access other activities in the community and not just the day centre to achieve their desired outcomes</li></ul></td><td><p><b>Specialist intensive support</b></p><ul style="list-style-type: none"><li>▪ This would be aimed at people with more complex needs and require more specialist and intensive support.</li><li>▪ The support would be on a longer term basis</li><li>▪ We suggest that people with complex needs should be supported to access the community just like everyone else. This would mean different things to different people.</li></ul><p>(49)</p></td></tr></table>			<p><b>Enablement</b></p> <ul style="list-style-type: none"><li>▪ We propose that when people attend day centres, we would focus on helping them to develop skills that help them to be more independent. This would be for a period of time to suit the individual.</li><li>▪ We propose to focus on what people want to achieve (outcomes) and work with them to help achieve their goals.</li><li>▪ We propose to work with people to access other activities in the community and not just the day centre to achieve their desired outcomes</li></ul>	<p><b>Personalised planning</b></p> <ul style="list-style-type: none"><li>▪ We propose to focus on helping people to develop skills that help them be more independent. For some people they may need extra time to achieve their outcomes</li><li>▪ Suitable for people with higher support needs</li><li>▪ We propose to focus on what people want to achieve (outcomes) and work with them to help achieve their goals.</li><li>▪ We propose to work with people to access other activities in the community and not just the day centre to achieve their desired outcomes</li></ul>	<p><b>Specialist intensive support</b></p> <ul style="list-style-type: none"><li>▪ This would be aimed at people with more complex needs and require more specialist and intensive support.</li><li>▪ The support would be on a longer term basis</li><li>▪ We suggest that people with complex needs should be supported to access the community just like everyone else. This would mean different things to different people.</li></ul> <p>(49)</p>
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175.	<p><b>Q: With the suggestion of increased enablement who would be responsible for the training?</b></p> <p>If the draft strategy is approved, then consideration will be given to resource requirements. (269)</p>					



176.	<p><b>Q: Those who are not able bodied and cannot enable themselves, where will they get the help from?</b></p> <p>The draft strategy proposes that there are some individuals that will require additional assistance due to their complex support needs. (285)</p>
177.	<p><b>Q: Given the prominence of the term “enablement”, mentioned in the consultation on the strategy and prominent in the New Model diagram, would it not be advisable, along with all the other amendments that have been made, to redefine the term in the Glossary of the full consultation paper? The current explanation of the word, which has not changed since the beginning in April, seems to suggest it is about regaining skills lost by injuries in a road accident; yet it is being used extensively in relation to people disabled from birth.</b></p> <p>Clarification of definition of enablement and other terms used in the draft strategy will be reviewed in the light of any responses received during the consultation and updated in the final strategy document. (271)</p>
178.	<p><b>Q: How will enablement be implemented as a result of the strategy?</b></p> <p>The draft strategy supports an enablement approach, which requires staff to work with citizens in a person-centred way. This ensures that there is an enablement focus in every activity with the citizen. Through the appropriate training and development of skills, staff would develop new ways of working, which in turn would support and embed new practices that would deliver new and improved outcomes for citizens. (72)</p>
179.	<p><b>Q: Are Birmingham City Council expecting providers to deliver all aspects of the proposed draft Day Service Model or just some?</b></p> <p>It would be difficult to separate the model into separate delivery elements as sometimes citizens may progress through all three elements. The draft model is being consulted upon so Birmingham City Council awaits the findings to inform how it could be taken forward. (17)</p>
180.	<p><b>Is BCC suggesting that the first two tiers of the proposed model take direct payment and the bottom tier remain in day centres?</b></p> <p>No – this is not a proposal being put forward by the Council. (35)</p>

181.	<p><b>Q: Who is going to make a decision on where people sit in the model?</b></p> <p>As part of the three conversations model, it is proposed that a social worker would discuss what outcomes they wish to achieve with the person concerned. The level of support the person requires would be the determining factor in relation to the model. (3)</p>
182.	<p><b>Q: In relation to the Proposed Day Services Model</b></p> <ul style="list-style-type: none"> <li>• <b>What does time limited mean?</b></li> </ul> <p>This means a fixed period of time to achieve a desired outcome as agreed with the citizen</p> <ul style="list-style-type: none"> <li>• <b>What does slightly longer mean?</b></li> </ul> <p>This means a longer period of time to achieve a desired outcome as agreed with the citizen</p> <ul style="list-style-type: none"> <li>• <b>What does growing old with a learning disability mean?</b></li> </ul> <p>Birmingham City Council acknowledges that people with learning disabilities are living longer, and as they age their needs change and this may require specific service responses. (7)</p>
183.	<p><b>Q: What will happen to a citizen who currently attends a day centre under the proposed model? – This person doesn't fit in to any of the boxes in the model or the examples given during the presentation.</b></p> <p>The draft day service model presents a set of proposed principles on how to support individuals with different support needs and levels of complexity. The council has a statutory responsibility to provide care and support for those with assessed eligible needs. Through regular review and if the individual continues to meet eligibility criteria, then services would continue to be provided. The boxes in the model are not intended to suggest that there are just 3 “types” of citizen and that all citizens are assessed as unique individuals. (51)</p>
184.	<p><b>Q: Some people who have reservations about the model believe it would mean a cessation of the day service for them and that they will be left isolated – How will you ensure that this is not the case?</b></p> <p>One of the key principles of the draft Strategy is person centred planning. The assessed needs of each individual will be considered, and the best possible package of support will be developed to respond to identified aspirations and outcomes. (131)</p>

185.	<p><b>Q: Can there be a clear definition about what is meant by community connection?</b></p> <p>Community connection is when someone feels connected with their community through the participation of different activities of their choice that are based within the community. (21)</p>
186.	<p><b>Q: Community connection how does this sit with the Specialist Intensive Support section of the model?</b></p> <p>Community connection means different things to different people, for some it could simply be enjoying outdoor spaces and for others, it could mean being much more involved in other community activities. This means that varying levels of need and the period of intervention can vary depending on the individual circumstances and subsequently, the draft model is applicable to specialist intensive support. (6)</p>
187.	<p><b>Q: Is the new model going to link with other community facilities e.g. Commonwealth Community games?</b></p> <p>This fits the proposed Strategy aspiration of making the most of a vibrant and developing city, ensuring access to the wide range of opportunities Birmingham has to offer. (113)</p>
188.	<p><b>Q: How will the new model connect to mental health services, e.g. Community Psychiatric Nurses?</b></p> <p>It might be in the future if the draft strategy is adopted that a range of specialist support services may work in partnership with day opportunities providers. (135)</p>
189.	<p><b>Q: Will it be easier to access services?</b></p> <p>Our proposals are about doing things differently to better meet the needs of people now and in the future. (287)</p>
190.	<p><b>Q: How will any changes affect staff in day centres?</b></p> <p>The proposed Day Opportunities Service Model very much focuses on the individual, their wishes and desired outcomes. This will support the development of a more flexible and responsive social care workforce. (94)</p>
191.	<p><b>Q: Will inter-generational work be included in the new Strategy?</b></p> <p>Ideas such as this will be retained and if the draft Strategy were to be approved by Cabinet then they can be looked at as part of any planning that might take place. (228)</p>

	Equality and Diversity
192.	<p><b>Q: Do people actually remember consultation i.e. Service users that have memory impairment / Non-verbal?</b></p> <p>The consultation was inclusive so provided opportunities for people to share their views regardless of their ability. (225)</p>
193.	<p><b>Q: Do the proposals factor in issues related to age, gender and race and culture?</b></p> <p>One of the aspirations for the proposed Strategy is that future provision is based on a person-centred planning approach, which would include consideration of such factors as age, gender, race and culture. If the draft Strategy is approved consideration may well be given to developing provision which specifically takes into consideration these factors. (198)</p>
194.	<p><b>Q: Alongside the six principles cultural needs should be embedded. What do the BCC ethnicity demographics look like for day care?</b></p> <p>Individual cultural needs and interests would be taken into account as part of person-centred planning. The information about ethnic breakdown of those accessing day care can be found in table 2 of the proposed strategy for day opportunities (page 10). (101)</p>
195.	<p><b>Q: The strategy mentions people with LD etc but not with sensory loss. Over 11 million people in the UK have a hearing loss and with an increasing ageing population. With the exception of BID we are not aware of provisions for older adults with hearing loss, I believe the council are now responsible for this, and therefore will it be added to the strategy?</b></p> <p>This is valuable feedback and will be taken forward as part of the ongoing analysis. (263)</p>
196.	<p><b>Q: What are the guidelines of people who have been diagnosed with early on set dementia involving the help and support that can be given?</b></p> <p>All adults who are eligible for support from Adult Social Care will be provided with information about the help and support that is available to them to meet their needs. This includes those who have been diagnosed with early on set dementia. (221)</p>
197.	<p><b>Q: Will day centres still cater for social inclusion under the new proposed model / strategy for people with severe learning disabilities and complex needs?</b></p> <p>Day centres would continue provide a range of activities for people with severe learning disabilities and complex needs including social inclusion. (55)</p>

198.	<p><b>Q: Is there a plan to extend to those who we do not know about? Need to be a bit more focused on older adults.</b></p> <p>Anyone who has a concern about an adult can make a referral to Adult Social Care. Referrals can come from the person themselves, professionals, the general public and family members.</p> <p>The proposed Day Opportunities Strategy does not focus on any one particular need. The council has a duty of care to provide support to those that are assessed as having an eligible need over the age of 18. (254)</p>
199.	<p><b>Q: Long term Mental Health issues – those with long term needs should have some access to facilities as those with long term disabilities?</b></p> <p>Any adult who is eligible for support from Adult Social Care is entitled to an assessment of their support needs which might include access to day opportunities. This includes adults with long term mental health issues. (242)</p>
200.	<p><b>Q: How are you going to change public attitudes about disabled people?</b></p> <p>Changing public attitudes is often a long process. Addressing issues of this nature requires a multi-agency approach and is not the sole responsibility of Adult Social Care. (144)</p>
201.	<p><b>Q: Will the current generation be sacrificed for the new generation?</b></p> <p>The draft Strategy is inclusive of all adults age 18+ who are eligible for support from Adult Social Care. The draft Strategy proposes that individuals will be supported to identify the best solution to meet their needs. (220)</p>
202.	<p><b>Q: Will it be more focused for the learning disability than older people? (Cllr Hamilton Amended text)</b></p> <p>The proposed Strategy has been created to address the needs of the range of different service users who use or may use day opportunities provision into the future. This includes people with a learning disability, autism, older people, people with a physical disability, people with mental health issues and any other group with eligible support needs. (210)</p>

	Person Centred Planning
203.	<p><b>Q: Can you give a more detailed explanation of person-centred planning? – we do not understand what this means.</b></p> <p>Person Centred Planning is process for continual listening and learning, focusing on what is important to someone now and in the future, and acting upon this in alliance with their family and friends. It is about helping an individual work out what they want, and person-centred approaches focus on how this is delivered. Services should fit in with the needs of the individual and make changes accordingly, rather than expecting the individual to fit in with what is already there. This means looking to the wider community and not limiting resources to specialist services. Source: Social Care Institute for Excellence (SCIE) (50)</p>
204.	<p><b>Q: What if certain individuals only want to stay at the day centre will they are allowed to?</b></p> <p>One of the aspirations for the proposed Strategy is that future provision is based on a person-centred planning approach. This will include a conversation with a social worker about their interests, choices and support needs. This will determine the best option for an individual. (241)</p>
205.	<p><b>Q: Will access on the current 2-days I have agreed continue and will an additional respite type day if required be possible (on an ad-hoc basis) in view of this consultation and possible changes?</b></p> <p>All arrangements will be discussed as part of a person-centred review. (277)</p>
206.	<p><b>Q: Do the service users understand the implications of the choice they make regarding their service?</b></p> <p>Social work staff would work with service users and their family / carers to provide personalised support in exercising choice. (253)</p>
207.	<p><b>Q: Concern regarding citizens who need routine and without this it impacts on their behaviour. How will changes be managed to ensure minimal effect of citizens?</b></p> <p>One of the six aspirations is “Focus on the individual, their strengths, choices, assets, and goals through person centred planning.” So, as with any change in an individual’s circumstances a review or re-assessment will identify and consider the impact of change and how to manage this. (236)</p>

208.	<p><b>Q: My daughter has a flexible funding package so will this have to change?</b></p> <p>There is no reason why your daughter's flexible funding package will need to change in the future linked to the consultation in relation to the draft Day Opportunities Strategy. The person being assessed or reviewed must always remain at the centre of the process therefore consideration should be given on how best to support the person in this process. (87)</p>
209.	<p><b>Q: The users and carers describe the day centre as their lifeline- How will the plan &amp; model affect me – they say - what will there be for my brother /sister/ son/daughter/with complex needs?</b></p> <p>There will be continued support which is appropriate to the needs of the individual. (104)</p>
210.	<p><b>Q: What support would be required if the proposed model was chosen?</b></p> <p>The approach that works most effectively always puts service users and carers at the centre and builds support around them. Person centred planning focuses on the individual, their strengths, choices, assets, and goals identify the best package of support. (132)</p>
211.	<p><b>Q: How do people have genuine choice if they aren't being offered a referral to a Day Centre?</b></p> <p>The expectation is that social workers will inform citizens of all choices available so that they and their advocates can make an informed decision on what best meets their aspirations, outcomes and support needs. (267)</p>
212.	<p><b>Q: Some people only understand things in black and white; they can't always comprehend choice because they might not have capacity – they are happy with the life that they have already; is this going to be considered?</b></p> <p>This relates to the aspiration of the proposed Strategy in regard to a focus on the individual, their strengths, choices, assets, and goals through person centred planning. The aim would be to support service users to understand as much as they can with respect to their available opportunities. (115)</p>
213.	<p><b>Q: If things are going on at the day centre, I enjoy could I increase the amount of time I spend at the centre?</b></p> <p>Any request for a change in package of care should be discussed with a Social Worker. (292)</p>

214.	<p><b>Q: Will the more independent person lose out and will they be asked to leave the centre and lose their place?</b></p> <p>Each individual has the right to a review and any decision to change the support will be based on the desired outcomes and safety of the individual. (293)</p>
215.	<p><b>Q: What will happen to service users in the future when the parents/carers become too old to look after them or pass away?</b></p> <p>As with any change of circumstances that impact on an individual this may require a re-assessment. (124)</p>
	Quality
216.	<p><b>Q: Are you still doing the Quality Standards?</b></p> <p>Yes, these are still going ahead, and the quality assessments will begin in July 2019 for those providers who have volunteered to take part. The purpose of introducing Quality Standards is for Birmingham City Council to ensure that the day care providers it commissions are safe, delivering appropriate services and to standardise and apply the same level of quality across all providers of day care commissioned in Birmingham. At present commissioned Providers have been invited to participate on a voluntary basis. (66)</p>
217.	<p><b>Q: Will there be any future CQC inspections?</b></p> <p>Day centres are not currently inspected by CQC. And therefore CQC will not be carrying out any inspections. (127)</p>
218.	<p><b>Q: Quality standards – how does the council have the right to assess this – is it the same way as CQC assess other services such as home care?</b></p> <p>For any service that Birmingham City Council commissions, it has a duty to ensure that it is safe and is good quality and that those in receipt of the service are receiving the care that they require. (69)</p>



219.	<p><b>Q: Are you still doing the Quality Standards?</b></p> <p>The application of Quality Standards for external providers sits outside of the scope of this consultation and is part of ‘business as usual’ for Birmingham City Council. At present external providers of adult day care are not regulated, therefore it is important that Birmingham City Council apply quality standards to day services across the city to ensure they are safe and help people achieve their desired outcomes. (8)</p>
220.	<p><b>Q: Why is the service not already standardised?</b></p> <p>It can be said that Birmingham's day opportunities provision has not been standardised to date as it involves a wide range of council run services, charities and private organisations who deliver these services. Nationally the Care Qualities Commission (CQC) does not regulate day opportunities which also impacts on the ability to standardise. It is proposed that the draft Day Opportunities Strategy provides a standardised set of service delivery principles for all types of provision. There is also an intention to implement a set of quality standards for the sector. (98)</p>
221.	<p><b>Q: How can BCC allow vulnerable adults to go to unregulated providers?</b></p> <p>Currently, there is no regulation process for day opportunities providers. The Council is applying a set of quality standards for non-council provided services. (216)</p>
222.	<p><b>Q: How will you maintain the standards at the Internal centre?</b></p> <p>There are governance arrangements in place to maintain quality standards relating to Day Services. (286)</p>
223.	<p><b>Q: If someday centres can’t match the quality of Harborne, how will you ensure that the others are all the same standard?</b></p> <p>The proposal is that all centres, including those that are not operated by Birmingham City Council will be governed by the same quality standards. (268)</p>
224.	<p><b>Q: Is there not a mismatch between setting outcomes for providers) and outcomes for citizens?</b></p> <p>The Quality Standards process will assess how providers support citizens to achieve their own outcomes that they have identified during the support planning process with their social worker. (67)</p>

225.	<p><b>Q: Are Care Providers to be reduced? Are the 60 providers mentioned in the presentation before or after the introduction of the new standards?</b></p> <p>The intention is not to reduce the number of providers. There are 60 external providers currently commissioned by Birmingham City Council. Day Service provision is not currently regulated by any other body, e.g. Care Quality Commission so Birmingham City Council is introducing its own inspection process. (65)</p>
226.	<p><b>Q: Will a social worker go out and view / assess private day centres to ensure they are suitable for the citizen?</b></p> <p>The council is working to putting in place a series of quality standards for all providers of day opportunities. In addition, there would be a list of providers on our framework. For any day opportunities provider to be included on the framework they would need to demonstrate that they are of good quality and are safe. Any provider who cannot demonstrate this would not be included on the framework. The council would only refer citizens to those providers listed on the framework. (37)</p>
Safeguarding	
227.	<p><b>Q: I understand independence and quality of life, but these are some of the most vulnerable people. What is going to happen to them?</b></p> <p>Birmingham City Council does not wish to prejudice the result of the consultation and therefore cannot determine how the 6 key aspirations outlined in the draft Strategy might be delivered. If citizens are to access services in the community a person centred assessment determines the necessary support alongside a risk assessment. (255)</p>
228.	<p><b>Q: Safety procedures &amp; safeguarding – Have these been really looked into? There are many individuals with little or no communication, what happens in the case of safeguarding? The disabled person is unable to report of anything that happens to them – It leave things open to abuse!</b></p> <p>In line with the Care Act 2014 continuous care assessment and planning must factor in any potential risk and how to mitigate against it. All service providers will be expected to be able to demonstrate best practice in safeguarding vulnerable adults. (137)</p>

	Skills and Employment
229.	<p><b>Q: If able bodied people are struggling to find employment how do you expect the service users to?</b></p> <p>The draft Day Opportunities Strategy considers how to compliment and support the opportunities that working age adults with disabilities have to prepare for to access employment. (96)</p>
230.	<p><b>Q: Skills are being mentioned - how and where will the individuals get their skills from/improve on their skills if they go to the pub/café/ shops everyday – and is this realistic?</b></p> <p>The expectation is that there is a balance between social activities and the focus on skills development. While going to the shops everyday may be a desired outcome for some individuals, the expectation is that in line with a person-centred approach, there will be a menu of activities to meet a variety of needs/outcomes. (120)</p>
231.	<p><b>Q: Will employment be meaningful?</b></p> <p>The draft Day Opportunities Strategy considers how to compliment and support the opportunities that working age adults with disabilities have to prepare for access to employment. Consideration would be given to what the best approach would be to supporting individuals, if they are able, into meaningful employment. (251)</p>
232.	<p><b>Q: Over 18 finished college, desperate for jobs – Is there moderation on what you able to do?</b></p> <p>A project has been brought together by Birmingham City Council and its Partners/ Providers. The PURE project is a part-funded European Social Funded project. It brings together a range of coordinated interventions which will assist the needs of citizens with barriers into the employment market. With the support of PURE Intervention Workers, they will support guide and mentor individuals through to Employment, Education or Training. (155)</p>
233.	<p><b>Q: In the proposal, my concern is whether business will be on board re employment opportunities? It is good to suggest employment opportunities, but will this be regulated? Business may take advantage of our kids.</b></p> <p>Birmingham City Council is already investing in employment opportunities. The PURE project is European Social Funded project which brings together a range of coordinated interventions to assist the needs of citizens with barriers into the employment market. The council is able to access the Disability Confident Employers list - <a href="https://www.gov.uk/government/collections/disability-confident-campaign">https://www.gov.uk/government/collections/disability-confident-campaign</a> (243)</p>

234.	<p><b>Q: How will BCC support citizens to get paid jobs?</b></p> <p>The PURE project is a part-funded European Social Funded project. It brings together a range of coordinated interventions which will assist the needs of citizens with barriers into the employment market. With the support of PURE Intervention Workers, they will support, guide and mentor individuals through to Employment, Education or Training. (153)</p> <p><a href="https://www.birmingham.gov.uk/info/20018/adult_social_care_and_health/1967/pure_placing_vulnerable_urban_residents_into_employment">https://www.birmingham.gov.uk/info/20018/adult_social_care_and_health/1967/pure_placing_vulnerable_urban_residents_into_employment</a></p>
235.	<p><b>Q: We have issues with carers who depend on benefits. There are concerns that if their loved ones become employed that this would negatively impact on the benefits they receive. How would Birmingham City Council mitigate against this? What would they advise?</b></p> <p>All situations are different, and Birmingham City Council would ensure that individuals have the information they need to make the right decision for them. (16)</p>
236.	<p><b>Q: Who's responsible for finding work placements for adults?</b></p> <p>If the draft Strategy was approved, consideration would be given to what the best approach would be to supporting individuals, if they are able, into employment. (116)</p>
237.	<p><b>Q: Will there be any funding for a citizen to travel to and from work?</b></p> <p>If you have a disability which makes it hard for you to travel to work you can apply for an Access to Work grant to pay for assistance getting to and from work. (154)</p>
238.	<p><b>Q: Why can't the local authority look at a different way of funding the centres e.g. opening an empty shop – recycle shop where service user can also go along and work on a rota basis?</b></p> <p>Ideas such as this will be retained and if the draft Strategy were to be approved by Cabinet then they can be looked at as part of any planning that might take place. (222)</p>

239.	<p><b>Q: Could there be an opportunity for organisations like Warm Earth to be funded to employ people with a Learning Disability?</b></p> <p>We are always open to a discussion; the employment of people with a learning disability is a priority for the Adult Social Care Directorate. (15)</p>
240.	<p><b>Q: What incentives are being used to encourage schools and businesses to be trained to understand complex communicative technology?</b></p> <p>In the context of Day Opportunities if the draft Strategy were to be implemented following the consultation analysis and subsequent decisions by Cabinet there will be an emphasis on the use of communication technology by any service provider. (146)</p>
241.	<p><b>Q: Support workers – can they help someone improve their abilities?</b></p> <p>Each citizen has a Support plan that reflects their outcomes and aspirations. These may include skills development as appropriate which will be support by a member to improve their abilities. (294)</p>
<b>G) Funding / Savings</b>	
242.	<p><b>Q: The 2019+ Budget included savings flowing from the new Day Opportunities Strategy in each of the 4 years starting with 2019/20. Please explain in detail how these savings were calculated for each year including where the savings come from?</b></p> <p>The 2019+ Budget sets out proposals for how the indicative savings - to balance the overall Council budget - might be achieved. The savings are only proposals at this stage and are not based on any set calculations nor are they attributed to any specific areas of Day Opportunities provision. It is not at all unusual for a Council's budget to be set on the basis of identified savings which are dependent on further decisions being taken, by the Council, during the course of the financial year. (177)</p>
243.	<p><b>Q: The council's budget consultation refers to £2.1m savings from Day Centres- so Is this a cost cutting exercise or will it in fact cost more?</b></p> <p>The council's budget consultation is based on indicative figures. Resource requirements for any future day opportunities model will be only be considered if the draft Strategy were to be approved by Cabinet. (180)</p>

244.	<p><b>Q: There was a BCC surplus of funds reported in the papers in April/May where has this gone?</b></p> <p>“In 2018/19 the City Planned to use £30.5m of reserves to meet its expenditure commitments, the underspend against budget meant that the city was able to reduce its use of reserves and maintain more of those balances to meet future needs of the citizens of Birmingham” (297)</p>
245.	<p><b>Q: Is this consultation just the council’s way of dealing with budget cuts by cutting day centres and farming it out to the private sector?</b></p> <p>Birmingham City Council is consulting on the key aspirations of the draft Strategy and the proposed day service model and not about the closure of any particular day centre services. The current day opportunities provision is delivered by Birmingham City Council run centres as well as a range of third sector and private organisations. (88)</p>
246.	<p><b>Q: Where will Birmingham City Council get the funds to deliver enablement?</b></p> <p>If the draft Strategy were to be implemented following consideration of the consultation analysis and subsequent decision by Cabinet then the principle of enablement will be further encouraged and will be integral to packages of Day Opportunities care. Resource requirements would be considered if the draft Strategy is approved. (171)</p>
247.	<p><b>Q: Where will the money come from considering BCC are cutting the budget every year?</b></p> <p>A Council budget is set for each financial year which is publicly consulted upon. The money required for Day Opportunities provision will be sourced from the financial allocation provided to the Council. (172)</p>
248.	<p><b>Q: The Independent living fund (ILF) was dismantled, the money from this was supposed to be ring fenced within adult social care, where has the ££ towards this gone to?</b></p> <p>The original budget transferred over from the Independent living fund (ILF) on 1<sup>st</sup> June 2015. When the funding transferred each client was reassessed and where required consolidated the previous ILF payment with existing Direct Payment. (174)</p>
249.	<p><b>Q: Costs for getting people out in the Community – Who will be paying?</b></p> <p>If the draft strategy were to be implemented following the consultation and as decided by Cabinet, then resource requirements would be determined at that time. (85)</p>

250.	<p><b>Q: The types of activities referenced in the strategy have been implemented in the past. However, they have stopped due to lack of funding. How can we be sure that this won't happen again?</b></p> <p>The Council plan and the associated budget is developed year by year through Cabinet and then through public consultation. The available funding available to the Council dictates the Council plan. It is not possible to pre-empt the funding which is available for future financial years. (178)</p>
251.	<p><b>Q: The consultation paper says that the new strategy would require the Council to make financial investment in community day opportunities and assets. Please could you provide the details of what the council has identified it would need to invest in? Is there any other planned investment which is to be invested in day centres? If so, could you provide the details of what the council has identified it would need to invest in for day centres?</b></p> <p>The consultation has been concerned with establishing the key aspirations of the draft Strategy and the proposed day service model for consideration by Cabinet. If the draft Strategy were to be implemented following the consultation as decided by Cabinet then resource requirements would be determined at that time. (176)</p>
252.	<p><b>Q: When the Council sells the land after closing the day centre what do they do with the money?</b></p> <p>The Consultation is not about closing particular day centres. In the event that, at some future point, the Council proposed the closure of any day centre, then this would be the subject of a separate consultation process. (175)</p>
253.	<p><b>Q: From the number of other day centre closure from previous years – who keeps the monies? Does this go back within the BCC pot?</b></p> <p>If any type of Council service is closed and money released from the closure it is taken by the Council as savings which can be reallocated as part of the overall Council budget planning process. (173)</p>
254.	<p><b>Q: Previously there has been available funding from the 'Richard Rowntree Organisation' through Children's Trust, will there be similar funding for over 18s?</b></p> <p>There is an aspiration that similar sources of funding to the Richard Rowntree Organisation can be attracted to support day opportunities provision into the future. Some of the third sector organisations who currently provide day opportunities have been able to attract similar funding from a variety of sources other than Birmingham City Council. (84)</p>

255.	<p><b>Q: How much did it cost for the consultancy firm that produced the NDTi report?</b></p> <p>To disclose the exact value would be commercially undermining for the organisation. I can confirm the work commissioned from NDTi in relation to the Adult Day Opportunities was at a cost of less than £50,000 to the Council. (234)</p>
256.	<p><b>Q: Is Birmingham City Council still on target to finalise discussions around a funding framework by 01 May 2019, in line with the letter we received?</b></p> <p>The establishment of a funding framework/pricing model is considered a 'business as usual' issue and is not specifically part of this consultation exercise. Birmingham City Council have been working with the external day opportunities providers on how this can best be progressed. Any specific questions or queries relating to pricing should be directed to Birmingham City Council commissioners <a href="mailto:Dayopportunitiesvision@birmingham.gov.uk">Dayopportunitiesvision@birmingham.gov.uk</a> (23)</p>
257.	<p><b>Q: No facilities/ funding available, what happens in the future?</b></p> <p>If the draft Strategy were to be agreed following a decision by Cabinet then resource requirements would be considered at that time. (107)</p>
258.	<p><b>Q: Has enough research been done into the potential costs of providing extra Home Care/Respite/Residential Care?</b></p> <p>The Directorate has costings for Homecare, Residential and Respite Services. (259)</p>
<b>H) Social Work</b>	
259.	<p><b>Q: Where are the social workers?</b></p> <p>Social workers are located within the 10 constituencies across the city. They can be contacted by telephone through our telephone access point (ACAP) on 0121 303 1234. (73)</p>



260.	<p><b>Q: How do I find a Social Worker to help me when I need one?</b></p> <p>If you have care needs you can request an assessment for yourself, or someone you care for. To make referral for another person using this form: The assessment will also help you to understand what you can do for yourself and will inform you of what support is available to you in your local community and through other networks and services</p> <p>You can access a social worker by using the online referral form:  <a href="https://www.birmingham.gov.uk/info/20018/adult_social_care_and_health/115/how_to_contact_us_about_adult_social_care_services_and_support">https://www.birmingham.gov.uk/info/20018/adult_social_care_and_health/115/how_to_contact_us_about_adult_social_care_services_and_support</a>.</p> <p>You can also contact social work in the following ways: <b>Email:</b> <a href="mailto:acap@birmingham.gov.uk">acap@birmingham.gov.uk</a></p> <p>For <b>text relay service</b>: If you have a hearing impairment you can contact us by using the text relay service. Details of this service can be found on the <a href="#">Text Relay website</a></p> <p>You can call us on 0121 303 1234 (52)</p>
261.	<p><b>Q: It can take ages to get through to a SW – why don't you have a Freephone?</b></p> <p>This suggestion has been fed back to senior management for consideration. (230)</p>
262.	<p><b>Q: When a package of care has been approved (day Centre Package) why don't the service users have an allocated social worker?</b></p> <p>The process that Birmingham City Council applies is that once an individual's needs have been addressed then the case is "closed". A case would be re-opened if circumstances change or a review is scheduled. (129)</p>
263.	<p><b>Q: Following this consultation will social work staff be more consistent i.e. cases seem to be allocated and deallocated at random and the new social worker does not necessarily know the service user.</b></p> <p>The consultation in relation to the Day Opportunities draft Strategy will inform any wider evidenced improvements we might need to make across Adult Social Care. (258)</p>

264.	<p><b>Q: How do I find a Social Worker to help me?</b></p> <p>If you have care and support needs, you can request an assessment for yourself, or someone you care for by contacting our contact point by telephone on 0121 303 1234. Alternatively you can make referral for another person using the form on the link below: <a href="https://www.birmingham.gov.uk/info/20018/adult_social_care_and_health/115/how_to_contact_us_about_adult_social_care_services_and_support">https://www.birmingham.gov.uk/info/20018/adult_social_care_and_health/115/how_to_contact_us_about_adult_social_care_services_and_support</a>.</p> <p>You can also contact social work in the following ways:</p> <p>Email: <a href="mailto:acap@birmingham.gov.uk">acap@birmingham.gov.uk</a></p> <p>If you have a speech impairment, are deaf or hard of hearing you can contact Birmingham City Council by Next Generation Text (also known as Text Relay and TypeTalk). Dial 18001 before the full national phone number. Minicom: 0121 303 1119 (83)</p>
265.	<p><b>Q: Will the number of social workers increase under the new proposed model / strategy?</b></p> <p>As part of the draft day opportunities strategy and proposed model, there are no plans to increase the number of social workers. (54)</p>
266.	<p><b>Q: I work in the field and can see what is going on; care assessments don't meet people's needs. What will Birmingham City Council do about this?</b></p> <p>The new model of social work, Three Conversations, ensures that the citizen is at the heart of any discussion and subsequent decision making. Three Conversations is built around a series of "conversations" and has a person-centred approach and is currently being rolled out across Birmingham. The roll out is being evaluated by an independent organisation. (283)</p>
267.	<p><b>Q: How will you ensure that social workers take into account the thoughts and knowledge of providers when it comes to clients reviews and assessments?</b></p> <p>The new model of social work, Three Conversations, ensures that the citizen is at the heart of any discussion and subsequent decision making. Three Conversations has a person centred approach. As part of supporting the best outcomes for each citizen, the social workers are required to share relevant information as appropriate with providers who are involved in supporting the citizen. (282)</p>

268.	<p><b>Q: What if something serious happens with a Day Centre such as a safeguarding incident?</b></p> <p>All staff within day centres across Birmingham are expected to be aware of, and have completed, Safeguarding Adults training. (128)</p>
269.	<p><b>Q: How will you ensure that social workers take into account the thoughts and knowledge of providers when it comes to clients reviews and assessments?</b></p> <p>It is expected that social care workers would involve those contributing to the care of an individual. The person being assessed or reviewed must always remain at the centre therefore consideration should be given on how best to support the person in this process. (13)</p>
270.	<p><b>Q: Will there be specialist Social Workers who understands client's needs?</b></p> <p>Within the constituency social care teams there are individuals who have specialist knowledge about the needs of adults who are eligible for support. (215)</p>
271.	<p><b>Do Social Workers know anything about Neighbourhood Networks?</b></p> <p>Yes. Social workers are being introduced to the neighbourhood networks, and phase one was completed end of January 2019, and phase two is currently being rolled out. It is expected by the end of the year that all social workers will be aware of neighbourhood networks within their constituencies. (53)</p>
272.	<p><b>Q: Missing link with/ between social workers and service available – can this be included in the consultation that social workers are kept up to date about services, make it part of BCC training?</b></p> <p>This has been fed back to senior managers for discussion. (231)</p>
273.	<p><b>Q: Where does capacity of the individual come into this? What someone choses to do, may not be in their best interest, so will we be having 'Best Interest' meetings?</b></p> <p>Where it is deemed that an individual lacks mental capacity in respect of making decisions, then Birmingham City Council has a duty to consider what is in the best interest of the individual. Best Interest meetings are a forum for discussing and making decisions in respect of the individual. (264)</p>

274.	<p><b>Q: My son/daughter has been attending a day centre for 9 years, and a review has not taken place why is this?</b></p> <p>The expectation is that each citizen who is in receipt of an Adult Social Service should have an annual review. Sometimes these are not always face to face with a social worker. Birmingham City Council is required to monitor the number of reviews that are taking place across day centres and the quality of those reviews. (281)</p>
275.	<p><b>Q: You mentioned about choice. How can a citizen have choice when a social worker tells them what they feel and tells them what they are having? Where is the citizen's choice in that?</b></p> <p>Social workers will adhere to a person-centred approach so as to ensure that the choice of the citizen is at the heart of any decision making. (295)</p>
276.	<p><b>Q: How will you ensure that social workers will implement Choice in their reviews?</b></p> <p>Birmingham City Council is implementing a new social work model, the Three Conversations Model, which very much focusses on the individual, their desires and outcomes that they want to achieve and how they want to achieve them. Exercising choice and control is a key part of that. (10)</p>
277.	<p><b>Q: I don't get the sense that social workers see enablement as a priority. How will enablement be implemented as a result of the Strategy?</b></p> <p>Birmingham City Council is implementing a new social work model, the Three Conversations Model, which very much focusses on the individual, their strengths, desired outcomes and how they want to achieve them. Enablement is a key part of supporting someone to regain their independence and increase choice and control, which is a key focus for the Council. (14)</p>
278.	<p><b>Q: Will the draft model change how social workers approach assessments and review people's needs? Particularly with assessments of people's ability to work?</b></p> <p>Birmingham City Council is already implementing a new social work model, the three Conversations Model, which focusses on the individual, their desires and outcomes they want to achieve and how they want to achieve them. (18)</p>

279.	<p><b>Q: How will you ensure that social workers will implement choice in their reviews?</b></p> <p>In line with the Adult Social Care Vision, social work teams have embraced a new approach to assessments. This involves a move away from a traditional form of assessments to a more person centred approach of finding out exactly the support that the individual requires and how best to intervene so that the individual gets the best outcomes for them. This approach known as "Three Conversations", is centred around choice and control, and is integral to an effective review process. A new template has been introduced across all team so as to support a consistent approach and practice. (71)</p>
<b>I) Transitions</b>	
280.	<p><b>Q: Is a day centre being offered to people leaving school/education?</b></p> <p>Birmingham City Council supports eligible individuals who have completed their education. (284)</p>
281.	<p><b>Q: Families don't like to engage with Social Workers they feel there is a stigma attached to meeting with a Social Worker and on occasions when suggested by the school or college families / young people should meet with a Social Worker to begin the transition process they refuse. Perhaps the Social Workers who are allocated to these young people could be called Transition Worker. Is it possible to rename this group of workers?</b></p> <p>This is a sensible suggestion and will be considered in any service re-design in the future. (260)</p>
282.	<p><b>Q: When is all this wonderful work going to happen? E.g. educating organisations and the public to better understand the work with people who have very complex needs transitioning from Children Services to Adult Social Care. Unless you really fight you don't get a service.</b></p> <p>Changing public attitudes is often a long process. Addressing issues of this nature requires a multi-agency approach and is not the sole responsibility of Adult Social Care. There is already an established partnership between Disabled Children's Social Care and Adult Social Care. (224)</p>
283.	<p><b>Q: 18 plus – Are BCC speaking to schools at transition?</b></p> <p>The consultation has included special educational needs schools and colleges for young people at the transition to adulthood stage of their life. (134)</p>

<b>J) Miscellaneous</b>	
284.	<p><b>Q: Is it Birmingham City Council policy to give preference to internal providers?</b></p> <p>No. A social care worker works with the citizen to determine the type and level of support they need. This informs the type of provision they receive. (5)</p>
285.	<p><b>Q: Is BCC still buying services from Capita for computers/IT?</b></p> <p>Yes. There remains a contract until 2021 for services including data centre management, bulk print and telephony. (145)</p>
286.	<p><b>Q: Is there a day centre non-attendance policy in place?</b></p> <p>Birmingham City Council does not currently have a policy in place that is applied to Providers of day opportunities. (68)</p>
287.	<p><b>Q: Can individuals at a day centre be allocated an advocate?</b></p> <p>Birmingham City Council has recently commissioned the Birmingham Advocacy Hub <a href="https://www.pohwer.net/birmingham">https://www.pohwer.net/birmingham</a>.</p> <p>In respect of day services the Hub provides 'Group Advocacy' which involves bringing people with similar needs and issues together to support each other through Group Advocacy. These groups give people the opportunity to work together, share their experiences and raise joint concerns. They could potentially provide a facilitator to go into a day opportunities setting.</p> <p>The Hub is also delivering a community advocacy service that has less relevance to statutory requirements and is available to all citizens over the age of 18-including people living with mental health problems, learning and physical disabilities.</p> <p><a href="https://www.pohwer.net/community-advocacy">https://www.pohwer.net/community-advocacy</a> (38)</p>
288.	<p><b>Q: Why don't they sell old buildings that are left and not being used? E.g. Bordesley Green Day Centre is still empty.</b></p> <p>This is not a question on the Draft Day Opportunities Strategy 2019. (275)</p>

289.	<p><b>Q: Can we have GOLDD back in South Birmingham (like at Fairways)?</b></p> <p>GOLDD operates within three of the City Council's centres. The Fairway's GOLDD is still operating as are Beeches GOLDD and Alderman Bowen Elders Group. (152)</p>
290.	<p><b>Q: How much does BCC think the numbers choosing day care centres will change?</b></p> <p>There is data showing that younger people are not choosing the current Day Centre provision in the volume they once did. This trend has been in place for a few years now and before this draft Strategy work commenced. (197)</p>
291.	<p><b>Q: If we all decided we've had enough and left our people outside the Council House, what are you going to do?</b></p> <p>We want to work with carers and service users to consider and implement the proposed Strategy in a measured and safe way, if the draft Strategy is approved by Cabinet. (205)</p>
292.	<p><b>Q: It's difficult to get into these day centres. Is there a waiting list?</b></p> <p>Some Day Centres operate a waiting list and any information relating to these details would be available by contacting the centres direct. (280)</p>
293.	<p><b>Is there a legal document that day centre managers can use to phone service users homes like a whistle-blower? (This question was raised by one of the PFP members, carers explained that this is already in place – they gave examples of two internal day centres that would call carers / advocates if they felt there were any issues with the service user).</b></p> <p>This is in place within Birmingham City Council day centres. This forms part of the safeguarding procedures, all staff within Birmingham City Council is expected to be aware and have to complete training on this.</p> <p>There is also a whistle blowing process and the can be viewed at the link below</p> <p><a href="https://www.birmingham.gov.uk/info/20154/foi_and_data_protection/286/concerned_about_serious_wrongdoing_whistleblowing">https://www.birmingham.gov.uk/info/20154/foi_and_data_protection/286/concerned_about_serious_wrongdoing_whistleblowing</a> (64)</p>

294.	<p><b>Q: The welcome centres – why don't we give them the same power as the day centres – to report a problem to family members / carers re issues with a service users?</b></p> <p>All providers of services are expected to be aware of safeguarding. The City Council regards safeguarding is everybody's business. Therefore, centres should inform carer/advocates if there are any issues with a service user. (47)</p>
295.	<p><b>Q: Additional support whilst at the day centre. Will additional resource be provided to help my son eat a full meal? He only eats a small amount and then stops. Then after a while he eats a small amount again. I am concerned that he is not fully supported at present will may be provided appropriate support in future to eat a full meal properly.</b></p> <p>All citizens who are supported in the service will have a detailed risk assessment and support plan which will reference support requirements. Any issues relating to an individual will be managed through person centred planning, concerns should always be raised with staff at the centre. (290)</p>
296.	<p><b>Q: If there is an adult who has identified a centre which is independent - does the funding arrangement allow the individual to make the choice? Would like clarity on this.</b></p> <p>Yes, this is part of the conversation between social work staff and the service user who should be informed that the funding arrangement can be used to attend external day care provision if it meets the goals identified in their support plan. (244)</p>
297.	<p><b>Q: What about when people don't have carers or parents to help them?</b></p> <p>Birmingham City Council commissions an organisation called POhWER to provide the Birmingham Advocacy Hub. The Hub offers free, confidential and independent advocacy services to help people understand their rights, be treated as equals and be heard.</p> <p>The Birmingham Advocacy Hub delivers the following services:</p> <p>Independent Mental Capacity Advocacy (IMCA) / Relevant Person's Paid Representative (RPPR) / Independent Mental Health Advocacy (IMHA) / Care Act Advocacy /NHS Complaints Advocacy / Community Advocacy / Group, Citizen and Peer Advocacy</p> <p><a href="https://www.pohwer.net/birmingham?gclid=EAlaIqobChMI-vaw5Ib94wIVCLDtCh1pQA6XEAYASAAEgLz6PD_BwE">https://www.pohwer.net/birmingham?gclid=EAlaIqobChMI-vaw5Ib94wIVCLDtCh1pQA6XEAYASAAEgLz6PD_BwE</a> (217)</p>



## Appendix 6: - Draft Day Opportunities Strategy Consultation – Comments



The following comments were recorded at different Day Opportunities Consultation 2019 events and taken from the questionnaire responses completed by people.

The comments recorded at events are already published on the consultation web site but this document brings all of the comments together in themed sets.

The comments are themed in alphabetical order. This does not suggest any order of importance.

<b>Carers 1-132</b>	Carers' Concerns 1-71
	Respite 72-132
<b>Closures 133-304</b>	
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<b>Funding &amp; Savings 3499-3563</b>	Skills & Employment 3401-3498
<b>Social Work 3564-3619</b>	
<b>Transition 3620-3643</b>	
<b>Miscellaneous 3644-3664</b>	

## A) Carers

### Support

1. Help me to achieve being a carer.
2. Carers will have less service provided and will be expected to fill the gap to save the council money. service users will have less service and a smaller community to participate in. the remaining community will be the more disabled and less balanced.
3. Many have been at the centre for years – carers must be in a huge panic.
4. If it happens! If it comes down to carers providing support, it would make things a lot worse.
5. Carers need a break in order to recharge their batteries caring is a very demanding role 24/7 and as such government and local council should not be adding more stress affecting carers health and wellbeing.
6. Carers are working with other professionals to get the right support.
7. Have to fight for everything and it makes you tired.
8. Parents further commented that they know service users best even where their needs have been assessed.
9. Carers are doing an excellent job. If we behaved as badly as Social Workers, we'd be on the front of the Evening Mail.
10. If anything happens to us (carers) people will have to go into residential care which will cost you (BCC) more.
11. We have told you this over and over.
12. I am not my sister or my Mum's carer. I have my own family to support and life can be incredibly stressful and at times has made me ill. I feel that the new day care strategy will put more pressure on myself as I will be having to constantly check that plans are in place for my sister to get out safely in the community.
13. My daughter needs a lot of support. When she is here, it gives me a break
14. This place provides important respite for families. It allows people to work and to get on with their lives.
15. As a family we need routine for our special needs daughter. Our work life balance will be greatly affected without this routine.
16. The people we care for have all deteriorated in the last ten years.
17. Individual needs aren't always acknowledged by the system, e.g. respite and lack of provision.
18. They don't know our lives; they don't live our lives.
19. There should be better engagement with carers. Engagement should be small groups. Most are concerned about closure, so unable to engage beyond stopping closure.
20. Carers may be affected by changes to the day services (finding time to care for the person – work/carer balance).
21. Carers need to be recognised as full-time employees.
22. The Carers who are joining these people should also be provided with the source of free transportation.
23. If my son did not have a place at his day centre i would not be able to go to work, pay the mortgage etc. This would give me a choice of putting him in a care home or losing our home! It would also isolate him at home and take away his friends and routine etc.
24. Carers can find themselves having to give up their careers and independence. This is a form of bereavement.

25.	My family would have to help a lot more taking them away from their work especially to ensure I am safe, well and have food and drink.
26.	It would affect my families jobs, they may not be able to go to work.
27.	I am elderly and when I pass away my daughter is going take over my son's care. She has a job and career so if there are no day centres, she will have to give all this up to take full time care of X.
28.	Carer to family, i.e. husband / wife, and as their condition changes they have to reduce hours at work to provide more support in daily living.
29.	I need to go to work. My son is at university, but he will have to take on debt to manage. I look after my mom and sister. I didn't ask for this.
30.	I (as a carer) would also like to work.
31.	More stress on my elderly mother who is not well.
32.	Need to also think about older people who are carers. Providers thought that this was a serious concern as many carers are elderly.
33.	My carer is 70 years old and I am 75, this change would make my carer unwell.
34.	My mother is very old and would not cope with me at home.
35.	My son lives with myself (mum and dad) we are both 80 years of age. My son not having a day centre will not help my family. As we are unable to take him out.
36.	It is harder to care for people as parents get older.
37.	The powers that be don't care about carers. We are carers. Some carers are in their 80's and 90's.
38.	Finds it difficult as she is 80 years old caring for 3 adults with disability.
39.	As you get older as a carer it gets harder.
40.	My mum is getting old now and can't do as much as she used to do so it would be very hard for her because she would worry and have to take me with her everywhere.
41.	My dad cannot do anything and struggles to walk anywhere even in the house. I would become an alcoholic. I am already under the hospital for this problem.
42.	My sister cares for me and my dad who isn't well. This would bring more stress to our family and make me very anxious. I get bored at home.
43.	My family would like more support with my care.
44.	I need day services to support with care from my mother
45.	The people that run Social Services don't have any idea re: stress carers are under. People might want to go out in the morning, but they will still want a base to come back to for their lunch.
46.	Negative, if my brother doesn't go to his day centre, which he loves, it's negative for me, his carer.
47.	It would have an impact on us if my husband was unable to get funding as going to headway is centred on people with ABI and not just mental health in general as in a lot of city run establishment.
48.	Concerned more pressure on family.
49.	My family are good but, but I can't keep relying on them.

50.	Like I already said on page 9. They need to do their own things too. While, i am in the day centre. They don't have to hold their lives for me. The day centre is enough for me to spend., some days with other service users (friends), then go back home later to relax. I'm safe and well looked after in the day centre and this already makes my family happy.
51.	More stress on service uses, that will make an impact of family and family life.
52.	My day centre supports both me and family. It is good as my family also gets rest as do I.
53.	I enjoy coming to the day centre and it gives my dad time to do chilling.
54.	It would mean I would most likely be stuck in everyday and go nowhere. They also would get hardly any respite from caring for me as I live at home with my family, I would get bored if I didn't come to the day centre. My family also have other family to care for so closing or reducing the amount of day centres would be detrimental to my well being
55.	Sister lives in another city unable to support, lives in residential home.
56.	Shows how much the government appreciates you if get £66 per week. I don't have any money.
57.	What you're doing is putting carers into a position where they have to give the people skills.
58.	A Social Worker would not be able to do the carer role. Hockley Day Centre is like a second home.
59.	Me and my wife have difficulty going on holiday with our son and manoeuvring him around.
60.	Used to send them to respite, but "I cried when they left" so didn't send them back.
61.	Carers do get together and arrange things themselves taking their loved ones out themselves can be unstructured.
62.	Drying up of carers.
63.	Without the service it would put both carers and service users into a strained environment, as it helps both to gain own self independence and strength and helps a tranquil environment for both.
64.	X's placement is important to her family as there are 5 siblings who also have severe disabilities.
65.	Do not need that added pressure and uncertainty of what they want to do especially at this age.
66.	My husband or myself would have to stop working to provide the care that would be needed as our son would not be able to access services outside in the community he could not travel on this own or have any knowledge or ability to be able to integrate in the community. If he could he would be doing it now!
67.	Carers are not given travel time – so they rush.
68.	It is good that some places provide transport. As carers we have so much responsibility and so much to do this clears some time for us.
69.	We have to fill in the blanks for each area. There is a project called Squeeze for carers where they all get together and talk. Sometimes carers are stressed and need help so we guide them and advise them on what to do or where to go. After the sessions, they say that they feel relieved as they were able to talk.
70.	I have had conversations with a few carers and they have locked themselves away in houses due to caring for their family and not being paid enough for bus fares. I think it would be a good idea for carers to be provided with off peak transport passes so that they can come out and live their lives. Some people say that they will be in a wheelchair themselves in two years due to having no money to go out. Ring and ride is difficult to get.
71.	Carers have their own lives and their wellbeing is also important.

	Respite
72.	Day centre is respite for parents, who are with citizens 24/7.
73.	Coming to the day centre gives my family and parents a break.
74.	Day centre provides respite to both sides of the coin.
75.	It would result in more pressure and responsibility for the family. A day centre- 5 Days a week - is essential for this person to function and be motivated and mentally stimulated by experienced, well trained staff.
76.	The day centre also gives me some respite and I can relax knowing that he is safe. It also allows me to do my voluntary work in the community. Day centres play a very important role and they need to be there as a base for both citizen and carers.
77.	I feel that I will end up having my 'free time' lessened and my caring role increased. You talk about carers having a few hours off during the day to take up meaningful activities. I could end up having to spend more time during the paperwork involved with 'direct payments' and sorting out carers.
78.	If day centres close those people who have family members who are full-time carers end up becoming even more dependant and carers will have no respite whatsoever. Having a son who has been a young carer and is still a carer as an adult. The only respite for him is the day centre where he knows he is safe. Getting rid of this service will impact even more on his mental health and social interaction.
79.	For my auntie it would make things better as she would prefer to be at home doing activities she enjoys, however due to the level of support required the impact for family members to support X would be much greater and then also removes a form of respite for carers.
80.	Being at home day after day has effects on wellbeing, may cause depression. Some family members may not get a break and could find daily routines so stressful and tiring.
81.	Coming to the centre, will make life easier for my husband and myself because of our health. My husband has problems with his knees, and I have breast cancer.
82.	I would like to say thank you again for the support at Moseley. Sometimes it goes unnoticed how it helps many live longer. Caring gets more difficult and I personally could not carry on without your day care services.
83.	By continuing these centres, we can continue to have some respite in our daily needs as well as the service user having a break from home life.
84.	We've done this for a long time, when we want something out of the pot, there is nothing for us, for example no respite.
85.	Day centre is our lifeline.
86.	Family carers get a break when their loved ones attend the day centre. This helps prevents carer breakdown in some cases and gives carer respite which is vital.
87.	When daughter/son/relative comes here, this is respite for their carers.
88.	This (the day centre) also provides respite for me.
89.	Respite support is very important for carers.
90.	The day centre is vital. For my son we need this support/ break. It is his life.

91.	When I come to CPM it gives mom and dad a break and it gives me more independence.
92.	It will affect me as my son's carer as it is also respite for me. I strongly believe my sons mood and behaviour will change dramatically when he loses structure in his day.
93.	Carers to have more respite as they feel that their needs are changing all the time.
94.	My son only comes to the day centre for two days per week, but I am trying to increase this from two to five days as myself and my husband are in our seventies and it is getting harder to cope. His coming to the day centre gives us and him a break.
95.	Centre provides rest and break for carers and users.
96.	Day service also supports my carer, it gives her chance to shop for food for us and a short break Monday to Friday which allows her to continue looking after me daily.
97.	Used to get respite but don't anymore, there is nothing out there now and going private is expensive.
98.	A lot of carers are older and worn out. There is no respite available (hasn't had respite for 3 to 4 years).
99.	Support for carers is required as we are getting old ourselves.
100.	It's like having a baby for 50 years and a lot work has been involved. If it wasn't for this day centre, we would not cope.
101.	The day centres give the carers respite and the opportunity to have their own lives. Therefore, the carers as well as the service users must be central to this strategy.
102.	Going to respite is hard because so much process to go through.
103.	The day centre enables me to get a break from my caring responsibilities.
104.	As a carer I am very anxious about what will happen to the day centre. I don't get a break from caring except for this time.
105.	Carer's respite is important.
106.	Councils don't understand what you need, we need our day centre for respite for parents, brothers, sisters and carers.
107.	My family would find it difficult if I did not attend the centre.
108.	Agree with new ways, but X needs a day centre as we need to have a rest in the day to do what we need.
109.	Family get respite for the brothers how live at home. I have four other brothers who attend the day centre.
110.	I am very elderly and going into the community is now harder for me. My place at the centre gives my family respite.
111.	I enjoy coming to the day centre as this gives my carer a break. Also, I like meeting my friends and my nieces & nephews attend and I am happy to be with them. I enjoy the complex needs activities and sensory stimulation.
112.	I have an elderly parent at home at home, I attend the day centre for my care, for my challenging behaviour and learning difficulties.
113.	if the day centre closed, it would be a very negative effect on my son, myself and other family I'm 79 and rely on the break the day centre gives me.
114.	Attending centre gives my family time to attend to anything they need to when I am here.
115.	As a carer for my brother, the five hours he goes to his day centre is also my break as caring is a 24/7 job. When you do it on your own the day care centre is also my lifeline.
116.	The Day Centres do help as it gives us carers that break to do what we need to do e.g. appointments or work etc.
117.	I would like my son to remain at the day centre which he loves. It is our only respite to do the things which we can't do with our son.
118.	Important to access day service as he has very elderly parents. Day service provides respite to family.

119.	It is a nightmare, not only for our son, but for the whole family, not to have a proper day centre.
120.	Our two sons are autistic and have learning and behavioural problems. The day centre provides some relief for us during the day which we need to be able to look after them well.
121.	My brother is in his 40's lives with mom, 79, and this is the only respite other than when I can help. He enjoys the routine of a day centre, his friends and staff. To take away the day centre would have a major effect on us as a family.
122.	How can service users with complex needs access the services if you are closing down all of the day centres and getting rid of various services? What will carers do in the meanwhile? It's a community in the daycentres for most elderly and disabled and people with complex needs. The day centre is a lifeline for both carers and clients who attend.
123.	If day centres were not here, we would not be able to cope with caring for our sons as we are getting older.
124.	I have my child 24/7 and the only respite I get is when they go to the day centre.
125.	The organisers have not taken into account the carers, who need the break to be able to attend appointments shopping & do their housework. Life is very difficult caring for a disabled child-adult it doesn't get any easier. Why you want to change things that has worked all these years & has got better than 30 years ago when A started at Moseley?
126.	As a carer I am very anxious about what will happen to the day centre. I don't get a break from caring except for this time.
127.	At present my sister attends a council run day centre four days a week. I would like her to continue to attend a council run day centre in the future. My Mum has advanced dementia, so I gave up work two years ago which is a huge financial burden to my own family to help look after my Mum and support my sister. I don't think privatising Adult Social Care is the way forward as I believe that with the minimal budget, she will get it will not enable her to afford a like for like package and this will impact greatly upon her quality of life. This would then have an impact on my life as I will soon have to go back to work and it worries me greatly that both my sister and Mum will end up in long term care or abandoned and isolated in their home forgotten by a system that is supposed to look after them. At the moment we manage because I know my sister is safe and happy whilst at her daycentre. We have tried to increase her days to 5 days a week and despite her Social Worker assessing that this is necessary we haven't heard from him since he did his initial review in January!
128.	Giving people the facility of day care, often gives the family a break, particularly in the case of the member being looked after by the spouse.
129.	I cannot comprehend how my daughter would be supported from 9-4 5 days per week for at least 40 weeks of the year. I think that she would have to spend more time at home, which would then need me to be at home also, then my few hours of work, respite, housework would be significantly reduced. I would not be prepared to accept that she could go onto the shared lives scheme and go and sit in someone else's home all day.
130.	Cannot emphasise enough our support to keep the day centre (Elwood) open. We care for our daughter and are 83 (father) and 80 (mother) We are both in poor health and struggling. Elwood is our only respite. We only wish our daughter could go five days a week, but Elwood cannot provide transport on a Wednesday and my husband is not able to drive following a stroke and I have mobility issues and cannot walk. A taxi is not possible as they want a chaperone in the vehicle as well. I have campaigned to save Elwood in the past but have never needed it as much as we do now. You have saved thousands by providing the day centre as I am sure our daughter would be in a care home by now.



131.	Birmingham City council need to understand the mess they are creating. My mother in law has looked after her 50-year-old disabled daughter for 50 years, Birmingham City Council have reduced the amount of Respite centres, and the amount of days which my sister in law can attend has gone from 54 a year to 20! My Mother in law can no longer cope or live the way she is as she's not got anytime to recharge and recover from her caring role, so she is looking at permanent care for her daughter! This will start to happen much more and the cost to the council will be colossal! You need to be supporting carers not half killing them with your cuts to services as you'll just end up with more in long term care!
132.	I have four other brothers who also have a range of support needs, so attending the day centre supports my family as supporting me to have my needs met.

## B) Closures

133.	Day centres have been cut to the bone already and, if anything, need more investment. Council should not be thinking of taking already assessed service users out of day centres
134.	Do not think they should close completely
135.	I already access the community with staff from various places and I have access to lots of different in-house activities and have made lots of friends at the centre too. I would be worried if the centre closed then I wouldn't have my friends anymore.
136.	I don't want it to close. It makes me feel stressed and worried when you keep saying that you are changing the day centres.
137.	I think they should keep day centres open. They socialise people and gets them to know others. It gets people out of their properties when they might otherwise be stuck indoors.
138.	I would be upset if it closes and would be very angry too. I would miss it a lot and miss my friends.
139.	I would be very sad if day centre closed. I love coming here. I feel good. Smile and look forward for tomorrow.
140.	X clearly says that he does not like the idea of day care services being closed. Reasons being, everything costs money. X says he only has a limited amount of money spare. He also says by attending day care services, it provides time for him to socialise with his friends. X also says being inclusive with the day centre community help them to feel independent as the services avoids needing support in the community for him.
141.	Mr X is happy the way things are done in day centre and doesn't want it close.
142.	Keep the day services open.
143.	Why change something if they obviously suit some people's needs. How can you change day services when you are closing a lot of them?
144.	But don't close the day centre.
145.	Save the centre that will be a good start.
146.	As long as people who receive help now continue to get it and services are not closed or scaled back.
147.	But not at expense of closing the centre. Leave things as they are.
148.	It is very wrong that you are even thinking about closing day centres and sending us out on the streets. We would have no friends. You do not know us or care if you do this.

149.	It seems to me it's just a verbose, long winded way of setting in motion the closure of day centres. Unless you have first-hand experience of how vital a lifeline these day centres are, you wouldn't be trying to suggest they are not needed, and users can just "pick up skills in the community" and other such vague language we've heard in consultations.
150.	All the people that attend Moseley have access to the community and the inhouse activities which are many and varied. I think the people that attend Moseley would be upset if it closed as they would lose all their friends and feel like they would have nowhere to go to meet up. A hot freshly cooked nutritious meal is served 5 day a week, ensuring a proper meal at least once a day. We should care for our vulnerable citizens. Always.
151.	Any closure of my day centre would affect me strongly and my family.
152.	The ideas you propose are already happening here at Moseley centre, but if you decide to close the centre, I will lose all my friends.
153.	Day centre closures would have a significant impact on my mother, this is her only time to socialise and undertake activities. This would also impact on my and my children's lives. How would I work? I would have to claim benefits which would cost government more long term.
154.	Don't close Four Seasons.
155.	I know that he would get bored and upset if his centre or 4 seasons was to close and, I know this would affect the family.
156.	If day centres are phased out it will make things a lot worse for me and my family. I need the support I get from my day centre.
157.	If day centre to close make things a lot worse.
158.	If day centres are taken away from some very vulnerable people, this will lead to massive isolation, poverty, loneliness, then people will become ill and need to be looked after by the NHS which is under massive pressure. I myself would be one of the many people who would be put into isolation as I do not live on a bus route. I would need 2 buses to get to Elwood. I know that there are day centres closed near to me.
159.	If my centre was to close, I would be stuck at home every day. I would be lonely without my friend.
160.	If the day centre closed, I would miss my friends and staff. I'm concerned that I might not have enough to do and be bored.
161.	If the day centre were to close, it would have a big impact on family life as my son is dependent on this service.
162.	If the day centres were closed this would have a big impact on all our lives. Our son would lose his community and we would have no respite care at all!
163.	If you close day centres, probably a care home is the option far sooner.
164.	If day centres close you will make things a lot worse.
165.	If you close the centre it would be devastating to A. He has been going there for 30 years. He hates having a day off as he loves the environment at the centre. He has his friends and his social life such as bowling, meals out etc. Everything you suggest is already being done, so why fix something that isn't broken?
166.	If you decide to close the centre where would i go? I love coming to Moseley Centre. They already take me out to various places and provide lots of different in-house activities for everyone.
167.	Mr X is happy with current day centre activities, he is happy attending the day centre. He believes that closing or changing the centre would affect him and his family as it's hard to adapt to change.
168.	Would make a big difference if I no longer attended a day centre.

169.	He needs support by trained staff. We want the day centre open, don't want things to change.
170.	Do not close our centres.
171.	Happy coming to Beeches Goldd day centre. Keep it open.
172.	I am happy attending my current day centre, my mental health would suffer if it was to close.
173.	I don't want the centre to close. It's really important to make friends and to do things.
174.	I enjoy coming to the centre please don't close centre down.
	I hope Moseley Day Centre will remain open. It is a lifeline to service users and carers. Thank you.
175.	I hope you decide NOT to close Moseley Centre. I have made quite a lot of friends the time I have been here. The freshly cooked meals are tasty and notorious. I get to access the community with staff and my friends at Moseley Day Centre. There are lots and lots of various in-house activities that I can attend and take part in.
176.	I just want the centre to stay open.
177.	I like the day centre. I don't want it to change.
178.	I live in inner-city Birmingham and I am already affected by cuts. Do not take away my day centre provision. I will suffer. People with disabilities do not deserve this. Go tax the rich. Hands of our services!
179.	I want this service to stay open.
180.	I want to keep Ebrook day service.
181.	I want to stay at my day centre.
182.	I would like to keep my day centre this is my choice. I am very happy at my day centre I like my day centre to continue as they are now. Thank you
183.	I would like to continue to come to Beeches Goldd. Keep centre open.
184.	I would prefer Moseley to remain open. I have been coming here for some time. I am in my own routine and happy to do so. The meals are freshly cooked and healthy. The staff have read my ISS to follow how to look after me and keep me safe. The sessions are many & various. I can attend if choose, I live to wander from room to room to see my friends. It is a very safe place at Moseley Centre.
185.	it would affect me and my family, friends, and customers, community if we didn't have out beautiful place to be. Four Seasons has been good for me, I am very happy to go to this project, please don't take it away, I don't like change and my mother would find it difficult for herself and me.
186.	Our day centres are a useful source of help and support for the service users. They should be modernised and updated instead of closed.
187.	Please do not close my centre because I am happy here and feel safe here.
188.	Thank you for giving advice. But I hope CPM never gets closed because we are like a big family and the clients won't have anywhere to go and they would just stay in their homes not socialising with each other or make friends.
189.	We need the centre open for all these people and for the carers. I'm very angry that our people who need to get out in the day for company. It's a shame that the government won't do more for people with for people with complex needs.

190.	Why are you closing places? This place is well set up for all kinds of activities. This place is sound, it's got all the amenities. Its well run.
191.	Please do not close Moseley day centre. It is the heart and soul of lots of people's lives. X loves Moseley day centre as do many others.
192.	I want my day centre to remain open.
193.	The service is working very well, the council should leave things the way they are. At the budget consultation the leader of the council said he could not see why disabled people needed buildings to be looked after in. I think this strategy is a smoke screen to disguise a plan to close the day centres.
194.	I think the Day care strategy is a way of cutting costs and closing all council run Day centres. We are never listened to and I find the whole thing depressing.
195.	Strategy is a sneaky way of depleting day centres and then closing them to save money.
196.	The idea of closing disabled people's centres does big damage to the draft Day Opportunities strategy's quality.
197.	I strongly disagree with any centre being closed. My son needs the centre to occupy his days. He needs to interact with other people, and he is unable to travel on his and needs transport to the day centre. He has made a lot of friends and he is very happy to attend his day centre.
198.	Save our centres!
199.	The strength of feeling shown by campaigners against the closure of the Fairways Day Centre shows just how valued these places are and whilst this closure was rightly halted under threat of court action and substantial community and political pressure, the council is not making an investment in the building and as of February this year, no new referrals had been made since the court action, indicating that the council intends to run it down to the point where there is no one left to object to its closure. The current draft strategy, with its emphasis on providing alternatives to day centres, rather than looking at how day centres can be modernised to meet future need, looks set to compound this and apply the same approach across the rest of the council owned day centre estate. The shift in commissioning will also see the future viability of a number of VCS run day centres threatened meaning that day centre closure will become the de facto preferred policy option within the city.
200.	Any potential closure will cause X to suffer and day centres should not be dismissed as outdated or too expensive.
201.	Cuts and restructure will affect his wellbeing. If day services were not there for R, I and rest of the family would have to cover the days R is at home.
202.	Day centres would have fewer people going to them and it would make it easier to justify closing them.
203.	I do believe you will sacrifice day centres in order to achieve your plans for day opportunities in the community to move forward. You will not have the funding for both, and so personal budgets/direct payments will be affected and cut, and day centres closed.
204.	I don't agree to close day centres.
205.	I feel it would bring about the end of the day centre.
206.	I want my day centre to remain open.
207.	If day centres close it would be devastating for us as a family. My sister would stay in all day with my elderly mom who has dementia. The environment is negative, unhealthy, confusing for my sister. It would be a deteriorating situation affecting her health greatly if her day centre closes. She will not be able to Page 260 of 480

208.	If day centres like ours cease to be viable, because there is a move away from funding places at them, there will be serious consequences not only for us as providers but also for large and growing client group.
209.	If it results in closing day centres it will be a major negative impact. My wife's main social outlet is the day centre.
210.	Negative impact if the day centre is going to be closed. It will have a devastating effect on my son and the whole family. To go to the community for work will not suit a severely disabled person.
211.	If you are aiming to close day centres or reduce my brother's access to them then we already know the outcome as we witnessed his decline for months when he was in between day centres. My brother's health and wellbeing are utmost in our family's thoughts. We don't want to see anything that would damage that.
212.	Strategy will lead to closure of day centres.
213.	Us elderly would have no day centres to go to, do they want us to just curl up and die.
214.	Just an excuse to empty out day centres. Despicable.
215.	On condition centres are not closed.
216.	If the day centre closed it would have an enormous negative effect.
217.	If my day centre closes, my family carers will struggle to look after me & I may end up having to go into residential care. I want to stay with my family and attend a day centre at Harborne where I've been for 34 years.
218.	If there was no day centre it would not work for them or us.
219.	Will have disastrous effect by closure of the day centre.
220.	Day care centres have already been closed, more closures will limit lives for those less able.
221.	Don't close the day centre.
222.	Feel sad if the centre should close. I want the day centre to stay open, I want to see my friends, learn new things. I would not be able to get into the community to see things I want to. I want to come to the Friday evening club.
223.	Fine for you to close these centres but I am sure you will have a lot of carers giving back the service users I have started to look for alternative employment.
224.	I am disgusted that the council is trying to close the centres down as they are doing an excellent job under very difficult circumstances. There's not enough staff, due to lack of funding! The staff can't do as many activities they would like, due to lack of funding! The service users were to go to college but this was stopped due to lack of funding. You NEED to GET your PRIORITIES right and consider the service users and not how much you can save & stop wasting public money on air brained ideas. The only losers of your proposal are the service users.
225.	I do not want the centre to close as I enjoy going to Hockley and Acupack. I like meeting friends, doing work that I can do, I like how staff support me to do things and learn new things.
226.	Cutting of services – causes huge issues.
227.	Other services have been closed. In the end, it all boils down to budgets.
228.	He says although all help is of great support, he feels taking away day care services will cause his own stress levels to go up and down.

229.	I worry that all these meetings we attend and questionnaires we keep filling out, are just a smoke screen to hide the fact the council are going to shut the day centres, regardless of what we think or say. We went through the same thing with the closing of the respite centre. We were ignored then and worry that we will be ignored again this time.
230.	I would be lost without coming to Hockley day centre, it is my world, not coming to Hockley and Aupak would be devastating.
231.	I would miss my friends if the centre closed. I enjoy going on walks watching people and learning how to do new things like make a drink and a sandwich it would also be good for my family to give them a break.
232.	If closure happens this would be very difficult for me as I have been attending for over 20 years all my friends and social network is at Hockley. I have loads of choices here and access to the community.
233.	If the day centre closes, I would feel upset and angry. People would not understand my condition when I go out. People understand me at the centre.
234.	If you close the day centre, I would be lonely. I look forward to the centre and would have difficulty in accessing other services on my own
235.	I think this is a prelude to closing the Day Centre.
236.	Feel it's a prelude to closure. We should be talking about closures as this is what this will lead to.
237.	We cannot see how BCC are consulting without this resulting in closures at the end.
238.	Amendments are good, but not if it means closing the centre.
239.	If the centre closes, we are in trouble.
240.	We don't like changes and would be upset if the centre closed.
241.	Attendees stated that the Centre should remain open, for the following reasons: It is clean, with very good facilities; Service users are very happy with the meals; They could go out shopping if they so wish; The staff are highly thought of by the carers/parents, because they are helpful and attentive.
242.	I feel that if the day centre closes then citizens would lose their independence. Attending the day centre makes them happy, keeps them active and they have a good network of friends. We don't want them to lose their social circle.
243.	Carers felt that enough day centres have already been cut and we should be keeping the ones that are left open as they are needed. It was felt that there could be health and safety issues if any more closed.
244.	Enough day centres have already been cut and BCC should be keeping the ones that are left open as they are needed. There could be health and safety issues if any more closed.
245.	Thoughts are still the same. I read the last 110-page booklet regarding the strategy and model and a lot of it was a repeat. It's still about closure that is my concern.
246.	This is just another way for BCC to cut day centres.
247.	It would be sad if the centre closes. I would not see my sister every day and the friends and staff. I like the aspiration out of hours club to be with a few of my peers.
248.	Keep the day centres open for those who need them. Those whose needs are complex & do not want to be pushed into the community. If the day centre closes, what happens during the winter, adverse weather.
249.	Major concern's that this day service model will lead to closures of many day centres and services across Birmingham to the most vulnerable groups who need these facilities.

250.	My mother is a pensioner and I have 2 other brothers and sister who have a learning disability at home. If you close the centre it would be difficult for family to cope. I would miss my friends at the centre.
251.	People will die if you close day centres. In the real-world buildings are not built for disabilities. Name me 10 public buildings that have a hoist in their toilet?
252.	Sad if centre should close, I would like to come every day.
253.	The council is clearly aiming to save money by reducing services and all the false aspirations are not fooling anybody. It is appalling that so much effort is being put into this disguised plot to close the day centres.
254.	It causes anxiety in the family if there is change or if day centres were to close.
255.	My worry is that the centre is being run down then BCC will say it's too expensive to refurbish it, then close it down.
256.	If you had to close the centre it would be because there isn't a need.
257.	Leave the day centres open and apply to government for more 'Rescue Money'.
258.	Taking away this (day centre) will take away a big part of their lives. They have built a family and relationships as they mix with people with different needs and staff and have one to one support.
259.	Will be sad if this day centre was closed.
	Carers expressed a wish for the day centres to remain open, as this was a requirement for those that attend Harborne Day Centre.
260.	Don't want the day centre to close. Please!
261.	We don't want the Day Centres closed. Keep them open please.
262.	I like coming to the centre and I don't want it to close.
263.	I want this day centre to stay open.
264.	Day centres funded by Birmingham City Council are in danger. Are Council run day centres safe?
265.	The first paragraph is wrong. There is a mandate to close the day centre – you should be straight with people.
266.	Whatever you decide will have a big impact. If the day centres close people (carers) will have to put their kids in care which cost even more.
267.	If this place closes, my son will be uprooted again for the third time.
268.	I was at consultation at Stirchley baths, I know you are planning to close centre.
269.	On page 7 of the consultation pack you talk about moving away from traditional building services – this means closure.
270.	If this centre is closed - I will take legal action.
271.	You want to sell the land to developers; you need the cash – the centre must stay open – my son has best service.
272.	Feels like it is engineering the closure of day care – and that this has already started.
273.	Worst case scenario is closing of the centre. We don't like help; we are quite independent. Council cuts hours and closes centre. It's good we have a voice.
274.	We appreciate places like this. The centre on Aldridge Road closed, we fought for it by protesting years ago. But it closed.
275.	My son will be devastated.
276.	Is the consultation really to fool people - day services are going one way or the other – this is really about closing centres.
277.	If they (BCC) ever think about closing the centre down, we will protest!

278.	I know the day centre is going to be closed and sadly this consultation is just a ploy.
279.	No Information given about whether the centre will be closed, despite direct questions about this.
280.	We don't the day centre to close.
281.	Please keep the centre open and give more support to staff and service users.
282.	Concerned about the future plans for the centres as there are rumours about centres being closed down.
283.	Fears all these meetings eventually will lead to day centre closures.
284.	A common theme is that all users feel the day care centre is at threat of being closed.
285.	Some people have managed to save day centres but how long for. People will be isolated if these close down as they will not have a place to socialise in.
286.	Please don't close day centre.
287.	It has caused anxiety with the Internal centres; the "closure" word was not in the original. As a manager, I'm trying to give reassurances, but it is not working.
288.	Because it's to do with the amendment, it may lead to closure.
289.	Back in 2000, Cllr Lines wrote a report about no one needs a day centre. Since Aldridge Rd closed, the plan's likely to close more within 2 years.
290.	If day centre closes, it would be hard for my daughter, working in local community would not work, she would stay at home more than go out.
291.	There were a few queries about the shutting of the day centre and wanted the focus to be on expanding the provisions the day centre already offers as everyone in the group enjoyed what they were doing.
292.	The worries outlined in some of the comments are all linking to what seems to have happened when this type of consultation has happened before. In brief I am concerned this is leading to partial or complete closure of certain services our department and other relevant organisations provide to the groups of people concerned. When this has happened, people are left then with just a partial service or none at all. Things should have been left the way they were before so we are not in the same situation we are now. If it wasn't broken why change it to eventually think that we need to go back to the way things were before.
293.	Worried about centre closing.
294.	There is a lot of work and changes that need to be undertaken before we take these drastic measures to close and reduce day centres. It would result in many people isolated, suffering with depression, in need of care, families already under strain without respite, more carers unwell.
295.	Please keep day centres open and do half and half. Direct payment for those who want this. please don't change the whole system.
296.	Day centres will close, people will get money for one to one package then after a twelve-monthly review this will be reduced and the person will be stuck at home with no stimulation or activities.
297.	The Fear is by moving more activities into the community this will mean that the Government will make cuts and put less money into day centres, eventually closing them.
298.	You said it clears it up, by not saying which day centres are being closed/left open, you are not being clear
299.	You are confusing people as you are not being clear about which centres are being closed and which aren't being closed. This is worrying people.



300.	Savings to be made by consolidating day centres.
301.	Demand will drop if people are not being referred to Day Centres and this will be a way for Birmingham City Council to justify closing day centres.
302.	Their main focus was the threat of day centre closures, as all supported service users who currently utilised day centres, and how this would impact their family. They were scared that history would repeat itself, like it did in Tamworth, and that service quality would decrease – and then so would the quality of life of the service user.
303.	There was large concern regarding the closure of day centres and funding cuts with the new strategy. Whilst this regards implementation not the consultation, it was the main topic of conversation.
304.	There are concerns that there will be Day Centre closures.

### C) Community Activities

	Accessibility
305.	Good to get people in the community, but it's not going to work. It's not accessible for people with disabilities.
306.	There should be workshops in schools about Disability awareness for young people.
307.	A lady came to me, learning how to do the travel training. I had a problem one day on a train, someone started to swear at me. I told my sister about it.
308.	My son likes to sit by himself on two seats, sometimes people want to sit by him and he doesn't like this. This could get him in trouble.
309.	Transport is a problem. Public transport is a "no no".
310.	Taxis are too expensive.
311.	Shopping in city centre but difficult to get there.
312.	All buses used to go to New Oscott.
313.	As an older person with M.S I don't feel it would be any help go me as I require transport accessible bathroom etc.
314.	Birmingham is not a starting point re accessibility. Fairways carry out relevant planning.
315.	There should be transport which caters for our people's needs.
316.	There is often no flexibility in terms of people accessing the community and much of this is based around costs/funding. There are few places in Birmingham who cater for people with disabilities, which can be difficult when trying to access the community and can be expensive.
317.	Re: Access to the community: Availability and cost of transport is an issue for services and can limit how often and where we take people out to visit. There is also the issue of toilet facilities that we have to consider before we go anywhere as well as access for wheelchairs.
318.	Re: Access to the community: Would be good to create more awareness among churches and mosques about helping people to access the community.
319.	I would like to think a lot of facilities going forward would be available if there was to be more transport available.

320.	It is hard to access the community on public transport using a wheelchair. Need to be able to access places easier for wheelchair users.
321.	The vision is great but more needs to be done to facilitate disabled adults to access community facilities.
322.	Accessible transport is a big concern for me in my day centre which stops me giving my service users opportunities to spend a day outside of our centre.
323.	The vision is a positive one but needs support with public transport to access activities.
324.	For some without some imagination around transport it won't happen. For many going out in the evening is problematic.
325.	Community is not ready in ready in terms of personal care suites and I would need at least two people to do my personal care and that will be costly to the department.
326.	Are there enough hoisting equipment in disabled toilets in the city as I'm a wheelchair user?
327.	Day centres help you to achieve your goals. It would be good if the wider community of Birmingham was more accessible to disabled people. However, without day centres this is not possible as Birmingham is not a disabled friendly city.
328.	Where and how many toilet facilities are in Birmingham with hoist for wheelchair users stand aids? I was travel trained but unable to do this on my own.
329.	Who will enable me, as there is not enough personal care facilities in community hoists (wheelchairs users)?
330.	But not every day, if people will be unable to attend day centres. There are not enough place/ activities in the community with the right facilities.
331.	Service user says he does not know about travel, he needs help.
332.	If it means traveling to and from places would buses be put on for this purpose?
333.	To go out in the community we need a lot more support. Not just in terms of staff but also those who run businesses in the community in order to make places accessible, safe and pleasant to visit.
334.	Son with Downs was out in the community, approached a child and misconceptions prevailed about his intentions/actions.
335.	We have to train the public.
336.	Going out in the community, people can be rude. Here people don't get that.
337.	I went on a trip with group who were just enjoying themselves. A man nearby was becoming increasingly irritated by the 'noise'. He came up to me and said "if they're not perfect, you should kill them at birth". I replied "you're not perfect".
338.	There is less choice now at Alderman Bowen than there was several years ago – there is less transport available – trips have been cancelled at the last minute because transport isn't available, they don't have enough on the day. There are very few trips out now.
339.	If service user goes out on a one to one basis what happens when the carer need to use the toilet? What are they supposed to do with the service user? If there are disabled toilet facilities or if the service users is male and the carer is female, how is she supposed help him with his toiletry needs? With the centres they go out in groups so this does not become an issue.
340.	The problem with accessing community activities is that there are time constraints when accessing things such as swimming. It means that staff would have to accompany the citizen and transport is required. External venues need to be more flexible with timing to offer a wider window, e.g. swimming, as it takes time to get ready and travelling via transport and by the time the citizens are there, it is time to go back to the centre.

341.	My sister has been told things like; “won't it be wonderful that you can go to Hydrotherapy?” but what they fail to mention is the things or difficulties that will need to be overcome or put in place to actually make this happen. The Day care strategy isn't up and running so how will the experts ever know it will work?
342.	Planning that includes every aspect. i.e. transport, access.
343.	Going out in the community is not suitable as there are no changing facilities.
344.	It is difficult to push the wheelchair on the roads in Birmingham.
345.	IT is an issue for elderly people who haven't got family etc with internet access to help them access care.
346.	When I was caring for my disabled 94-year-old mother, who died in September 2018, there were no BCC day care services accessible to her and I could find no services in the B20 area. I applied for her to join the 'Ring and Ride' scheme, but never had any offer of the required wheelchair inspection, for which they told me there was a waiting time of months. I had to transport her and her wheelchair to B44 (King standing) 3 times a week to access day care provision run by Age UK and by a church-based provider.
347.	Accessing the wider community! Have you ever tried taking someone out into our community, the obstacles are overwhelming and dangerous? Elderly and disabled will literally be left out in the cold waiting for public transport. Dropped curbs and uneven foot paths are a hazard to people with unsteady walking! No toilets with hoists. Fitting in with their community will cost huge investment from the Council. It's very short sighted to think this will be easy. I'd be really worried about the effects on my Mum and Sister if a carer were to take them out. They are vulnerable and need a safe building where they are warm, safe, stimulated, socialise and able to contribute to their community with their friends.
348.	I agree with these but if limited mobility is not possible for me.
349.	Public transport is not easily accessible for wheelchairs users especially if there is more than one of you. Weather also plays a part in access of community so basically, I would be reclusive, and my son would also be unable to have a life of his own
350.	Public Transport – my sister does not have the awareness of danger, she is unable to travel on her own.
351.	Physically challenging to use public transport and it takes a long time.
352.	Logistically expensive to get people out and about in the community.
353.	My son has had some travel training, but he was bullied on the bus, so it is not suitable/appropriate for him.
354.	I have severe CP and need a lot of help and support. I need manual handling, profile beds, hoists, special chairs, a power chair, my food blended to eat and I get all that help at my centre.
355.	The new day services model does not consider the inequalities faced by disabled citizens in society. It does not consider 1) Lack of changing places, toilet facilities in local communities and high streets ,2) Lack of accessible services, around 50% of high street shops for example do not have ramp access. 3) Hate crime, when we speak to our disabled citizens, they feel that people stare at them when they are out in the community. It makes them feel vulnerable and unsafe. Societies attitudes realistic change. 4) When disabled people with dysphagia go out to eat, many venues cannot cater for them and do not have blenders to help with eating requirements. This is challenging, not to mention overcrowding tables, chairs and people which makes it hard for people to get past.
356.	As a day service in Birmingham, we enable and empower our people to access the community with trained care staff, volunteers, adapted vehicles, and necessary equipment, safeguarding policies and all the relevant planning. It's with our day service that we help people access the community that would otherwise be isolated.

357.	I'd like to think that it would mean things remain the same, as the person in my family has high complex needs with a high-level care package that includes her living independently and accessing a day centre and her care costs outside day centre opening times. Without the day service though my sister would struggle to access services as her care needs are 2:1 and the community isn't fully accessible with changing places, facilities lacking in local services and high streets. When we assessed Northfield swimming baths for her, she would need a 3:1 staff ratio and the pool wheelchair and straps were currently unsuitable for someone with involuntary movement. The community still has challenges to overcome before it is fully inclusive and accommodating.
358.	Better shops for wheel chair access.
359.	They should be do things what normal persons should be able to do like go out to local centre to do what in their day.
360.	Think for a better transport so we can fit into place in better way and enjoy the activities like to go to a talent show. We need better transport and carers who can handle us if something goes wrong.
361.	Better access on roads, more drop kerbs, not just by traffic lights, so I can cross roads easily.
362.	I cannot access the community on my own.
363.	This is all well and good if you are healthy enough to do the activities and transport yourself. What about the people who are too disabled to get on the bus or leave their home without help?
364.	Still a lot of prejudice and hostility towards disabled people in the community. If we go out, we have to wait in the corner at restaurants.
365.	Would go to the gym if they had appropriate changing facilities but they don't. This is the case with a lot of places.
366.	Transport - need support to go out to the community, we don't currently have this.
367.	We need more toilets, more refreshments at the centre. There is more people with disabilities coming here. Centre needs to be upgraded.
368.	BCC services not fit for people with Physical Disabilities. Service user wanted to go swimming but was told he could not because they needed to provide changing places and a hoist. The service user has to wear incontinent pads when going out into the community.
369.	Service user also experience difficulties at eating places in Birmingham. Generally, it is difficult for service users to access services out in the community.
370.	Transport is another issue when accessing the community. Services like Ring and Ride are essential and are a big asset to the community. If that goes bust it will create a lot of isolation.
371.	Something else needs to be put in place if something happens to Ring and Ride.
372.	Transport was discussed and an example of where Ring and Ride Service now allows Community Groups to book transport on behalf of Citizens as they have nobody who can support them to do this from home, so this is supported through the group.
373.	Centralised transport would be needed (point 3 of the proposals).
374.	Public transport is more accessible than it used to be, but there is still room for improvement.
375.	There is a lot of creative work being done by the Providers with positive outcomes within the community. Transport and access remains an ongoing problem. Risk assessments are still needed in a number of areas before taking citizens out into the community.

376.	The providers are working well currently with local communities often forming good working relationships with business owners who will see their citizens on a regular basis and will form an idea of what their needs are. Providers are challenging places that aren't accessible.
377.	Discussion took place around working with Parents and Carers to open up opportunities and hopefully remove restrictions and obstacles that prevent community-based activities.
378.	Lack of confidence, fear of going out, worried about the reaction of public.
379.	Community with support would be beneficial dependant on the readiness of the community.
380.	Need to educate all within the community.
381.	Ensure a very robust transport strategy e.g. wheelchair access on public transport is poor.
382.	Ring and Ride (better processes are required).
383.	Too many community services are not available to the public, e.g. swimming pools not open.
384.	My son went to Four Seasons, but he couldn't stay because he kept falling over. He is unable to use the tv by himself.
385.	There is a lack of resources/ specialist care suitable outside of the day centre.
386.	It is harder when people don't have a visible disability when accessing facilities such as cinemas. With Learning Disability, some people can't read, there should be more pictorial signs.
387.	Have to consider and be aware of people's attitudes, for example if I take my son to the cinema and he's noisy people don't understand and look and tut.
388.	I have to take my son (Autistic) to certain screenings at the cinema where he can run around without people being rude.
389.	The idea is good but very few facilities have the specialist equipment needed, such as hoists for swimming.
390.	Access to certain places can be an issue.
391.	Transport support needs to be addressed.
392.	Would like to see more toilets with hoists.
393.	Not always traffic lights on busy roads which where I can go independently.
394.	Have been travel trained but struggle with going on public transport as it is often too busy.
395.	Use Ring and Ride but it is not always reliable.
396.	For points I have previously stated, improve our city dramatically before the disabled people will be able to access their vibrant city! Don't change or close services until this is done as it's dangerous and harmful to the vulnerable people of this city! It's very cruel to give people the impression that the day care strategy will enable them to access their city when I know how difficult or near impossible it actually is for a disabled person! This part of the strategy isn't worth the paper it's written on as it will never work in our City as it's not adapted enough!
397.	Linking people to community assets should be very localised. Travel can be a barrier to access for some.
398.	There needs to be more transport available to help disabled people get to these activities.
399.	As you can see I strongly agree with all the statements on the opposite page, however, individuals need to be aware that the reality of achieving this for many is difficult. This is because one of the main problems accessing the community and being independent is limitations on being able to safely travel and access things without support from others.

400.	The services are not linked up enough. Transport lets things down unless you have a family member who's free in the day then you are reliant on the public transport, or taxis which are expensive.
401.	In principle this sounds great, however my experience portrays the reality as being somewhat different. I have a brain injury with needs that are different to other individuals with brain injury and so cannot be generalised to the rest of the population. Such experiences include not being able to gain a ring and ride, despite several attempt to gain one. As a client at Headway providing many varying activities at different locations, which are a far distance from myself, transport such as ring and ride becomes vital in my rehabilitation which without becomes an obstacle. With the population of those with disabilities being at a high volume, the idea of providing personal care for each individual's needs seems unrealistic and if unsuccessful provides false hope.
402.	I would like to see where the activity was happening before I attend. I would be a bit concerned about transport although I can use a bus my mobility is poor.
403.	Accessing public transport is essential for citizens to have more choice and freedom.
404.	Cost of activities can be problematic.
405.	I need specialist transport, a carer, and a personal care suite.
406.	Don't feel safe on normal buses.
407.	Would need support to travel on the bus.
408.	If environmental was safer no pot-hole for wheelchair user, accessible toilet, drop kerbs.
409.	Transport would be a problem especially for wheelchair people. Uncertainty about ring and ride. Normal transport buses take pushchairs as a priority not all wheelchairs are easy to manoeuvre.
410.	People in the community are unpleasant.
411.	Additional hazard for wheelchair users.
412.	Things need to change within the community as per disabilities.
413.	Change perception of disability in the community.
414.	Community is not ready.
415.	Improve community access of disabled adults.
416.	Because community is not ready and the citizen is vulnerable person.
417.	Better service on transport. I use ring and ride, which is unreliable and late more often than not.
418.	There are not enough physical activities for disabled adults suited to their needs, even if we have to pay.
419.	The community does not always understand the needs of people with learning disabilities & are not welcome. Not always good facilities for toileting etc.
420.	Accessibility in the community is still an issue. Whilst some supermarkets and other places country wide have made more of an effort for accessibility to be made the norm, this has not been rolled out everywhere. Opening up a dialogue with the places would help.
421.	Another member of the group referenced that Solihull have very much changed their focus towards accessing the community. In addition to this there are also services that can come to day centres, e.g. a mobile cinema.

422.	Members of the group felt that it was important that this needs to be done in conjunction with other areas and organisations, e.g. town planning. Hopefully this would improve access issues such as wheelchair or toilet access. Access at places such as railway stations also came up in discussion. Transport and accessibility of transport was again raised as an issue.
423.	In the community, there needs to be more done by BCC to help change attitudes and promote accessibility. This is how people will really make the most of a vibrant city, as currently a large section of people cannot use it, even if they have skills/training. Care has to now push boundaries
424.	It has been known that Taxi Services want to charge an excessive amount of money just because a person has a disability and the taxi driver will not assist that particular person. This leaves them vulnerable and upset. Although there is a vast transport system within Birmingham people still face huge prejudice and limited access to the community due to lack of catered facilities for disabled people.
425.	Ring and Ride is often unreliable and in some instances, providers have waited for over an hour to get through by telephone.
426.	Re: Access to the community: Due to transport costs and availability a lot of options to get people out and about are not cost effective.
427.	Ring and Ride is expensive and not always reliable. Would be useful to maximise voluntary transport schemes or look at other funding options. As many services will struggle if Ring and Ride folds.
428.	Issues with transport.
429.	Transport support - can adopt a similar system to education.
430.	Support is needed to facilitate access to the community. Queries were raised about Ring and Ride and transport. Transport is expensive and if funding is being cut this will have a massive impact on what services can deliver.
431.	It would make it a lot of worse for my family because I use an electric chair and i would need facilities in order to process my own needs.
432.	He can't travel on his own.
433.	As long as all opportunities are accessible.
434.	Accessibility (for people with Cerebral Palsy) – lack of changing facility.
435.	Transport is costly and is a big issue.
436.	Needs better transport services from taxis/ buses.
437.	Transport is a big issue, poor quality taxi system.
438.	Carers have a lot of anxiety with the transport.
439.	Public facilities in Birmingham are getting better / more accessible.
440.	People are becoming less independent due to limited access to high streets.
441.	Peoples negative attitudes need to be addressed as people with disabilities are entitled to feel safe.
442.	Parents concerned about the availability of transport for Service Users to attend a range of activities.
443.	Accessibility to toilets is essential.
444.	Transport is a big thing.
445.	All agreed that transport is another key factor.
446.	Transport is a common concern.

447.	More facilities should be made available e.g. for wheelchair users, lower level kitchen surfaces to participate in cooking classes – accessibility is essential, especially for safety.
448.	There is no room to get around shops and the height of some of the shelves or rails and closeness of the aisles is a big problem.
449.	Shops are not wheelchair friendly even if they have access and often the facilities (wc) are not well deigned.
450.	Parked cars on pavements are a big problem.
451.	Better signage if paths are closed / diverted into places that have disables access.
452.	Works as a teaching assistant there is only one shop in the city centre which has a mobile hoist, maybe the new library.
453.	Would like to go to church but find it difficult to access unless I get a lot of help.
454.	Whilst the premise of accessing the community was liked, it was thought to be too ambitious for this strategy change. There's a huge number of things that would have to be changed massively to allow service users to operate in the community – booking specific taxis, making sure a guard was ready to put the ramp down at train stations etc. Furthermore, outside of the day centres often service users can't access the community due to their needs. The day centre becomes their community.
455.	Transport is often a big issue when trying to travel, community based or trying to get to say an appointment at a hospital
456.	Used to use buses but can no longer access them due to type of wheelchair I use.
457.	Service users require better access to be available facilities.
458.	When talking about accessibility and travel, transport is a big issue & costly for our services users to have opportunities outside the centre.
459.	No changing facilities in a lot of places.
460.	Can't access a lot of places, such as the cinema, bowling, swimming pool because they don't have hoists in the toilet.
461.	Don't even have sufficient toilet facilities in hospitals, e.g. Royal Orthopaedic.
462.	Can't get on public transport – lack of accessibility, can't accommodate. Need suitable wheelchair support and personal changing rooms.
463.	I don't see how this will be put into practice when Birmingham City Council are no longer funding transport and are cutting community transport.
464.	Wheelchairs have to compete with pushchairs on buses.
465.	Still issues with reliability of Ring and Ride services as well as uncertainty around its future.
466.	The clean air zone will make it more expensive to travel into the city centre.
467.	Find it difficult to access buses and taxis because wheelchairs don't fit.
468.	My relative can't get into the city centre using public transport. Wheelchair won't fit on to the bus as the space from platform to seats is too narrow.
469.	In some cases, toileting issues.
470.	If money was put into preventing isolation at an earlier stage, you would get people out into the community and interacting and then you wouldn't need these services so much.
471.	That is a language you associate with much younger people. It goes back to SILOS. I have a bus pass and use the bus a lot, but services are quite poor. I can get a bus into town easily but from my bus stop to symphony hall is a 15 min walk which I can do but a lot cannot. Generally, public transport is very poor.



472.	Transport is an issue generally when linking in with day centres or the community unless they provide transport, people cannot go.
473.	There is not a lot of transport available for the blind or partially sighted. It is getting better but it is still not enough.
474.	Some people feel happy going out on their own, but some people are scared due to safety. Look at more support.
475.	Sounds really good going to take my son to Sense. I am feeling excited and looking forward about going there. My son used to not get out of bed all day and it would be hard to get him out.
476.	Transport – pushchairs etc. taking up positions for disabled people, leaving them behind.
477.	Public transport isn't always accessible e.g. Stechford train station has no lift.
478.	Getting rid of elitism amongst access to services.
479.	Transport has not been mentioned in this consultation. Transport is needed/ it is hard to find out about transport. Taxis are expensive.
	<b>Activities</b>
480.	Users should also be allowed to skype each other and do activities together such as going shopping or to the cinema.
481.	Cinema, Art and Craft, grown confident, going to the park- when shopping has an understanding of the food he likes.
482.	Like working in the outdoors – too much going on at the centre, like the quiet.
483.	Like mixing with the other people on the allotment and having different visitor like the police, schools and local supermarket.
484.	Like growing all the different fruit and vegetables.
485.	I go to college but like come to New Roots when college breaks up for holidays
486.	Yes, we go on days out, we went to the seaside last year and we are going to Malvern Autumn Show, we are going show the pumpkins we have grown.
487.	I like to play and go to watch football.
488.	I like cricket, the college has arranged for me to go and spend some time at Edgbaston cricket ground and do some work experience.
489.	Not really, maybe swimming.
490.	We take them home to eat.
491.	Go out with my family.
492.	Go swimming and go to a disco.
493.	Go shopping.
494.	Sometimes go the theatre to see a panto for my birthday.
495.	I like jewellery; Mind and Body (sessions); dancing; gym and bowling.
496.	Visits to the cinema resort to see the planes going over. Used to have a physio group, used to have a spa bath, woodwork class, used to go out for a meal.
497.	Specialist Bike to bike ride – no longer available.
498.	I work hard at the allotments (New Roots) and like when we do things outside.

499.	I like working at the allotments making stuff and the football group. I help the centre walking and swimming groups, when people visit, I help them.
500.	I go out to play football with Day Centre to Aston Villa, but I need support to go there.
501.	I like the sports here cricket, football.
502.	I like the activities at the centre. I have a lot of activities in the centre.
503.	Attendees of the day centre expressed their interest in various activities; using computers, using the library, going shopping with relatives, bowling, playing darts, playing dominos, arts and crafts. Some expressed that they would like to use computers somewhere other than the library, but it is difficult for them to get out. Many said that they partake in activities much less frequently than they would like to.
504.	To be able to visit garden centres/allotments. Outside activities. Different groups to go out each day to ensure that everyone has their turn.
505.	My sister needs activities to keep her occupied.
506.	Maybe they should have exercise classes.
507.	She likes arts and crafts and IT, she comes here (the day centre) five days a week.
508.	My sister likes to dance and sing at the centre, but she won't do this at home. She is happy and secure here.
509.	I wouldn't have anyone taking to go to a disco at night time (service user lives in support housing). At the centre I can enjoy the centre disco.
510.	The centre does a lot of health and well-being activities.
511.	Would like to have more trips.
512.	The centre is good. I like cooking; dancing; exercise and singing.
513.	I would like to learn how to cook and to iron clothes and keep all my activities as they are.
514.	We would like to learn computing and access gym facilities.
515.	Passionate about meaningful activities – such as gardening.
516.	I Enjoy cooking.
517.	I Like to do Arts & Crafts.
518.	I Like Computers.
519.	We do rehearsals – 2 shows per year.
520.	Enjoy washing up and cleaning.
521.	Would like to learn how to make things.
522.	Would like to try jigsaw puzzles.
523.	I like working on the till; iPad; numbers; Maths; reading and writing; Makaton; disco; music; I make my own tea and coffee; knitting.
524.	I like cooking and disco dancing.
525.	Service user likes knitting at the centre but find it difficult to teach her a skill which I have not got. I use YouTube videos to support.
526.	He makes music tracks for the exercise sessions.
527.	Learn to cook from scratch from Elwood DC.

528.	Computers – learn to type via a speech app.
529.	The Gardening team has an allotment.
530.	Drawing.
531.	Reading and writing.
532.	iPad.
533.	We work inside doing wood work and making things.
534.	As one-one carer, I feel more sensory activities would benefit so many service users who have complex needs.
535.	It's very positive to come to the centre, but it would be nice if they had the odd/occasional trip.
536.	X did say he likes to ballroom dance.
537.	All I would do is go shopping on a weekend if I didn't go to Four Seasons.
538.	Four Seasons meets my needs, I have varied day with lots of different things to do, plantings seeds, sowing watering, making hanging baskets, community work doing Kings Heath Planters. Crafts, baking, trips, meals, bowling, cinema, open days, bonfires, serving customers, off site plant sales, picnics in the park. I do enjoy this with all my friends and feel safe.
539.	I am happy at my gardening place, I make hanging baskets seed saving grow vegetables, sweep and tidy greenhouse, weeding, go out on day trips, bowling, meals, picnics. Baking using vegetables and fruit we grow. Give leaflets out to customers, plant sales, crafts, football, cricket and feel safe me and my friends are all very happy here.
540.	I like coming to the centre and being busy. I like going out and doing things like the theatre, seeing shows. I go shopping on my day off with friends from home.
541.	That will make me happy to all different activities.
542.	I totally depend heavily on going to my day centre. With them I can see my friends, have opportunities to develop, go out into the community, have holiday opportunities, have support to do healthy activities like tai chi, wheelchair dance, swimming and more.
543.	I just want to be able to go out with people in a day centre. local shop also round town.
544.	I like to go to circus shows i would like to go trade market and warehouse and also street market jumble sale fruit market, cottage farm and go to the shop like the sweet shop get sweets various. different strawberry picking, cinema, theme park, shop high street. but need transport for that i hope you consider this thank – you.
545.	I already have access to different activities in Birmingham, the park, museum, meal out, theatre, cinema etc. With my carers at Moseley day centre.
546.	At Moseley day centre I have the opportunity to go into the community with my carers on a regular basis. I also enjoy the art sessions, quizzes, music activities, sports, garden games. I have access to the sensory rooms at Moseley day centre.
547.	More music.
548.	Pub lunch.
549.	Some of the group go walking (Walk 2000) as this aids their mobility.
550.	Some do football on a Thursday.
551.	Pampering/aromatherapy.
552.	Music.

553.	Gym.
554.	I enjoy coming here and enjoy drawing, painting, and reading.
555.	I like the coffee morning.
556.	Going swimming tomorrow and I like going to the football too.
557.	Like cooking and shopping.
558.	Would like to go to a butterfly farm.
559.	Would like to play golf.
560.	Would like to go swimming.
561.	Would like to go on a bouncy castle.
562.	Take part in aromatherapy at the centre.
563.	Give opportunities to travel.
564.	Enjoy Knitting and craft making.
565.	Enjoy Shops – going out.
566.	Enjoy Therapy and Support.
567.	Enjoy Shopping.
568.	Enjoy Gardening Centre.
569.	Opportunity to go out – Service users went out with support worker for fish and chips – really enjoyed this experience.
570.	Enjoy Arts.
571.	Like to exercise, music on you tube.
572.	Play quiz on Friday, Relaxation.
573.	Going out to the community – meeting people.
574.	I enjoy reading, you socialise, enjoy exercise, trips and I enjoy knitting.
575.	Went bowling 2 weeks ago and is going on a canal trip 5th September, to memorial on 29th July.
576.	Enjoy painting and drawing and decorating ceramics.
577.	Like playing dominoes.
578.	Enjoy cooking and learning new recipes which I try to do at home.
579.	Enjoy going swimming, shopping and the cinema.
580.	Need to take them out more - trips to cinema, concerts, bowling, also travel in and out of the UK.
581.	More Sewing materials.
582.	Enablement activities that will be paying for the additional activities such as using a suitable hydro pool.
583.	Would like to go to a nightclub.
584.	I like to learn about money and washing up and going out to different places. I also like to see and speak to my friends and make new friends. I like going to the park and having a picnic.
585.	I like writing and colouring, going for walks and to the park, seeing my friends and going to the snack bar and spending my money.
586.	I enjoy the disco every Friday. I would like a dance with my friends. I like to come to the centre to learn how to do things for myself.

587.	It's good to come to the centre. Bike sessions, I-pod sessions/Computer Sessions Socialise with others.
588.	I like listening to music dancing and having fun.
589.	I like to come and use I-pods, computers, meet my friends, do my knitting and involved in the disco. I like taking part in the aspiration monthly evening club at Hockley.
590.	I want to come to the day centre. I enjoy local walks and music interact with my peers.
591.	I want to attend centre because I like riding bikes, cooking, disco, music and socialising with my peer/staff.
592.	I enjoy going out for walks.
593.	I want to do DJing.
594.	Went to Wales.
595.	Like the football.
596.	Enjoy the swimming.
597.	It would be nice to have more opportunities to go out, such as the gardening projects.
598.	We used to be able to go to Edgbaston Cricket Club to watch matches; it would be good if we could do this again.
599.	Service user - Would like to do other activities like swimming and woodwork but does also enjoy the activities that Moseley day centre provides.
600.	Service user is interested in swimming and woodwork, in the past woodwork did take place at the day centre but since the trainer retired this does not take place.
601.	Service user enjoyed gardening at Four Seasons, which is Moseley day centre's garden project, which operates just around the corner two roads away, although service user does not do it anymore.
602.	Good thing to go out to visit parks.
603.	Good thing to go out to socialise – visit what's appropriate.
604.	Want to travel and grow confidence, like shopping.
605.	Want to go to London – visit Arsenal FC.
606.	Enjoy shopping and swimming. Do lots of different things.
607.	Would like to travel by train.
608.	To go out more.
609.	I really like coming to the day centre, I like drawing, I like the computers (IT enablement), I like knitting, I like gardening, I like community walks, I would like to try the cooking group.
610.	Client would like to do gardening whilst at day centre. Fun days for the community to attend - fund raising activities.
611.	Boxing Activity (Punch bag).
612.	I like to dance here.
613.	I like flower arranging – working on allotments.
614.	I like playing on the musical organ.
615.	I love bingo.
616.	Enjoying going out to the community to play snooker.

617.	I hoping to learn swimming.
618.	I like woodwork.
619.	I like the travel on the minibus.
620.	Like going out on trips.
621.	Enjoy cooking and baking.
622.	I would like to attend Hockley Development Centre to learn and develop sign language, Makaton, bike session, badminton session, cooking, exercise and day activities in the community.
623.	Take bowling - shopping - treats for people's birthday. Enjoyable experience.
624.	I have been coming to Four Seasons for 20 years. I've learned how to do watering, potting plants, hanging baskets washing up. Put pots in shed move plants into poly tunnels and sow seeds. Go to off-site sales in the community to work in the community king's Heath planters. Go out with friends and staff on day trips bowling meals picnics.
625.	i like to go on the bus, i like to cook and dance.
626.	More outings to the cinema and day trips.
627.	I want to do growing flowers, plants, vegetables with Kathy and go out with my friends and staff.
628.	I have varied activities where I am. Gardening, bowling, camping, cinema, baking, BBQ, bonfires, open days.
629.	I like all the different things I do at Four Seasons. I like seed sowing, potting up, watering, making hanging baskets, going out to work in the community with staff cooking all the fruit and vegetables we grow. Go for day trips parks, picnics learn new things to help me.
630.	X want to go shopping and do thing.
631.	Would like more options to do things at the centre keep fit, shopping. stay at day centre not to stay at home. More independent at centre cooking and healthy eating.
632.	She wants Ebrook to be like Heartlands day centre: more activities - she plays keyboard at Heartlands, goes shopping and bowling.
633.	I need encouragement at times to do things I like swimming/ going out walking and music.
634.	I like to be active I play badminton. Help to wash up. keeping fit. swimming and i like being with group.
635.	I like swimming, walking, in the park, bowling.
636.	I like doing all my activities - flower arranging, bingo, panto, boat trip, shopping, zoo, pub, meal , nail care.
637.	I like music, tap dancing, football, disco, singing, going to Drayton Manor. I want to be more active in Ebrook setting.
638.	Photography, day trips, cooking, healthy eating, historical places i.e. churches, old places, museums.
639.	I would like to go shopping all the time. Visit cafes for cups of tea/coffee more community trips.
640.	I enjoy shopping and cafe visits.
641.	I like computers, cooking and going out to the Villa shop.
642.	I like shopping.
643.	I would like to go out bowling to the pub, and on a coach trip out for the day.
644.	Dog Walking.

645.	I am very happy at day centre. I see my friends, I do bingo, I relax colouring, singing, dancing, gardening, cooking, crosswords, shopping with teacher, walks go to park.
646.	I like coming to Beeches day centre, going walking eating healthy, exercise, cinema, seeing my friends/ coming on day centre mini-bus going out in minibus to go out in community with my friends.
647.	I like going in the minibus with my friends.
648.	I like camping with my keyworkers, day trips, watering, planting, spacing out, picking vegetables. I would like to do a digital and slide photograph course.
649.	Instead of trying to do more outside the centre, spend the money on bringing more into the centre e.g., woodwork session, gardening, art, cooking.
650.	I would like to come skills development centre to learn British Sign Language or Makaton, gardening/learning money handling shopping experience/day outings to various places and learning English letters.
651.	She likes cooking; going to the gym; football and bikes.
652.	Likes sport, cleaning dining room.
653.	Likes to make fish cakes.
654.	Bike riding gives people exercise.
655.	The lady I care for wants to do more drawing.
656.	All users said they enjoy the day centre, especially stimulating activities such as cooking, painting.
657.	Users like a good variety of activities.
658.	Movie nights, going out for meals – give carers some respite.
659.	Adult kids like to do housework; loves everything at the centre; comes five days per week.
660.	Daughter enjoys disco, arts and crafts, community centre, get choice, like it here! Made friends – happy – grown in confidence.
661.	I like to see my friends every day, I enjoy the bike riding and spending time in sensory activities. I like to spend time in the gardens and relax with my peers. I like to make my own drinks and listen to others in my team chatting.
662.	I like doing the bike riding sessions at the centre.
663.	I like coming to see my friends at the centre. I like to go to the shop within the centre and choose my choice of drinks. I like going out to eat, and bowling.
664.	Planting and growing plants and seeds and vegetable, fruit, making hanging baskets, label plants, seed sowing, pricking out, keeping cottage tidy and greenhouse and maintain a site weeding, pathways, baking, cooking, crafts using produce we have grown make pasta sauces, apple sauce, apple cakes and pies and crumbles have apple pressing day for Apple juice - open days open garden days and be involved with Highbury Hall.
665.	I like music karaoke, sport cricket, football, quizzes, it will affect the future disco socialising.
666.	Already in the community activities every day, cutting lawns and hedges, pot washings, filling pots with compost, plug planting seed sowing, maintain site, see sowing, customer orders, hanging baskets, watering, community-based work, planting plants, serving customers. Life skills, day trips. Highbury Park walks, cricket, football weeding, washing up, keeping greenhouse tidy and safe. working on land, growing vegetables cooking, what can you offer me in the community that will help me achieve better than this.

667.	Pot washing, compost pot filling, planting plugs seeds grow vegetables cook vegetables we grow baking crafts. Mow lawns, weeding maintain a sit customers hanging baskets and pots, weeding, watering serve customers go in community to plant up high street planters have apple pressing days open garden day, involvement with community Highbury hall, orchard project, day trips, social outings picnics in park, cricket football badminton. Makin drinks BBQ's Party for celebrations.
668.	Moving Lawns, weeding, woodwork, pct washing, filling pots with compost, potting up plants, growing watering seeds sowing vegetable & herbs, pricking out, growing vegetables and fruit cocking them and eating them, day trips, community planting, cricket football, badminton, tennis, picnics, open garden day, apple pressing can you offer me a better day than this.
669.	X said he would like to go out bowling & swimming.
670.	This person said "like to go to town and bowling I want to go to the seaside with the centre.
671.	The person said " I want to go out to town and bwling and i want to get a job on the computer room here at the centre.
672.	More music.
673.	I went to Handsworth Park for swimming.
674.	I like going out to the pub.
675.	Staff arrange outings too, such as coffee mornings they can go to in groups with the Service Users. Or sometimes they will go out for pub lunches or fun activities like bowling with Service Users.
676.	I would like to go to a Gym.
677.	Feel a sense of achievement e.g. chair hockey being so much fun.
	<b>Community Integration and Support</b>
678.	Not a lot in local area for people to access.
679.	Would need additional support to access outside activities within the communities.
680.	For the most part Service Users do not go out from the Day Centre alone and are always accompanied by staff members where required and needed, as appropriate to the person's care needs and requirements.
681.	I always go out.
682.	I'm happy with the choices I have, I like challenges.
683.	I like to go out.
684.	If I am forced to carry on, as I do now, with no PA or adequate day centre provision to provide support I become depressed, lonely and isolated. I get imprisoned within the 4 walls. In the winter when the weather is bad, I cannot go out even for a little ride in my chair I am old with MS and unable to learn new tricks, but I still need an adequate provision of service from BCC.
685.	Open longer hours to make them more user-friendly day centres.
686.	Concerns about additional charges for transport as private Day centres not included.
687.	Being around disabled people is important.
688.	Whole point of a proposal is something new. The day centre may close is what the amendments mean. There is a vague mention of going into the community what does this mean in practice. how will this be achieved?
689.	If we have support (without having DP) it can be in the community and the centre, it's not a case of either or.



690.	It would be good to do more in the community but still have a day or so in the centre because of the structure and it's safe. It's more free and easy. In a job, it can be a bit more challenging.
691.	There is a challenge, it is a cruel world out there our job is to protect them.
692.	Experiment last year taking people out of day centres.
693.	I've tried to access the community, but it doesn't work.
694.	A combination of both would be good.
695.	Council not helping move people closer to family where they can get the extra support from without extra cost.
696.	How they going to support? Where is the budget going to come from for the activities and transport?
697.	Could hire a bus if needed.
698.	Service user is travelled trained and can go on bus to centre.
699.	People would need some support.
700.	The same group member also said that members of their service see the centre they attend as a hub. Seems to be a built in bias in the strategy for centre based services.
701.	Re: Access to the community: We do take people out and about, we go to pub lunches, have contacts with local schools and scout groups as well as local churches.
702.	It's also an issue of knowing people's capabilities and managing these. Some people you might be able to take to the theatre others maybe to a park or gardens.
703.	I worry that if the service is not run by the Council, it will be just about making money.
704.	We are parents and carers for our son and support him like take him out swimming and other activities.
705.	Socialisation – mixing e.g. funfair for people with learning disabilities.
706.	Private day centres don't cover cost of transport.
707.	Internal day centre transport is integrated to cost of package.
708.	Carer – Extra care schemes are not practical for us.
709.	There is more people attending who use wheelchairs, need to make the service around them.
710.	There needs to be more staff <u>to</u> support people. There needs more time given for positional change.
711.	Can't predict how people will be feeling each day, planning is crucial.
712.	Negative to positive – access the community.
713.	Community Meeting Places and Buildings are still needed. Will some form of activities still be delivered in the traditional way as a way of groups still being able to touch base in familiar settings? Elderly Citizens depend on meeting for lunch with friends and other service users, they benefit from sharing mealtimes together.
714.	Facilitate the right support.
715.	Important that people who don't want to attend day trips don't fall through the cracks – find out why they don't want to go out.
716.	Peer support can be very powerful.
717.	Suggestion that all capabilities should be considered. E.g. fish and chip day, some clients are on liquid diets and can't speak, but still see the more capable enjoying – concerns this could have a negative impact on individuals' self-esteem.

718.	There's a need for greater communication with day care centre staff and the council, as day care staff know clients best after their immediate families– safety and trust felt with day care workers.
719.	Bxxxx is a cold, very clinical centre.
720.	There isn't enough choice for young people.
721.	People are reluctant to offer support to other outside their family due to health & safety.
722.	BCC Day centres have staff whose roles are Driver/Support Worker which is more efficient as staff can do two roles.
723.	Learn from other internal centres strengths; give them a better choice of activities.
724.	BCC services are outdated. BCC services are not fit for people with Physical disabilities e.g. Osborne Centre.
725.	It's nice to have opportunities.
726.	This cannot be done without a great deal of support, because of behaviour problems.
727.	This has to be what the person wants and not put on them.
728.	This is already being done.
729.	Is there anything in places for us? Will you give us choices and options? Who will support us? I want myself to be heard. I am very upset as I have achieved so much at my gardening projects, planting, seed saving, pricking out, watering, weeding cutting lawns, weeds, maintain site, BBQ picnics, cricket football, day trips of our choice, community work planters work.
730.	Provider representative commented – that the 3rd sector provide grant funded activities via the Neighbourhood Network Schemes developments.
731.	Less buildings and more integration with local communities.
732.	I don't mind going out and about, but I would not want to do that every day particularly during the bad weather. Equally I don't want to sit at home watching tv all day.
733.	I struggle in the community I suffer from extensive pain which limits what I can do.
734.	I do not think he would benefit as he prefers one to one support.
735.	Users should also be allowed to skype each other and do activities together such as going shopping or to the cinema. Also, in compliance with the Care Act, businesses need to be made aware of this and be sensitive, for example, someone wasn't strong enough to stay in control of their tray when placing it on the table and the drink spilled on the floor. McDonald's staff quickly cleaned it up and even replaced the drink. Although this was more due diligence Younger staff may have not been so mature and not handled it so well.
736.	Helping disabled people to have equal opportunities is great but using it to save money, as Govt. is doing, rather than to give people better opportunities, is bad. Transport and day centres are still needed. Individual payment can put pressure on carers or be misused and will need to be closely monitored which could be costly.
737.	But I need a consistent day service as I wander, I get bored easily I need one to one support in the community which will increase the cost of my care if I no longer access the day centre.
738.	I need daily full-time care and cannot be left alone at all.
739.	I like to meet different people, and this would help. My family would be happy for me to have variety.
740.	My sister will have to do more for me.
741.	I do not trust the community to support the people I care for.

742.	It may be hard for some who don't like the day centres.
743.	It will depend what care package is offered for each individual.
744.	I think it is important to go into the community so we can learn things.
745.	If the money that has been wasted on this consultation in man hours, venues, paperwork and presentations was put into more staff for the day centres then each person that attends the day centre would be able to go out into the wider community with their friends with adequate staff to accompany them. The person I support loves activities, cinema, pub lunches, swimming, bowling etc, but he wants to do these things with his friends. He would not be happy doing any of these with a P.A. At one time may people that attended the day centre also attended Bournville College but due to cuts that was taken away from them. If you want to improve the lives of services users stop giving services with one hand and taking it away with another people with autism dislike change.
746.	I want to continue to attend Alderman Bowen and go out into the community with family in the evening.
747.	My family want me to attend the centre as they take me out in the evening.
748.	I want to attend centre and go out into the community with my family.
749.	The community centre values the work people do here. But in addition, the project is a community in itself, made by the people who have strong friendships and support for one another here. They have a peer group with people who share similar issues/ struggles. Just going to shops/ high St with 1 to 1 support is not a very meaningful supportive way of being part community. We do supportive ways of being part of community. We support people to do meals, day trips, go to shops, bowling i.e. use facilities in community, but true community is more than that. People at our project have important friendship, have shared years together. Whatever strategy is put in place should support community project that people have and value.
750.	Issues were raised with PIP/disability living allowance and how these might impact on people being able to afford to go out and about in the community.
751.	Going out in smaller groups is more enjoyable as they get more time and their needs can be properly catered for as opposed to going on a day trip in a large group.
752.	Expanding activities e.g. disabled swimming – users understand it's not appropriate for everyone but those able said it would be really enjoyable – some are able to go with family member's, but others do not have these networks.
753.	People are nervous but at least it involves mixed people.
754.	Want to go out to the Community with support.
755.	Agreed they don't feel a sense of local community, unaware of community events, see the daycentre as their community.
756.	We need to have a hub/centre in the Southside of Birmingham.
757.	Important to keep the mind occupied – need to go out more in the community, attend daycentre to do activities they cannot otherwise do at home.
758.	Staff who transfer and cover a variety of centres need to have the skills to support the Service User.
759.	Previously went to Oldbury Portway Centre – did use to try their large hydropool – lack of support at Fairways to support this option.
760.	Some families go out into the community together.
761.	Need to locate a Hydro pool in Birmingham for daughter – Wilson Stuart and Victoria open in the evening. Focus to investigate.
762.	Can't see how any of this can be implemented given issues with costs and practicalities, e.g. cost of travel and cost and lack of availability of services such as hydrotherapy. Don't imagine that Birmingham City Council will build any new swimming pools.

763.	Have to pay £100 p/w to transport relative to and from the centre.
764.	Activities are expensive not just for people with disabilities.
765.	Lack of money impacts on choice and range of activities available.
766.	There's only so much they can do (need variety of activities) can't do the same thing all the time.
767.	The Service offers a choice of a lot of different activities for the Service Users to participate in throughout the week. However, there are limitations on the types of activities that can be offered by staff, sometimes for practical and/or health and safety reasons. Since a lot of attendees at the Day Centre have both physical and/or mental health disabilities. Therefore, activities have to be thought through properly and adaptable for the needs and limitations of Service Users.
768.	It was discussed that one size will not fit all. It was felt that day centres could possibly be revamped and be used as an out of hours venue.
769.	S likes to come to work do cooking go to the gym supporting people and learning new skill.
770.	As long as a choice is given, and the day centre remains open to all that wish to access it and other options are given for those that want them but not because of budgets.
771.	I would like to see more activities. He would like to do more outdoor activities as he would enjoy more varied activities.
772.	My son needs to interact with the community outside of his family.
773.	If I was able to access the proposed facilities, I know it would have a positive Impact on myself and family because they would not be constantly worried about 1. me being fed, 2: I been washed and dressed, 3, have I done my shopping. Then maybe my family and I could enjoy more socialising time together.
774.	I feel that each individual should be treated as an individual, each citizen fits into every box, so there needs to be a lot of flexibility. There needs to be a base where the citizen can come back to if things don't work out and day centres are needed to be there to support the people, providing a caring loving friendly safe place.
775.	I feel that the Day centres should be staffed to be able to access the citizen to other activities in groups. 1 to 1 idea make both the citizen and carers isolated they wouldn't make friends easily.
776.	Headways- Job - More money for the clients to do more things like exercise and things to help with speech. More access to physiotherapy.
777.	individuals often feel they are a burden to relatives & carers who need a break. The disabled person needs a break from carers. Community services don't have the training to give appropriate support which causes frustration to clients as they don't understand. Clients are then discouraged to attend. Therefore, specialised support is needed. Brain injury clients have multiple disabilities that need support and we often aren't considered.
778.	i have a brain injury with multiple needs and am currently accessing headway B.S which deals with both physical and cognitive issues I have. this support is crucial. I also have to rely on my friend taking me as BCC no longer pay for taxis and I can't use ring and ride as it crosses the boundary.
779.	I would like to be able to have more money / benefits to be able to go out and achieve my goals and buy my clothes etc.
780.	I want to do things as well as coming to a day centre.
781.	I got into the community with my carers shopping.
782.	People with different needs do need support. When out in the community they need support.

783.	Good for some people but not everyone. My son couldn't do lots of community activities.
784.	But he needs 1-1, can't be left. Some days may refuse, no road sense.
785.	A bit of both going community and day centre.
786.	People should be allowed to take part in activities.
787.	I like both New Roots and going out in their community.
788.	I like Ebrook but I would like to do a bit of both. I like my friends at Ebrook
789.	This is best achieved by organising this in a day centre and using day centres as a base.
790.	Disruption to day centres unnecessary Efforts should be concentrated on improving day centre services trips etc. rather than time limiting a proportion of service users this artificially creates an excuse of "under-use" to consolidate existing day centres.
791.	As I would need one to one to go places with me.
792.	The understanding of the users is that they will be doing extra alternatives rather than be brought into another activity outside day centre by where they live in the community. They don't realise they will lose the day centre where they go if ones are capable to choose, it should be one a trial basis for a period of say a month. Then asked again 'what they would like to do'.
793.	I want to do some in Day Centre and some in the community.
794.	Only with a lot of support.
795.	It would be at expense of the day centre.
796.	I need lots of personalised support, lots of transport (drivers too).
797.	I don't want to go too far.
798.	Some people have limitations and disabilities and may need added support.
799.	Where are all these trained people coming from?
800.	X would like to go into community and centre.
801.	Would like to have community activities but also be able to go into the centre.
802.	While considering service users, please look at the bigger picture. Some people with 'severe learning disabilities' cannot go out into the community. Also, for someone with severe learning disabilities there is very limited activities. The community do not want our people out there, they are too vulnerable and open for abuse.
803.	We are the parents of X if he goes to the community, he would require lots of support.
804.	Who will support us?
805.	I couldn't stay at home all day i would have to have something in place and someone to support me do things. I would like you to let me know who is going to do this, community places to access were they will be. I would like you to listen to my choice. My choice is to continue to access my gardening project already in the community.
806.	She would like to take part in different activities with staff help because she said that she need help to go about.
807.	I would be in the house and will not be go out anyway.
808.	I don't want to get bored.

809.	There is no proof that it's going to benefit citizens and there seems that the council are treating people different because people using wheelchairs (visible) are saving to get more support than others. Some will still have to option to attend the old model of day centre
810.	Will notice the lack of support for ABI sufferers / family members.
811.	It won't be long before the one to one hours will be reduced.
812.	Specific disabilities or hinderances have the requirement of specific help centres for individual alternate disabilities.
813.	X needs support when interacting with strangers outside his home or day centre needs support with all financial transactions and expenditures, impact without support may lead to X becoming very, very upset and agitated.
814.	Go out to access the community/ local schools.
815.	Mental health, social isolation, if not coming to the day centre.
816.	Combination of Day Centre & community is best.
817.	There is a lot of unknowns and the things people can do, but there has to be a full spectrum of support with staff in support who who already know their needs communications etc.
818.	Health professionals; Community Nurses; Social Workers; Occupational Therapists; come to the day centre to give an overview of what they do.
819.	Day centres should still be on the model.
820.	I agree abled bodied people, can pick up skills helping charities, but day centres need to be protected
821.	Day centres still need to be in place for those who want this. Not all citizens will be able /want to do things in the community. They still need somewhere to go where they will see/make friends, go out, do different activities and carers get respite.
822.	We still need to retain day centres. not everyone wants to or is able to access community services. lots of items e.g. learning about money managing, safeguarding, health and safety.
823.	I strongly agree with the proposals, however I believe service users may need a great deal of support, some even one to one, when taking them out in the community and in terms of transport.
824.	Majority of service users at day centres would not cope with the outside community on a daily basis.
825.	Day centres needs revamping and have targets to get people more active and be more involved in benefit work. Carers should get a free bus pass (to take service out and socialise) like other counties in the UK.
826.	Funding should be pushing into day centres with external providers providing services as and when needed both parties need and should work together. Services and facilities that are beneficial and in their best interests to enable them to live long productive and happy lives.
827.	I want to do things as well as coming to the day centre.
828.	I would like to go out in the community.
829.	I like going out from the day centre.
830.	require more service I would like to go out more with X and stuff.
831.	Going out more in the community.
832.	I think both doing things at the day centre and doing things in the community is good.
833.	to make new friends and to try out new activities within the community.

834.	I would be happy with some changes being made at the centre.
835.	A familiar environment and people are very important to my Dad and we would have difficulties encouraging him to go out and mix with different people that he does not know and in unfamiliar surroundings.
836.	X may not want to go into the community with someone he doesn't know.
837.	The service I receive at the moment gives me access to the community and support to do activities I enjoy. It is very important that I know, and trust helps me. Will the council support community initiatives?
838.	I would like you to show me about different activities in Birmingham and who will support me to do this? Will I have a plan if you take my service away?
839.	To reduce council costs and increase support in the charity sector, it's a good idea to open other opportunities for able bodied people. I think day-centres should still be protected for those who need/choose it. Where people choose to attend charities, there should be a pick an drop service with a co-ordinator appointed.
840.	I wouldn't be able to go anywhere without continuous support and the right transport to get out.
841.	Go to a different place try different shops.
842.	I like to go to day centre and do more things in and outside the centre. I want it to be more grown up in some ways
843.	X's communication skills are limited. She is unable to understand individual budgets. She would probably enjoy having a variety of community and other opportunities.
844.	I will be unhappy i can't go out.
845.	X would need support with this.
846.	X goes to different places in the week. Monday goes to a food club where he makes his own lunch. Wednesday and Friday Ebrook day centre. Thursday, he goes to a gardening club at liberty house. Friday night goes to a social club.
847.	Only if there is a care package provided. It would be difficult for X because of his communication skills.
848.	Because the person I care for does not like to go into the community on his own he just goes out with family. He is very stubborn we need more support.
849.	I like the challenge of going into the community however I could not do this if I was not alternately at a day centre once a week.
850.	I live alone still my parents died. I have cerebral palsy which makes me vulnerable in the community. I lose my balance. fall in the community. I would like to engage in activities when not at the day centre.
851.	Would like to take part in many activities with help.
852.	I believe the system is going well. I understand people may want to go to other places, but it should be organised through the centre. Any external support should be organised through social workers.
853.	Although active and alert most of the time. Sometimes I have problems with mobility and a medical condition that makes life a little bit difficult for me.
854.	Would help him to be more independent, but he's too trusting of people, would not be able to travel on his own or deal with his own money.
855.	Could make things work as if more people are out in the community, people like my brother may not have a centre to attend or there may be a huge impact in funding for day centres, leaving him with either nowhere to go or to change where he goes with not adequate support for his needs.

856.	X likes to go a bit not all the time.
857.	I have power to go out more places.
858.	I like coming to the centre but would be open to more ideas.
859.	I like doing things in the community, but I think we need day centres as well.
860.	There is not enough support for me to access the community.
861.	There is no proper support for me to access community.
862.	As long as the support is there, if someone is with the service user.
863.	It really depends on if the choice to attend the day centre is also offered alongside community-based activities.
864.	I take part in activities outside as well as in with support from staff.
865.	I would be happy for someone to come to my home & take me out to places of my choice.
866.	I need help to even leave the house does your idea mean I would get one to one help to do these activities. I don't think so.
867.	I believe that I would be unable to leave the house and just be a visited prisoner in my home. - My husband would not be able to get any break.
868.	I don't know if I would be supported in the same way that I am now.
869.	I like to go out and about and let my carer know through nonverbal behaviour.
870.	I don't want to go museum McDonalds, cinema every week.
871.	We would not be very happy to let her go out on her own, we have never done that, and we are not going to start now. Happy to participate in activities with carer in attendance.
872.	Being able to go out is dependent on the weather.
873.	Need more opportunities and activities, but there is a lack of funds.
874.	Money is an issue when financing activities.
875.	With some help.
876.	I want to go to things that are designed for me. I like Four Seasons and Mencap group.
877.	Not many day centres support for complex needs.
878.	Would cause worry if our son was forced into situations that he could not cope with.
879.	The people we work within our day service face many challenges and we work hard to ensure we are raising awareness for disability. The more awareness the more our people will be considered, and hopefully local high street and services can be inclusive and accessible. We deliver a bespoke service and are service user led, many of our activities have been born out of the ideas from our citizens: a rock band, horse riding lessons, music, tuition, art lessons, accessing the community health and wellbeing sessions, wheelchair dance, tai chi, day trips, holidays, shopping, meals out, advocacy in social service reviews, attendance to Birmingham City Council meetings and more. We go above and beyond for our people, perhaps we are different and unique in our service delivery because we are a third sector organisation. We feel we have a duty to raise awareness for the challenges our disabled citizens face. The cost to services for our people will have an impact and often it not for the better, we just leave people in isolated circumstances.
880.	The stress concern and worry of our daughter going out into the community on her own would cause immense stress. we would not be happy at all.



881.	We are happy for our daughter to participate in activities that she is happy to get involved with, but there must be staff in attendance at all times.
882.	I would like to access the community more.
883.	It is unrealistic to expect my son to cope in the community.
884.	Here the needs are complex, and any service would have to be able to cater for these.
885.	In order for people (clients) to be in the community it takes a combination of support from Social Workers; day centres, carers, everyone.
886.	There needs to be more opportunities for disabled people to go out and get involved in activities with able bodied people.
887.	Adults with autism need fun and fulfilling opportunities to do on a day to day basic - they need to be free and accessible facilities - holistic support - art therapies- music therapies-mental health support.
888.	As overleaf, it will be difficult additionally for citizens to transition who have been used to "service provision" for many years in buildings- concerned how this will be managed especially with citizens who live with older carers potential to have an additional impact on other services.
889.	My citizen does not wish to participate in a lot of opportunities available to her. and at 67 years of age the choice is hers. as her carer I take her out with me every day. She has no idea at all regarding money and needs support when making purchases and directions.
890.	Holistic support should be adopted wherever possible. Sometimes restrictions do cause difficulty i.e. going away and getting environment checked prior to attendance to ensure adequate health and safety.
891.	All these activities outside a day centre depends on the ability of the person you care for. - Wheelchair user - No communication - 24Hr Care requires - Epileptic - Severely disabled.
892.	Ebrook staff/ service user – the change has been good as they have seen what's out there in a different practice.
893.	Lower level dementia doesn't necessarily need a day centre or supervision there is not enough, clubs etc. Out there in the community. Some organisations don't want people with mild dementia to attending their clubs etc out their clubs.
894.	Difficulties of how we get people involved outside the house. Some people are very private. Some people's perception of day centre is a feeling that their life is being taken over by other.
895.	We are changing the way we work for younger people getting in their 50's. Having sessional groups. Within 1 centre – room divided in to different activities e.g. nail painting & gardening have increased the staff to support the model – We also have volunteers coming in and running activities.
896.	Would like the opportunity to go out on a 1:1 basis more – at moment have to go out in a group.
897.	Day centres should become hubs; a network should be built up so that people are aware of what activities they can access and where.
898.	Learning disability adults need to be out in the community. Dementia service user need a base.
899.	Closed internal services but they went out to external. Dementia and adults growing older with LD are growing in number. Neighbourhood networks is a preventative service to support people to stop coming in to care and accessing communal / community services.

900.	Delighted – that the amendments have been made. Older people want to be in a place where people can be well looked after. Believes that the service is as much for service users as well carers. Offers a lifeline to carers. People with complex needs require a day centre.
901.	How about bringing additional activities in the centre rather than people visiting a variety of different places.
902.	We have links with the local community; Moseley Folk Festival is always popular.
903.	With the Commonwealth Games in Birmingham it would be lovely if this was inclusive for all.
904.	Service user – would like to go out into the community but would like more support to be able to do so.
905.	Socialisation with other day centres to get to know other users.
906.	My son can do some things, but for others he needs constant supervision. I'd love him to go out, but he can't do certain things like go to a disco or party.
907.	People with mental health issues often need a safe place in the community where they can drop -in, spend time, get support, all without being stigmatised.
908.	Day care centres are not ideal for people with chaotic lifestyles.
909.	There is such a Broad range of services and clients, and you will always need services for people who are unlikely to ever fully integrate into the wider community.
910.	Perhaps if a trainer could come into the centre then that would work. Trying a new activity for a few weeks to see how it goes and evaluating the sessions before putting on anymore.
911.	Service user would require 1 to 1 help with certain activities like swimming.
912.	In house transport services to support specialisms.
913.	Variable activities, with flexibility and appropriate integration.
914.	Whilst going out into the community is important it should be recognised that day care centres can be their own communities.
915.	In terms of involvement with local community, felt that aspects of this already exist.
916.	A lot of service users are sent to specific activities, but they need more choice of activities.
917.	Some of the Day Centres specialise for specific needs but it needs to be more flexible e.g. Moseley specialises in woodwork, Elwood does something else instead of all activities being in one specific day centre. We need to utilise the Day Centres more so that others can attend.
918.	Families use us as a hub not just for Day Opportunity Services, they rely on us to provide a holistic service and we provide a lot of intervention which if ends all good work will be undone.
919.	Community is not where people live, but where they go is where they see their community.
920.	Services working together and joining up is crucial and beneficial.
921.	Impressed with Neighbourhood Networks. Thought it was important to focus on more local provision rather than sending people across to the other side of the city. Has found from own experience that this helps people to find out what else is happening in their local area and to make links. It is a good way of sharing information and what your service can do.
922.	There are no resources in local area for people to make use of.
923.	X agreed that she would like to go shopping in the community and attend day centre.

924.	I have help from home care with my wash and my tablets and breakfast, but I can't go out on my own, I would be scared. X does not understand the cost of things or how to budget, she has extensive support from her main carer. I would need lots of support to participate in activities in my community and I'm not sure I could afford it.
925.	I like doing things in the community but need help to do it. I need support to get places and get home safe.
926.	I think we should have more support out when we go out.
927.	Routine is important for everyone special activities are usually a treat at weekends.
928.	My brother was in a private day centre, this was no good as he was just left alone in a corner.
929.	I like what he said, I like the ideas. I like doing things outside the centre.
930.	I like to be out in community sometimes and come and see my friends at the centre.
931.	I like to be in the community and also at the centre too.
932.	I feel I am a burden to relative & carer and discouraged from the community services. There will be less opportunity to talk to others with similar disabilities. Specialist support helps us learn more about our injury (better insight/ awareness).
933.	My son would not feel safe just going out with one person. He is happy to go out in a group of people who have the same abilities as himself and knows that he will be going back to the centre afterwards.
934.	Keep the centre going but within that base explore further options outside of that – the centre to be a place where they can come and go.
935.	More choice and more activities with the day centre as a base.
936.	If the day centres were not there, both the service user and their carers would be excluded from the community. As the day centres allow service users to take part in activities in the community and allows carers to use the free time to go out and about.
937.	Carers are happy to volunteer in the day centre offering services. One carer has a licence to drive the bus if they are short of staff.
938.	The disabled are already pushed back in the community and struggle to make themselves understood even with the professionals such as doctors and hospital staff.
939.	She has a 'Home School' diary so we know what activities she has done. We are concerned about her weight, so we worked with the centre to manage her weight
940.	Carer – It's good that staff watch my sister's weight. They have healthy eating options so we can watch her weight/food at home. We can see her progress via her Home Diary
941.	Brother has gained in confidence and improved communication. Has also learnt toilet training and lots of other skills in a short amount of time.
942.	Staff are very supportive.
943.	Even if they want to go out there's nowhere to go.
944.	Need to look at grassroots to get things in place.
945.	I don't go out by myself; I need support, something could happen.
946.	People need to be aware that there are people with special needs. It is being recognised in the community that there are people with very complex needs.
947.	Community as a whole needs to come in to our world not us coming in to their world.
948.	My sister will not allow me to go out – I would like to go out with staff support.

949.	At Brook house staff took me out and I would like the centre to support me to go outside.
950.	Thought it was a good idea to consider other things for service users to do.
951.	I just want to be more happy and go out to more places in the community.
952.	It would be great to see priorities changing in relation to the provision health and social care day opportunities. Birmingham is such a great city and its citizens with needs should be able to access diverse and effective day opportunities to increase their enjoyment and participation in at their community.
953.	It would take away some of the concerns of our family member not being a valued member of the community. Currently, Day Care provisions are not appropriate for all.
954.	X enjoys coming out chair and try different activities.
955.	Might be a better outcome for X as he will have a wide range of activities to choose from in the city and may have lot more left over to pay for carer to take him out to get access to activities instead of just being in the centre but would also like access to the centre.
956.	I like to see different people and going into the community for activities will help this. I enjoy my days at the day centre but would like the variety.
957.	Yes, I do because service users can explore Birmingham city centre and other places.
958.	Their disabilities can also prevent them from doing lots of things in the community no matter how much you try.
959.	Partnership: One provider gave the example of a young autistic man who was held back by the lack of services provided. The Day Care setting was not challenging him enough and limiting his progressions. Furthermore, the mum could not afford more than one Day Care session, as the direct payment did not cover it. This lead on to discussing how partnerships between providers would allow for a more tailored approach where vulnerable adults could have the right level of care.
960.	Weekend outings to be available rather than just weekdays.
961.	There is a school next door to Elwood, that has closed down for some time. Could this not be made into a day centre instead of it being left unmaintained? With all the things that are going to change, to bring things into today's perspective why not charge a normal fee for service users like myself to attend the day centre? This would also help towards the upkeep of transport.
962.	No one is listening to what I want my wish and personal choice is to attend Four Seasons and continue with gardening, growing plants and vegetables you and these meeting are not clear on what you want for my future not giving me any information about the community options and who will support my future progress.
963.	You fail to use social value well for vulnerable adults. Look how the city council procures yet people with learning with cant get work volunteering or anything else. Also, you don't assess community groups who want to deliver sessions which often can't afford to use spaces in the local community, yet you want local how will this work.
964.	It is important to listen to the needs of all adults with "special needs" these with physical difficulties cannot always easily access external providers.
965.	in theory the proposal is what is needed, my biggest concern is that many social workers are given budgets and will only get what is free rather than pay for the specialist services that those needing personalised support need. Brain injury is not recognised unless the person is in a wheelchair.
966.	The carers also said that they felt comfortable sending the service users to the day centre as they were well catered for, but that it would be nice for them to be able to have more events Page 232 of 490s or in the evenings.

967.	Our own experiences previously of community-based services is that they have not been as well organised as day centres and are run by people who are underpaid.
968.	We prefer that Hockley plan, support and control the activities in the community. Hockley should be Hub.
969.	Sometimes more able clients help supporting others and are able to speak up for them. Does depend on the individual whether they wish to access the community more. Having a mix of clients can be beneficial and stimulating to the more severely disabled.
970.	She said that she needs help she cannot do thing outside on her own. Someone has to be with me.
971.	Some users are aware of a staff shortage which restricts them being able to go on daytrips and outings they would perhaps like to go on.
972.	Ties in with the social work 3 conversations model. Using social prescription also helps to refer people onto the right activity to support the individual.
973.	It appears that although a person with a disability may be able to do a lot for themselves, there are times when accessing the community is difficult, again with funding not available. Sometimes there is disagreement with the outcome of some assessments.
974.	It's important to look at other day centres all of them offer different things.
975.	As long as they are supported by staff they are used to and not volunteers. Although each individuals' needs are different and so would need to be catered for.
976.	This has to be assessed against the service user's ability to undertake the activity.
977.	It is very difficult for my aunty to understand any changes due to her complex needs. As her advocate observing the proposed changes, I feel that they are highly irrelevant to X due to the level of support required to access anything in the community.
978.	As we work with people with dementia their ability to access the community diminishes. They have to be monitored carefully as some will decide that they would like to 'go for a walk'. They need a routine and in some cases a change in that can produce an adverse action. They can also spend a day doing activities, eating a meal etc. and will not recall anything.
979.	It was confirmed that it would be a Birmingham based service with resulting informed strategies. It was agreed that it would benefit from having local venues to hold meetings – i.e. Sutton Town Hall, libraries, community hubs and churches such as the facilities at the United Reform Church Sutton and Holy Trinity were suggested.
980.	X is physically disabled and enjoys being in a social environment and different surroundings enjoy watching football likes to be out and about. Has council got the budget to do outdoor to shops, cinema etc?
981.	Make the most of a vibrant and developing city; ensuring access to the wide range of activities Birmingham has to offer. The committee strongly agrees with this statement especially on integration of day opportunities with the wider everyday world of Birmingham ensuring users are seen as, and live life as, integral and equal participants in City life and the wider community. While integration of day opportunities into the wider community is a worthy goal, it is vitally important that existing day opportunities remain while the wider community assets actually become available.
982.	I have seen first-hand how effective luncheon clubs are - that is a non-threatening way of bringing people together, informally and is to be encouraged - consistency of services and this and other areas, as the report says is also to be encouraged. I have seen how effective centres, such as the Phoenix centre in Erdington are, though it now seems to have reduced services and staff. Why, if BCC's direction is for improved Adult Services? It should be wider advertised at bus stops, as to who can use these services.

983.	It seems to me at first a simple plan of each day centre to work towards the needs of the individual and accessing a wider range of experiences. Plus, all day centres working with each other for best practice, to share resources, ideas and planning. Staff have to be flexible and realise the needs of the people they are supporting neither staff or service users should be pushed too far beyond their comfort zone or capabilities, if boundaries are crossed too far there is no shame in a step back/ If it's not a happy, settled friendly environment, you have no chance of making a relaxed, informed, useful and positive hub/base to work from, to work towards all round development and a balance person in staff and service users. All agencies should share information openly when appropriate.
984.	The Service Users all go out, when there are the drivers available. They have their activities and go out into the community they have their friends a purpose in life.
985.	The cutting back on transport [public, disabled, ring-and-ride etc.] is causing issues which is stopping citizens from accessing services. It will be interesting where the money is going to come from to fund the extra transport needed to provide the right infrastructure to support the proposed changes.
986.	We want to bring people out from their caves with some form of socialising.
987.	It is about finance too. With travel training you do apply for a bus pass and enablement help to find them activities and apply for bus passes to do that. I do not know who is funding this for them to get out and do those things in the community.
988.	Some people want to do different things and they are not been given the opportunity.
989.	The skills of the Day Centre staff need to be retained.
990.	It needs Day Services that mix with the local community and local people.
991.	Services in the community need to get better at being more inclusive.
	<b>Day Centres are Important</b>
992.	People become isolated when they don't have the support they need to access the community.
993.	Discussion about people being institutionalised. Other felt that it is just as important that people feel part of a group and it's not just about being institutionalised.
994.	A lot of the Service Users attending the Day Centre absolutely need and like structure and to know what they are doing and when on any given day. Change can sometimes upset them, if activities get moved around or cancelled at the last minute.
995.	Any new activities have to be integrated and brought in slowly, and staff plan all activities a week ahead of time. So that everyone is aware and knows what activities they will be able to take part in the following week at the Centre.
996.	Service Users are encouraged by staff to do as much as they can for themselves and they like to be active on the whole and stimulated and involved in tasks and games.
997.	Sometimes family members of the Service User come along with them to the Day Centre too and they get to know the staff, and over time the Service becomes almost like an extension of general family life really for their relative.
998.	This Day Centre is very important to the people who attend it.
999.	If we go into the community, we need support to access facilities, here there is support on site.

1000.	Service provision is changing, with there being more opportunities out there and the ability to utilise services like direct payments – it has allowed there to be events outside of day centres. Yet day centres are still central to services and there must be an emphasis on keeping these open and well-funded, to aid the citizens with their choice/control and independence.
1001.	I don't think many service users will want to change or use the service. Who will fund the placements for us? centre or family? Will we have any days at the centre to keep in touch and to get help with placements/ activities/ we have a key worker to help us if family not around
1002.	I am able to engage with people that have been through the same experience as myself and learn about what is wrong with me.
1003.	I am very sad thinking my project might close. It gives me life skills and enables me to reach goals in all my activities. I access the community doing kings heath planters being involved with Highbury Hall Orchard Project. Highbury Park Activities. Apple Pressing open gardens, cricket football, badminton.
1004.	You have not checked that activities and the wider community is suitable for a person with disabilities. Day centre gives you as a disabled person somewhere to go where you can meet friends who also have disabilities. They give you a sense of community and understanding they arrange trips which help you access the wider community and activities. Which is on direct payments would be unable to do.
1005.	I want to do things with my friends at the centre.
1006.	I would like to go to the day centre and out in the community but I like my friends at the day centre I like to try doing different things.
1007.	Makes worse because I would miss my friends and the activities as we all are one big family in the day centre.
1008.	I enjoy going to Ebrook I have settled with staff and other service users and helps with my social interaction.
1009.	I would like to attend Beeches Gold and go and try activities from there.
1010.	I want the day centre opened because it enables me to interact and meet with my friends. I also want an opportunity to do more activities with them.
1011.	The day centre services are my lifeline. If I haven't got a day centre to go to; it's not worth me living. My full-time carer (my husband) is not in the best of health, therefore me attending the day centre gives him the opportunity to get respite (and have a rest). I have the opportunity to cook a fresh meal whilst at the centre every week. And this is the only fresh cooked meal that me and my husband eat in the week because we both cannot cook. Day centre staff make sure that we have a good cooked meal every week. Husband is 81 and I'm 76.
1012.	Without the day centre I don't have my friends and my support systems. I depend on the day centre as my place of outlet I am begging for the day centres to be kept open and will do whatever it takes to make sure I have a day centre to go to because it is my lifeline. Support worker and staff at the day centre help me to sort out my problems please don't take that away from me. It makes me very emotional to think of how worse things will get without having this day centre service
1013.	I come here because I like the people.
1014.	I would rather come here than go anywhere. I like the staff here, it's lovely. We get what we want.
1015.	I was at forward for work for a year and was not given a placement. My mom is old now and she needs some time to do things and she knows that I am safe at the centre.
1016.	I get anxious when I am out sometimes and if I get very upset, I have an absence. I would get very worried if i was not with my friends. I go out with my family but love being with all my friends at the centre.

1017.	I care for my daughter who attends a day centre I know she is in a safe environment and has many friends Her speech is poor so communication is vital and somewhat difficult trying to find and access various providers of services has proven to be a nightmare in the past so what has changed for her the only option has always been a 'day centre' where I can relax knowing she is happy and being cared for.
1018.	Family have stated that she like attending day centre, like music, local walk and sensory stimulation.
1019.	I want the day centre to remain open otherwise it will be chaos for my mum.
1020.	I would want to continue going to the day centre and to be around people who understand me.
1021.	I enjoy going to the day centre, I feel safe and happy and get to see my friends. I like the centre, I would feel sad if I could not see my friends. I like to see the staff to help me do flower arranging, going to the cinema and shopping.
1022.	My confidence has improved since going to the day centre. If I couldn't come to the day centre I would miss my friends and having a laugh with them and I would miss going out. I would feel sad. Going to the day centre gives me something to do during the day rather than being bored and staying in the house.
1023.	I would be upset if I could not come to the day centre, I would miss learning new skills and my family would be upset.
1024.	I would like to come to the centre and socialise and learn new skills. People in the community probably don't understand me and cooperate with me.
1025.	I like coming to the day centre, this makes me happy as I see my friends and learn how to cook and make a sandwich and a drink.
1026.	I want to attend day centre because I like riding bikes, art + craft, disco aspiration.
1027.	If my son had not got the centre to go to he would be bored sitting at home.
1028.	It would make me feel sad that I could not come to the day centre. I go to the gym, football, swimming and see my friends. My carer who is my sister works and would not be able to care for me and work. I do a lot of things at the centre and I would miss out on these if there was no centre. I feel very anxious.
1029.	I have the opportunity of being supported to be out of my wheelchair, to see my friends, listening to music and playing musical instruments. I enjoy coming to the day centre.
1030.	Carers felt that they would be happy for citizens to access services in the community as long as they were accompanied by staff from the day centre.
1031.	I love coming to Harborne Day Centre and doing the activities.
1032.	This is the only internal day service on the south side of Birmingham.
1033.	Harborne is fantastic.
1034.	X has got worse over 39 years, difficult for the carer to fully support, here there are trusted support.
1035.	At Harborne R.C, the service users value the sense of community they enjoy at their day centre, the support from the staff team and the break it provides for themselves and for their carers. However, many feel that the principles of greater choice and services in the community have little practical application to their families given the complexity of their needs.
1036.	Service User suggested undertaking a race to raise money to keep the day centre open and other money raising events. The Service user loves Harborne Day Centre and has been coming for 10 years, she attends 5 days a week and it's a way of socialising and taking part in different activities. She has made friends that are more like family, she loves it here.
1037.	Get excited to come to the day centre.



1038.	Without the day centre I would just be at home with my mom.
1039.	Happy with knowing what and when things are happening, having routine and familiarity.
1040.	Need a building for safeguarding.
1041.	If they don't have regular staff, they won't understand our kid's needs, that's why building based is better.
1042.	I would like to recommend Harborne day centre to other carers loved ones to attend.
1043.	I love it here-I don't want anything to change.
1044.	The centre gave them a good quality of life and meant they could be with and around the people they wanted to be with. A service user spoke and said that they really enjoyed the day centre and wanted to go there as much as possible. She expressed that she already got lots of choice of activities and gets control over what she wants to do.
1045.	General opinion we got from the Service Users we spoke with were that they love coming to the Day Centre, as there is lots of choice of activities to do and they get to meet friends they have made through going to the Day Centre and socialise a bit.
1046.	Service users were generally happy with the Centre and the staff who run it and would not change anything.
1047.	It gets me out.
1048.	The community has very poor facilities, buildings and services for us so we still want to keep the day centre.
1049.	All agreed the daycentre is a lifeline and the main form of socialisation in their lives – otherwise would be sat at home doing nothing.
1050.	Happy to come to the centre have been coming here for nearly 5 years.
1051.	There is nothing in the community, so the D/C is a big asset.
1052.	Day care provides socialisation even for those who live independently.
1053.	Being able to come to a Day Centre along with a family member who also accesses this service.
1054.	The day centres are already doing what was presented and I don't think that coproduces in the community would give any better value for money service. They certainly would be less secure, the day centre is the one certain, stable thing in my brother's life and secure.
1055.	This centre is my child's lifeline. They are brilliant.
1056.	Everything said before day centres closed - my child shuttled to another day centre - Hockley which he now enjoys. He will not cope with yet more change.
1057.	My daughter is very happy at the centre she meets all her friends.
1058.	SU – Like coming here.
1059.	People have their own timetables here with activities of their own choice.
1060.	Loves the activities at the day centre.
1061.	Want to continue with the activities they do at the day centre.
1062.	Feelings of happiness when attending the day centre, enjoys the activities.
1063.	Activities are geared for them.
1064.	Everybody at the day centre are given activities to match their abilities. Everything is structured here to their abilities.
1065.	As long as I can come and access the service I have.

1066.	For my mother's needs, going out into the public is not an option and day care is needed for families who need this service to have a life.
1067.	I love it here and would not like to see it go.
1068.	Being at the day centre makes me happy. I like to see my friends making jewellery and learning how to cook.
1069.	I am unhappy if I wouldn't be able to access the day centre. All my friends and staff who support me are always there for me, I am able to do lots of activities that enable me to continue with using my skills in all areas and maintaining my skills, it's very good to be here for my wellbeing. If I wasn't able to access my centre, I would feel isolated, and lonely.
1070.	I would feel sad if I couldn't come to the day centre. I come to Hockley to work in gardening. I like to go out and garden at people's houses. If I didn't come to Hockley, I would miss my friends in GF's.
1071.	I enjoy my time at the day centre. It provides me with a structure and a feeling of belonging to a group. I am not sure how I would be able to recreate this environment if the facility was not available. I have attended the centre for a long time, my friends are here, I feel safe here, my support is here.
1072.	I like coming to Hockley to do fun activities, and to see my friends. I would be lost without Hockley to see my friends and colleagues.
1073.	I like coming to Hockley because I do lots of different things like, exercise, walking, Acupack work, green fingers work in the peoples gardens. I just like coming here to meet my friends and the staff. They support me to do things like, shopping for personal items and then coming back to work in Acupack.
1074.	Likes to come every day to Care First.
1075.	Offer varied activities to continue to stimulate with a day centre.
1076.	Continue coming to centre – transport to home and daycentre – got a clear routine.
1077.	My parents died, if I don't come here, I have nowhere else to go.
1078.	Like the centre.
1079.	Like the routine.
1080.	My son would not say anything at home but opens up when attending the centre.
1081.	I am here I am open but at home I am more of quiet person.
1082.	People are grateful this service is here and in the country.
1083.	I like coming here and talking to the centre groups and being involved.
1084.	These centres are ideal for everyone's needs.
1085.	All see the daycentre as a lifeline relief and feel lost when it's closed e.g. over Christmas.
1086.	Monday's go out with Headway for support.
1087.	We do activities away from the centre which are organised by the centre.
1088.	Day centre is not just to come in and stay – they provide days out, stimulation and personal care.
1089.	Very happy with the centre. This centre works well for people with high support needs.
1090.	We want to stay at Fairways as there isn't anywhere else to go. When they were closing Fairways last year we didn't have an alternative centre. Nothing else outside of the centre.

1091.	Fairways is a model for all centres. The centre provides a service for older people, people with mental health issues and people with learning disabilities. The building is suitable for people with physical disabilities with complex needs.
1092.	We want to stay at Fairways as there isn't anywhere else to go. When they were closing Fairways last year we didn't have an alternative centre. Nothing else outside of the centre.
1093.	The council shouldn't leave older people with complex needs without a day centre.
1094.	The building is made suitable for physical disabled. Suitable for service users with complex needs.
1095.	We want day centre not community on for older users.
1096.	As long as I continue to attend my day centre.
1097.	I enjoy seeing my friends and spending my money in the snack bar. I like learning new skills and being at the day centre.
1098.	Without a day centre I would be bored.
1099.	Without the day centre I would be bored and I like coming to the day centre.
1100.	If I didn't come to the day centre, I wouldn't be able to see my friends and have a good time, take part in lots of activities that encourage me to do my best, this enables me to be using my skills at all times. I enjoy tidying up around the centre, making sure it always looks clean and tidy, I'm proud to be part of the day centre. I'm also involved in Aspirations evening club which the centre provide monthly, allowing me to have social gatherings with all my friends, without this, I would be lost.
1101.	I want to come to Hockley day centre, I love coming to Hockley to see my friends and staff, who help support me to be a quality life.
1102.	I will lose my friends and it's not fair on my carer, I enjoy coming to the centre.
1103.	I would like to attend Day Centre with my friends / staff from Hockley.
1104.	I love coming to the day centre, my sister goes to work, and it's difficult for her to get someone to look after me. My friends are here, I enjoy all my activities at Acupack/Hockley, I like my independence.
1105.	I feel we need this service and all the support we can get.
1106.	This is my lifeline.
1107.	I enjoy coming to the Day Centre. This enables me to learn different skills, which I can't do at home. Also, I will gain a lot of independence and use it to help myself with support at home. I like being with my friends and socializing with the staff. Using the I-pad which helps me to communicate and support me with the day to day tasks such as coaching, learning more with Makaton as I am deaf, and hard of hearing, this is very important to me.
1108.	My son attends Alderman Bowen day centre and has done since he was 18 years old, he is now 37. He is entirely reliant on the services and both physical and mental support that he requires from the people that work there. He has major problems interacting with his peers or people he does not know; however he has built a close relationships with his peers at the centre that he enjoy seeing weekly. He needs structure and routine along with support they he would only receive from the environment he currently has.
1109.	People that attend day centres attend them because this is the right support for them. If they were able to travel use public services or integrate with people or them community don't you think they would already be doing this or that would be supported to do this by their family. if these services close it will affect these services users lives and those of their families/ carers too. Carers would have to leave employment to care for them.

1110.	Services provide an excellent level of services for users. They ensure users build users to push with their peers always encouraging users to push themselves to grow and develop new skills. They support and provide a safe and nurturing environment whilst making sure they develop living skills and where possible integrate users into the community but always at the user's pace. They listen and support users to make the right choice for them and always listen and change ideas if requested.
1111.	X would like to continue to come to the day centre, if she doesn't have this opportunity again, she will be upset and quite sad.
1112.	My uncle loves the day centre at Alderman Bowen - he has been using it for probably the last 30 years. He doesn't feel confident enough to go out into the community. All his needs are met very well at the Day Centre.
1113.	My uncle likes a set routine and familiar faces which he gets at Alderman Bowen any change will cause all of us unwanted grief.
1114.	I want to continue to attend the centre.
1115.	I want to come to the centre.
1116.	X enjoys the daycentre at all times, is highly autistic and carers have to bring to the day centre-even when it's closed to prove centre closed.
1117.	I have been attending the day centre for over 25 years, it is a place that is part of my life, I see all my friends, have people's encouragement at all times. Everyone has my best interest, look out for me and support me to achieve my best, and looks after my wellbeing.
1118.	However, without a day centre, X. would exhibit behaviours as he would become bored and lose his friendship groups. It would also impact W.S. elderly carers who need respite.
1119.	As long as I continue to attend my day centre.
1120.	My sister has many problems including agoraphobia. The only place she goes is the day centre – picked up and dropped off by fully trained staff. You cannot just replace day centre staff with anyone; they are knowledgeable, sensitive, caring, professional, reliable, dependable, and patient. You aren't going to get that from just anyone who puts themselves forward as a 'qualified carer'. It would be irresponsible to sanction that.
1121.	X stated, "I'm not happy that I cannot come to the centre in the future". Because I could not see my friends I would miss all my friends, I do not want to move. I would miss the gardening of people's gardens and driving out in the van. My choice is to stay here and see other people. Will be dependent on the centre. My carer and sister would not be able to work, she needs to go to work.
1122.	Would be distraught without day service as is very routine based.
1123.	I badly want to still attend the day centre, majority of my friends are here, I like coming here it helps me to come out of the house, and I feel safe, I enjoy Acupack/Hockley Day Centre, I gain loads of experience trying out new activities and gain my independence.
1124.	I want to come to Hockley and then go out with my friends.
1125.	X said she wanted to come to the centre to meet her friends. She also said her mother gets a break when she comes and her family know it is in a safe environment.
1126.	I enjoy coming to the Day Centre as this has given me lots of choices.
1127.	I love coming to Mary Rose where I learn things in a safe place with help from the staff.
1128.	If having complex needs means I still have the opportunity to access the day service, then that's okay. Without my day service at Cerebral Palsy Midlands, I would be without support, I'd be stuck at home more and more and would lack things I can access and do.

1129.	The day centre helps me to be with my friends and make new friends. I have support off staff who listen to me, when I talk. They help me access activities by encouraging me.
1130.	I think it's very important that we have Day care centres. It has helped me to interact with people of different backgrounds and take part in different activities I feel that coming to a day centre all week helps me emotionally because I am mixing with people during the day & doing activities. It makes me feel valuable as a person.
1131.	My son loves his daily trips to the centre it gives him focus and continuity. For him it would make his daily life worse as he can become very isolated when not being actively part of a communal activity that the centre provides
1132.	I need my day centre as this is my only social place, I get to do things that help me. The staff help me with my mobility and when I need toilet. The centre also helps me to learn new skills, they take me away to Blackpool for holiday.
1133.	I love coming to the centre, I don't want to leave because I enjoy myself. Just want Alderman Bowen because I meet friends, I feel fantastic.
1134.	Studies such as that by Kings College London (2018) show that, day centres are a life-enriching gateway: · to companionship, activities, the outside world; to practical support, information, other services · to the community and to enjoyment; for socially isolated people unable to go out without support. And that they offer added value beyond the purposes for which they are commissioned or funded and beyond the expectations of those who attend, given their original reasons for attending.
1135.	My son has been coming to the centre for a few years. His behaviour has changed dramatically for the better. His social skills have improved greatly. His behaviour has improved a great deal. I think it would be a great disservice to these weak and vulnerable people who hardly have a voice or an opinion.
1136.	Why change something that works. My son functions very well structure due to his autism. I believe making changes within the centre and disrupting his daily routine as it is will affect his mood and his behaviour.
1137.	The purpose of having a day centre is for service users to have opportunities during the day, which supports the carers and service users.
1138.	Crap. I am happy where I am with my friends and my varied activities. I feel safe here.
1139.	Carer – My daughter is happy here at the day centre, she gets support from staff.
1140.	Carer – There is more choice here, the staff are more interested.
1141.	We have staff that do the best care and we can get advice, support with problems, not have to bring it to other professionals.
1142.	Care staff give us guidance.
1143.	The facilities are here use the centre to maximise use.
1144.	A service user at The Fairways, he and his wife were in this small group discussion. His wife brings him to The Fairways 2 days a week but have also found another place to take him privately that the council do not fund. Service User has dementia, but said he really enjoys going to the day centre, and his wife uses it as respite, and it allows her to get on with daily tasks. He said he enjoys doing word searches and using the computer but does have a bigger range of activities at private centre.
1145.	If we didn't have daycentres, I would be bored. It would be good to come here.
1146.	I like coming to the centre best. I don't want to stop coming to the centre
1147.	I have a choice and I want to come to the Day Centre, if I would choose the centre.
1148.	Service users know the day centre inside and out – need to be careful about upsetting the 'status quo'.

1149.	With day centres you can ask for help to allow service user to live a fuller live.
1150.	We/family are happy that she is happy and secure.
1151.	Carer – Really satisfied with staff, safety is good, family are comfortable, there is lots of entertainment to keep people/users active, they have a “good life”.
1152.	When my son turned eighteen, I looked around at other opportunities and facilities for him, but they were either not suitable or turned him away as they could not meet his needs. The day centre was the only place that was suitable and met his needs.
1153.	Parents explained that they trusted the workers, and service users really enjoyed being at the Centre.
1154.	Respite for service users, feel safe, enable stimulation and benefits.
1155.	I am happy coming here it's a break away from home.
1156.	My son has attended a day centre for over 30 years, he loves it, the people like and care for him and know he's safe.
1157.	Carer – Strategy sounds good especially for young people, but as my son gets older there will always be a need for day centres because they will always be vulnerable.
1158.	Our son likes to have a routine and does not handle change very well. When he is at the centre, he is willing to go out into the community as he knows that he will be returning to the day centre and will be out in the community with people he knows.
1159.	We all prefer to have the centre and get supported to do things outside we want to do things with the staff helping me.
1160.	I like the centre because I make friends here. I would not be able to go out on my own. My family will worry about this, not allow this.
1161.	Would rather come to centre to do activities and socialise with friends.
1162.	At the day centre my sister moves around independently but out in the community she needs support.
1163.	I like the centre and I'm very good at listening.
1164.	Day centres are specialist meeting the specific needs of a diverse group of people.
1165.	Day care centre is not a medical model. It values people rather than focusing on the disability.
1166.	I'm happy here at the centre.
1167.	Continuity; security, this is the only place they know. Independence in the community would be difficult because of their needs.
1168.	Hot meals, couldn't do this at home; piece of mind and feel safe.
1169.	I'm safe here and people look after me, they are all nice people. There are good activities. I learned to read and write, didn't have a lot of schooling when I was young.
1170.	I'm happy here.
1171.	Activities are good, keeps my son happy and engaged, he loves it.
1172.	“My son has autism, but he loves it here because he has many friends. We want our kids to have quality and they get it here. We want more things done at this Centre, not less. They (the service users) do a variety of things each day. They're always keen on the planned days out, and the only thing that stops them is when the driver goes sick.”
1173.	Day centres give people opportunities to do things. My Son/Daughter really enjoys and looks forward to coming into the day centre.

1174.	Really speaking the staff who work at the day centre know how to care for and look after the person they care for; they know about the service users' needs and their capabilities 2nd to us as carers. The staff at the day centres have been caring for service users for years, we do not want any changes to the day centre and how it runs.
1175.	Likes the way the day centre is run, and it is a safe environment for the person they care for.
1176.	Day centre is where he likes to be, it is a routine for him.
1177.	We like the variety of activities we have access to at the centre.
1178.	I enjoy being at the centre.
1179.	We wouldn't want any community activities to replace existing day centre activities. We need to add to what we have, not lose anything.
1180.	It would be nice to have more days at the centre, she gets bored at home.
1181.	I think the day centre is fantastic for my sister she loves coming to the day centre.
1182.	Service user has improved a lot since coming to the day centre.
1183.	The good thing about the day centre is that we feel it is a safe place for service user to be in.
1184.	We have 2 service users who attend Moseley Day Centre, they both enjoy coming to Moseley Day Centre.
1185.	Coming to the day centre for the service users becomes a routine for them and they don't like the routine being broken.
1186.	Carer – My son has Diabetes, at home he doesn't do anything, just sits down. He loves coming to the centre, he's happy, does activities. I'm doing two roles (mother and father) at home, so it would not be a good idea to close the centre, not now or in the future.
1187.	My worry would be that more people would end up having to spend even more time at home in front of the TV. Day centres are structured and offer various activities and involvement, day centres are sociable places where people get to know the staff & service users. Who then allow the service user to have a close group of friends. Many disabled people can have very little contact with extended family as they are not involved and very often excluded due to embarrassment of lack of interest in the disabled person.
1188.	I like being at day centre, I like support going out, I like cooking at centre, I like been with friends.
1189.	It's a constant and reliable service.
1190.	The impact on me is positive at centre, have a lot of choices. At home I would not have these choices.
1191.	Day centre is important to me it brings me out the house to socialize with other people, and do things i enjoy
1192.	I enjoy coming to the centre and interact with my activities and stimulate my mind.
1193.	I can do things for myself; the day centre helps me to get out of my wheelchair and feed myself and dress myself. Without the centre I am limited.
1194.	X has pointed to the day centre image to say he wants to come here.
1195.	Is happy coming to day centre and meet with his friends, although is non-verbal with yes/no only communicated re this through pictorial images/Makaton and gestures.
1196.	I want to attend day centre so I can see my friends, enjoy activities and trips out. It is also for my family to have a rest when I come here.
1197.	X enjoys coming to the centre as part of her daily routine as my behaviours change when I don't attend the centre as my routine is important to me.

1198.	X relies on a reliable and consistent service at the day centre as it provides a set routine for her as when not at the centre, the family experience behaviours.
1199.	The impact would be to offer X consistent routine for her needs.
1200.	Due to X complex needs, the day centre offers and meets her needs along with weekends to respite centre to help the family.
1201.	Through facial expressions, X would like to continue to come to the day centre.
1202.	I would be happy to continue to attend the day centre because I'm able to do so many things and would not be able to do otherwise.
1203.	My daughter wants day centre, she sees friends at the centre and does things that she likes, she can go out from there, she can learn new things. It is good for me as well so I can get out to shop.
1204.	X would only see one person instead of all the diverse number of staff at the centre. As I have already said X already goes out in the community like going shopping, bowling, cinema & much more.
1205.	X has many disabilities and unless someone knows him well & I would not trust their ability to cope with him. When he doesn't go to the centre, he is very bored & depressed, which takes its toll on me.
1206.	If X didn't go to the centre, I wouldn't be able to attend appointments, meet friends for coffee, or basically have some sort of life as I never go out at night unless X is with me.
1207.	Some people need a secure unit as a base i.e. very vulnerable day centres are required for certain people although they can go out to do activities to their ability, they still need centre base.
1208.	it all depends on the ability of the person if severely disabled. If wheel chair users, then a day centre badge is essential.
1209.	I agree for the small percentage of SU. But not the majority still need the use of building base day centres.
1210.	My daughter needs one to one in a day care centre.
1211.	The day centres are a life line for the majority of the SU and their carers. As a carer we feel our daughter is safer in a council run day centre than an external one as they are not monitored and smaller.
1212.	We are happy with the service and the opportunities you provide the people in your care. she relies on this service to interact with friends independently.
1213.	We are happy with the service my son receives. We would like it to stay this way but with more weekend and/or evening opportunities like discos etc.
1214.	it is important to recognise that many people cannot access / make the most of other adults in the community without the support of day services.
1215.	Day centre is doing a very great good job for our son. Without it, would have a very negative impact on our son and his health.
1216.	The Day Centre for our son means life.
1217.	The Day Centres for disabled are just like another home for them, where they feel safe and are being looked after, in a different way from their own homes. Places where they can find their community. If there was any other way or place, to replace the day centre for a disabled person, the day centres, wouldn't exist for long years. Moving a disable to the open community, is a bad joke for the most majority.
1218.	Harborne day centre focus on care plans for all their service users, its reliable, good staff makes a big positive difference to their lives, good service we don't want direct payments. we are very happy with the service we have please don't end this.



1219.	We are kept occupied and happy, have a good relationship to staff and service users using Harborne day centre. The day centre offers peace of mind for myself and husband. We both work full time without day centre X would be isolated and would be at risk of harm if left unsupervised in the family home. it would have a big impact on his emotional wellbeing and behaviour.
1220.	X would become isolated if this service was taken away and it would impact on his health and wellbeing and big impact on my carer sister and her husband. This service is very important for X it is vital and critical for X to attend the day centre. It gives him a sense of value and plenty of things to occupy him which keeps him stable, the day centre is therapeutic for X he had good support network around him.
1221.	X would not like day opportunities to change he wants the day services to stay here in Harborne. We don't want to move away from traditional building base day services we like the centre as it is.
1222.	There may be servicer users with physical disabilities who could be more independent and perhaps seek paid employment but those with learning difficulties and autism are more vulnerable and need the security of the centres.
1223.	We as parents are in full agreement for X to reach her full potential but feel she would be better suited in present environment.
1224.	in our opinion we feel X needs will be better suited in a building-based environment.
1225.	Agree of all, these are basic human rights already are done to my son in Harborne day centre. this is why myself and my family want Harborne day centre to be open.
1226.	All these are already performed in the day centre and would like these to continue.
1227.	If this day centre did not exist, people's needs would not be met.
1228.	The centre works and works consistently.
1229.	This (the centre) works! If it isn't broke, don't fix it.
1230.	This is a hub of communication between citizens; carers and staff working together.
1231.	Activities reflect the needs of citizens here.
1232.	You (BCC) need to understand the importance of this centre.
1233.	This centre has the ability to change. It changes to meet people's needs.
1234.	It's all down to management. Manager has great knowledge; knows people by name; has a very personalised service, this is very important.
1235.	The standard here is very high. Social Workers need to work to the same (high) standards.
1236.	Enjoy my meals at centre.
1237.	When you look at vulnerable people who are challenged by life events, then you really value day centres especially re communication and feeding needs and socialisation.
1238.	Since coming out of the residential home, coming to the day centre and accessing the community, my client's quality of life has improved. She needs the day centre.
1239.	This is not practical for carers and clients as day centres provides socialisation; friends and activities.
1240.	Day centre is important to each individual and their family as they socialise and do activities.
1241.	Day centres are also important for personal care and communication. New staff would have to learn the history of the client and this process could lead to challenging behaviour(s).

1242.	I don't have any family here; my mobility is restricted, and I have a brain injury. Going to the Elwood centre twice a week gives me company, new skills and access to advice and help with things I can't do.
1243.	I would like to continue to attend my current day centre.
1244.	My son attends Harborne day centre 4 days a week. Which I would like to continue with more outings into the community (Bowling cinema etc) With friends and staff from the day centre who he knows and trusts.
1245.	It will not only impact myself the service user but also my whole family. it is a good place to meet other service users.
1246.	I want to keep coming to the day centre so I can see my friends and attend day trips and day centre activities. I also enjoy the friendships I have with the people who look after me at the centre.
1247.	I enjoy the day centre. I'm active whilst there, wall climbing, cycling, gym, football, and computers. I make my own tea in the mornings and look forward to group activities and day trips to the cinema and bowling and enjoy going out for team lunch with my friends.
1248.	Perhaps day centres should be encouraged to teach the service users out more often to enjoy activities the city has to offer. I would prefer to stick with the current day centre as I know my daughter is safe and well cared for. Staff are well trained and well managed they treat the service users with great dignity and respect. My daughter feels safe and secure here and enjoyed her time here very much.
1249.	If you do that people won't be able to come to day centres and make friends - I hope you don't close CPM is a great and loving place.
1250.	I want to learn new things, it's important that I see my friends. I like a lot of staff and they make me feel safe.
1251.	I got support
1252.	I like going to the day centre, my friends are there. I would like to try to do other things, but not if I have to leave the day centre.
1253.	It's a nice centre, I like coming here, I like helping the caretaker, he is a nice man.
1254.	I like coming to my day centre because it is good.
1255.	Would like to stay at day centre.
1256.	I am happy with everything I do at the moment.
1257.	I enjoy coming to my day centre and have been coming for 25 years and am very happy with my day centre. I don't want to stop coming.
1258.	I would like my day service to stay the same. I want my day centre to stay the way it is with brilliant support from staff and social interaction with other service users - my friends. I enjoy lots of activities and learn new things there all the time.
1259.	I want my day centre to stay the same as it is. I don't want the service to change I enjoy being with the lovely staff and my friends.
1260.	Happy attending day services.
1261.	I love attending my day services every day.
1262.	Support from day services.
1263.	I like going to my day centre. How will I be able to access the community? Who will help me? Where will the money come from? Will the day centre close?

1264.	I like helping people. My mum needs it so that she feels I am safe when she is at work. It is important that I get the chance to meet my friends and socialise with others. I like to help make drinks and support other people. I would like my centre nicer and have kind staff. Would not like strangers supporting me.
1265.	When I'm here I have lovely staff and friends I would miss them all. I like my gardening activities, going out in the community on day trips, bowling. I feel safe.
1266.	I would be on my own as my mom lives in a home. I wouldn't want to be with a carer all the time you like being with your friends and would feel vulnerable if I didn't have staff to discuss my problems with. I have been attending Four Seasons for 12 or more years. I have made close friends who are like a family to me. I don't want a direct payment to go out in the community
1267.	My mom has dementia and is in a home. My sister lives in Cornwall. I have my close friends at Four Seasons, and we are a community project this is where I want to come.
1268.	When I come here, I have all my friends and staff to support me. I would be very lonely if I didn't come to Four Seasons. When I get up in the morning, I know I'm going somewhere nice. I have carer in the morning and one in the evening, but I wouldn't like to be with them all day some are nice, and some are bad ones. When I've spent my day at Four Seasons, I tell my carer all about my day and what I've done.
1269.	Here he has choice.
1270.	He has something special here.
1271.	It's good for my brother to have continuity for my son.
1272.	Without this centre, my sister's life is not possible.
1273.	Staff do everything for her here because they know her.
1274.	Gives people a reason to live because have activities to do. People (SU) learn life skills.
1275.	When the day centre closed on the weekend, I had to bring my daughter here to show her that it was closed.
1276.	This is a good centre.
1277.	Thumbs up! Likes the centre.
1278.	The centre is pivotal to people's lives.
1279.	My son is happy here – he will die if he can't come here.
1280.	People have been coming here for half their lives.
1281.	Without the day centre there is nowhere to take my daughter to meet up with people of her own age and abilities.
1282.	I am happy with the service that I receive at the day centre and would like to continue with this service.
1283.	My mother is very disabled, and we don't go out, my brother helps us when he can. I am always happy at Four Seasons, as each of my days are different.
1284.	I wouldn't be happy if I didn't have Four Seasons, my mother is disabled and my days are always good, funny with friends.
1285.	X is happy to attend the centre using centre transport and doing his activities at the centre.
1286.	I like coming to the day centre.
1287.	I like my day centre service and I like coming.
1288.	I want my day service to stay the same. I like coming to do my activities with staff who know me well and can help me to stay happy and healthy. I am safe when I am at day centre with my friends. I would miss it.

1289.	I am alright here.
1290.	X did say she like being at day centre.
1291.	X said she likes coming to day centre. My sister brings me, and I like a sherry.
1292.	My mom is now disabled after all the many years looking after my physical needs and all her care, so I now live independently in shared living and access the day centre. I'm currently happy. I would not want anything to change as I am getting all the relevant support.
1293.	Without CPM I would not be able to get out.
1294.	If there was no day centre the service users would have less activities to do and it would give them fewer socializing skills.
1295.	Be able to be in a safe environment, enjoy activities, enjoy day centres and events so I can improve my mentality. visit the different cafes and restaurants and stop so I can buy what I need. it would be pressure on the family because I would be stuck at home. I want a place here to be around people who give care that I need. I would be able to enjoy day activities to improve my mentality.
1296.	At CPM I get supported with all my needs, I go on holiday. That gives my family a break and I don't want to stay at home and get bored.
1297.	I disagree at would not feel safe in community and know I'm safe at Elwood.
1298.	I have already said that the centre is a life line and really enjoy coming as I live on my own.
1299.	Unsure what changes are being planned, but we are happy with current services.
1300.	The care and support my father has received over the last few years from Elwood day centre has been outstanding, and we are very happy with the services. Birmingham Social Work team placed him in the best possible place at the time and it has suited him very well. We would prefer the services to stay as they are. Thank you.
1301.	Carer says that her son enjoys the centre because he gets to socialise and joins in with planned activities. She feels that day care services provide a safe place for her son because her personal experience is the community does not give people with disabilities the time of day. Carer likes the fact that day care services have a planned programme of activities with professional co-ordinators that promote well-being through social and health services. Carer also says that within day care services her son receives, he has a great deal of support from a field worker and counselling support with the organisation.
1302.	As I already have access to activities out of the centre, my carers at the centre assist me in going out and about. I live with my mother and she is unable to handle my wheelchair and myself out in the community.
1303.	At Moseley day centre I already receive my level of support I need. The staff have read my individual service statement to know what I need for my support.
1304.	Me and family hope that Moseley day centre will continue to provide services that they provide at the moment. I have the opportunity to go out into the community with staff at Moseley day centre who are all fully trained and aware of all my needs. My mother cannot cope with taking me out at the weekends, so the centre is valuable to me and my family.
1305.	My needs are being met by the present-day service centre service. I have been assessed for person-cantered planning and the day centre is my best option.
1306.	I am happy with the balance between activities provided by the day centre.
1307.	I hope I can still access all the activities I like with the support of my carer and staff at the centre.
1308.	I like that my carer has group support to manage my needs at the centre.

1309.	I don't want my access to the centre to be limited as I enjoy the big group activities in the hall.
1310.	I hope the balance between home and the centre can be maintained.
1311.	Day centre is good for me and my family Centre is people I know.
1312.	I am happy with the way things are. I am happy with the level of care and support I receive at the centres. I am happy with my current level of independence.
1313.	The centre I attend helps me do all of above. My family manage money for me.
1314.	As long as it is done in conjunction with the many excellent sessions going on in the day centre.
1315.	It could potentially make things a lot better but I'm glad to say within our day centre we already provide those levels of support.
1316.	Ideas and concepts are very good as long as there is access to a day centre too.
1317.	I feel safe at the day centre. I feel happy. I have a bit of difficulty in walking too far.
1318.	I would feel unhappy if I did not have the centre to come to.
1319.	I would not have a safe & secure place to go if Moseley centre was not here.
1320.	I would like to do things in the community. I would still like to come to the centres as I enjoy going there. Centres are good for friends.
1321.	Yes, but still have day centre.
1322.	I like to feel safe and with my friends at the day centre that I am use too.
1323.	I need to attend Moseley day centre with care workers to assist me in my daily routines 5 days a week.
1324.	I have complete needs which are supported by staff at Moseley day centre.
1325.	I am happy about the level of activities that I am supported to participate in.
1326.	I enjoy choosing the activities I like to do at the centre I attend.
1327.	The centre I attend currently provides good care and opportunities for people with different needs
1328.	I like attending Elwood change would be confusing for me.
1329.	in our case feel day centre is far preferable with staff being able to take clients out occasionally.
1330.	I have been assisted in various activities through my day centre with staff supporting me.
1331.	It is a good idea for those day centres that are not up to scratch. But at Moseley it is great. I go out and also attend many services that they provide.
1332.	I am very happy at my day centre I am supported by staff to take me out into the community to various venues. I also love the sessions that are provided throughout the week at Moseley day centre.
1333.	I am happy at my Moseley day centre; I attend 4 days a week and do lots of things there also. I am taken out into the community on a regular basis. Also, I have a very good network of friends with whom I socialise.
1334.	I like that my carer gets group support from other members of staff at the centre. I like that there is sufficient support for the different levels care needed.
1335.	I would like to continue the balance of home care and activities at the centre. I like the socialisation aspect of the centre.
1336.	The proposed changes could be implemented within the day centre he attends.

1337.	I am not sure what this means for me. I need somewhere to go Monday to Friday and have something productive to do. Going to Four Seasons already meets all my needs apart from the hours could be longer.
1338.	I would rather socialise at Four Seasons so I can be with my friends. This is with staff I know and trust.
1339.	I want to carry on at Four Seasons it's very important to me to have people I trust and know will support me.
1340.	I don't want to stop coming to Four Seasons we do different things all the time.
1341.	I don't want to stay at home or go with people I don't know.
1342.	I am happy at my centre. I like to come to my centre. I want my friends to come to my centre.
1343.	Four Seasons is a very nice place to be. I have lots of friends here and I really like the staff. I can discuss problems and feel safe and happy here.
1344.	I need a routine. People who know and understand my needs, I want my friends and a program of activities so Four Seasons meets needs of me and others.
1345.	I could not stay at home or go out with strangers. My home life is too noisy. I don't feel stressed out at Four Seasons.
1346.	I enjoy being with people who have different disabilities. I feel comfortable with my friends at Hockley.
1347.	I would be very sad and lonely and bored if I couldn't go to HRC.
1348.	I am happy that J is here she is making friends doing activities etc. she makes friends easily.
1349.	We are happy with current services, but we don't know how future services look. The person I care for is happy coming to this centre we don't know what future services will be like.
1350.	I feel that my son is achieving the right support and care and I am happy for him to carry on with the day service and support that he gets at the moment.
1351.	Take away the day centre from me personally, then I am automatically into isolation by coming to the day centre I am keeping my independence keeping my mind active, talking to all sorts of people of all disabilities and learning new skills to help me stay positive.
1352.	I attend a day centre 5 days a week. I do not want to go out into the community.
1353.	I like attending my day centre 5 days a week. I have a learning difficulty and physical disability I would need support in the community. I am happy with the service I receive at the day centre and would not like it to change.
1354.	Unable to walk very far and at Elwood day centre everything is here for me. The community is far too big for me to find everything on my own.
1355.	Day centre essential making payments too much extra work.
1356.	I attend a day centre 3 days a week. Prior to this i was isolated. Already a day centre has changed my life. I have made new friends who do not judge me. The community is not a safe place, I feel vulnerable as I can only walk short distance and with walking aid.
1357.	Due to my disabilities, I am more than satisfied with coming to Elwood day centre. I am not prepared to go out in the community, probably have a seizure due to the stress. I have made my lifelong friends.
1358.	Day centre essential - Managing payment too difficult.
1359.	I attend a day centre which offers a lot of activities which I would have to pay extra for in the community. A day centre is itself a community where I feel safe and not judged. The community is not ready for disabled adults. People are less patient and not well informed. My disability forced me to leave work My mental health would suffer if I did not have a day centre to attend.

1360.	I prefer attending a day centre as I meet groups of people and feel safe as I have epilepsy I take medication which means if I cut myself I bleed easily.
1361.	Day centre essential.
1362.	I attend a day centre 3 days a week. This has built my confidence and built my social network. I have a physical and learning disability. I use a walker to walk and feel vulnerable in the community. The community is not ready for disabled adults. To be treated as equals I feel judged and worry about having seizures as I have epilepsy. I feel safe and accepted in my current service.
1363.	Due to complex need, only the day services are best for my client.
1364.	Everything that was mentioned in the new proposals is exactly how the daycentre staff work currently. My experience of caring for someone in personal and daily life means I understand how these changes will impact these individuals. these individuals (well many) have mental impairment and this is long term. They are unable to access work voluntary or long term and the day centre is there only source of independence in life.
1365.	What activities are available? it would be more difficult to access a range of activities separately when the day centres offer this in one place! its consistent care that meets the individual's needs.
1366.	I would rather go to Elwood. The people are friendly, like some activities. It's like one big happy family.
1367.	I like coming to Elwood.
1368.	No sense of direction only used to coming to Elwood. It would make my depression and anxiety worse.
1369.	I like what I do now.
1370.	He feels safe in the day centre with people he knows & therefore if more people go out into community and the day centre closes, it will cause distress as either he will have nowhere to go or will have to change his day centre.
1371.	The service user needs more days to attend centre.
1372.	I enjoy going to a day centre. Any change that was made that stopped me meeting my friends I would not like - I would like more choices and be able to do more things myself.
1373.	Staff at the centre are great help!
1374.	I am happy with my service at Ebrook and don't want community activities.
1375.	X wants her normal Ebrook staff.
1376.	I would like to attend for 5 days a week.
1377.	I like to go to Ebrook and do active things.
1378.	X seems to enjoy the service she gets at the moment. Home would need a lot of help with personal payment. Respite aspect of the day service is very important.
1379.	I want to come to the centre.
1380.	I would like to come to the centre.
1381.	I think most day centres already provide this service. In addition, at day centre they have the opportunity to socialise.
1382.	I would like to feel that all day services will still in place for those citizens who need them, if they do not "fit" into any of the three area's the council are looking at changing.
1383.	Day centre adds activities to service users lives that they wouldn't be able to do at home.
1384.	Has been coming here a long time really like it.

1385.	My son comes to centre different from Queen Alexandra College, here are friendly staff, made friends, he is like a family member. Part of their interaction.
1386.	Carer – My son likes coming here, it's like a second home.
1387.	The centre is switched on about people (SU) with complex needs.
1388.	I can only talk about my situation; this centre is their life.
1389.	Like to continue attending day centre like to do things on the day not at the centre. Love coming to centre made friends people same issues community is limited in what is on offer.
1390.	Our sons are happy attending the day centre, but there is not enough for them to do which has an effect on their behaviour and wellbeing. Although they are temporarily attending Heartlands Day centre whilst Ebrook is being refurbished and they are given far more opportunities to be kept busy and fit and to go out if they wish at this centre.
1391.	If I do not come to day centre, I will be bored. I like making friends, I like cooking and other recreational activities, it help you having a break from home day different activities group and keep weekend for family activities. it helps to socialise with friends and staff and in the community.
1392.	I still want to attend a day centre.
1393.	I do not want the day centre service to be replaced. I want to do things on the days I am not at the centre.
1394.	I agree with promoting independence and more opportunities for service users but I am not sure there are enough services outside of day centres in the communities for them to be entertained on a daily basis. Day centres provide numerous activities for service users and I see on a daily basis how much they enjoy and benefit from that.
1395.	I would like to, stay in the daycentre and socialise with service user.
1396.	X loves coming to the day centre as he socialises with others. It has helped him develop and his independent.
1397.	X loves attending day centre. He is always helpful when we ask him to get his centre bag. He gets ready easily and wait in the lounge for the bus. When he sees the bus, he is happy and calling the others to come, so they can go. If the bus is late X is not so happy and will have a sad face. Sometime during bank holidays is often a bit confusing for him and we have to reassure him for a while before he cheers up. He likes coming to day centre and always happy to talk about it.
1398.	X's place here is very important to his routine he has severe autism.
1399.	My daughter like to come centre to see the friends and do some learning how to use learning about craft.
1400.	X would prefer to come to the day centre, he is not happy when he has to stay at home. I would not like the option of having a direct payment.
1401.	I have 4 brothers and sisters who are at home, coming to centre I met other people and go to shops.
1402.	X's father used to take him out in community bus but his dad not well, and sister busy with their children. so centre is good times for her. She is waiting for her bus. Stand by the window looking out waiting for the bus each morning, she enjoy when he come that's the only time she enjoy with her peers.
1403.	Person centred planning needs to be based from a safe and secure building environment. My son has autism and just wants to attend the day centre. direct payments are not suitable for those that cannot communicate their needs or what's happened to them. Opportunities within Birmingham city are not suitable for many including my son.



1404.	I feel safe within the day centre. I have been attending for 34 years. I have lots of friends & feel happy going there. I have problems with mobility and can grab at people in the community.
1405.	it will be good if I can continue to attend the day centre.
1406.	I rely on the day centre to see my friends, take part in activities in a safe environment. The staff understand my needs and behaviour. I feel safe and happy at Harborne day centre.
1407.	I am autistic and coming to the same place and been with my family is important to me and my sisters. I get upset if I don't come here.
1408.	Where is the point of someone else filling this questionnaire if you proclaim to work person centred? I would like to continue attending the daycentre!
1409.	I would like to attend the centre to learn activities and I like to interact with my friend, socialise which I really enjoy.
1410.	I enjoy it and like mixing with people e.g. my friends taking part in every daily activities allocated to me, etc.
1411.	X enjoys the service at the moment at Heartlands.
1412.	Coming to the day centre and doing different activities and going out in the community.
1413.	Tracey enjoys the service she uses at the moment. Home would need a lot of personal support with payments. We are definitely a respite service for families, and we look after their loved ones.
1414.	Wanted to stay at Ebrook day service. No staying at home and supported from home. I miss X.
1415.	I would like activities in the community and still come to Ebrook.
1416.	If Ebrook is there as a day service for me, I want to do more things and have a choice in that context. but if it means losing Ebrook, it affects me a lot.
1417.	Such changes can happen at Ebrook.
1418.	They bring the community together.
1419.	X is given the opportunity at the day centre to participate in activities. sometimes he joins in.
1420.	I do not think the day centre needs to change. X enjoys coming here 4 days per week and he would be very upset if this changed.
1421.	I think it would affect the wellbeing of X and he looks forward to coming to the day centre. His daily environment would not change.
1422.	If Ebrook was not available our daughter would be very unhappy: Ebrook acts as a wonderful social forum enabling her to meet friends and engage in a variety of experiences - She is out in the community in going is Ebrook and really enjoys it.
1423.	I don't want it to change - I like Ebrook.
1424.	The support is needed at Ebrook for our daughter so that he has activities there, and from where she goes for meals, playing bowls etc.
1425.	Happy going to Beeches Gold and accessing my activities.
1426.	I would get fed up at home and i would like to still come to the day services.
1427.	I would be very upset if I did not have day services.
1428.	I would like to come to the day centre.
1429.	I would like services from my day centre because the carers do not take me out to the places, I would like to visit on my day off from the day centre

1430.	I like coming to day centre and doing activities and going out in community on minibus.
1431.	X likes coming to the day centre.
1432.	X doesn't like to change he is happy at the centre.
1433.	Stay at the day service.
1434.	I like going out from my home today centre each day because I meet my mates and learn things with others.
1435.	I am happy where I am and like my friends and trust the people and staff. I enjoy all my daily activity programme.
1436.	My needs are being met and my life has been better since I've come to Four Seasons. I trust staff at this time in my life when things haven't been good in my home life. You are making me very stressed. I'm staying here.
1437.	I want to stay at Four Seasons forever. I have been attending Four Seasons for 9 years 1 month. I have lots of friends here and I want Four Seasons to stay open forever. Don't take away our community project.
1438.	As a carer, the day centre is a lifeline for me. I know my daughter is in a safe environment and it gives her the opportunity to get out of the house and mix with a bigger percentage of different people. Without the day centre the quality of ours and our daughter's life would dramatically deteriorate.
1439.	My daughter needs routine and stability and cannot cope with everyday activities outside of the day centre.
1440.	You would take away choices for my sister. She wants her day centre. She wants a place she knows meets her needs and all her friends. When she goes to her centre her friends, she meets there have different needs to hers. The centre meets all needs. Having many different staff means many skills under one roof. All areas are covered.
1441.	You will be taking away my sister's choices. She wants a community and a day centre.
1442.	I firmly believe that Day Centres are vital as a Community to persons of Special needs. They provide a safe environment in which the attendees can meet with others like minded and go out into the Community as a group. They are with highly trained Staff who understand their abilities etc. They understand what frightens them, their likes and dislikes. There is continuity. Alas the saying Safety in numbers as our society does not fully understand these wonderful people with Special Needs. The know full well that individuals cannot employ good and plentiful staff to accommodate individuals due to poor pay and amount of staff needed to support people individually. Council paid staff, and paid better, receive excellent Training and in my personal experience are excellent facilitators. Our Special Needs children are vulnerable, and I firmly believe this is all about saving money and not in the best interests of the individual.
1443.	Valuable service which is enjoyable and beneficial to all involved. Nice to interact with others and develop social skills.
1444.	We need to keep day centre open as a help for our relatives etc. they do not interact most people can. meeting up with friends and staff.
1445.	I'm happy attending my Day centre and would like to continue going. They take me out in the community, give me opportunities to learn new things and I can socialise with my friends. I'm very happy there. I get scared when I go out and often have falls which hurt me and scare me. I wish Birmingham city council would invest in my Day centre, they closed Collingwood and I spent 10 years at home. It affected my health and I became very down and drank a lot of alcohol. My day centre is my happy place and my only chance to meet my friends. It also gives me respite from my Mum who has dementia. I feel sad that you wanted to close my day centre without any concern for me and my friends.

1446.	As I get older, I'm worried that my needs will increase, at Day centre they monitor any decline in my health or wellbeing and they let my family know. There are lots of disabled people who will need support in the future so we will need more Day centres not less. I don't want the worry of having to organise my own transport and I can't travel on my own unless you want me to get run over?
1447.	It has taken years of hard work and dedication for staff at the day centre to have the level of understanding and empathy with my sister and all other services users that they have. This is irreplaceable. A lot of them are in their 50's - Change as massive as this would be too much to cope with- resulting in mental health issues, isolation, anxiety and depression. These day centres and all staff involved are very precious and under-valued. By all means offer wider opportunities for young people for the future but leave day services as they are if you really care about these people and not about budgets and saving money.
1448.	It would make me very sad. I depend on Four Seasons and have learned many life skills here. My mother has many illnesses and is in her 80s.
1449.	Look at Kings College studies for 2018 as life enriching such centres are vital.
1450.	The security and safety of the day centre is vital for someone of my abilities.
1451.	The proposals may seem to have good intentions so people can learn more about their specific interests and be taken out into the community, but this will phase out day centres which are essential for people - especially those who have great difficulty in accessing the outside community. Day centres provide social environment, learning opportunities, stability, cooked meals, brilliantly trained and supportive staff etc. I am not in favour of new proposals.
1452.	Please note if in the day centre stays, I would agree if not I would strongly disagree.
1453.	Currently day centre service is good. Getting to know people. Involved in activities. Get me out of house.
1454.	Service at day centre is good. Nice to be involved with groups. Gets me out the house.
1455.	I am very happy with the service I currently receive. I feel the strategy proposed is vague and complicated. I want to continue attending the day centre.
1456.	I disagree because I think we still need day centres. Getting people into other activities is fine, provided they still have regular access to the centres. Day opportunities should not be given at the expense of day centres.
1457.	There are no alternative provisions which offer the same facilities, hours and staff.
1458.	My son is extremely happy going to Ebrook centre. He is an individual and citizen.
1459.	X would prefer the day centre she likes to meet people. X likes to be independent this gives her the feeling of doing her own thing.
1460.	I don't think that it would work for me not having a structured day. I like to know and be familiar with my routine and the people around me. I get upset easily if I am unsure of what is happening or if I cannot make my needs understood.
1461.	I enjoy attending Hockley day centre, everyone is so friendly and caring. the staff understand my needs and support me very well. I have my pad changed twice per day. I enjoy having my dinner alongside other service users, my meat is prepared in an appropriate way, so that I don't choke. I am encouraged to drink plenty of fluids. I enjoy a full timetable of activities including being out of my chair onto the soft play area to have an afternoon stretch, Bike riding, being outside in the fresh air. I love the interaction with my peers at the day centre. I am always happy to attend and when I am there, I am very cheerful and vocal :)
1462.	I want centre.
1463.	I like coming to the day centre to see my friends. I would like to have a newsletter group about what goes on in the day centre/Birmingham City Council.

1464.	I enjoy coming to the day centre. I like gardening and sweeping up and seeing my friends, this makes me happy and I like it very much.
1465.	X likes coming to day centre. To meet new people, and he comes out from home and like riding bike.
1466.	Wouldn't benefit a person like my son as he does not have the capacity to understand. He has a learning disability severe and has autism and like routine which is to attend the day centre. And like the support provided by the team.
1467.	I only some one day and would like more days I can feel quite lost when at home. at the centre I have friends.
1468.	I like coming to the day centre because it is good for me. I like going to the enable me project 'healthy eating' because I learn how to cook healthy food. the day centre is really important to me because I learn a lot.
1469.	My son finds it difficult to be at home and to go anywhere as he is very autistic and does not behave with other people around him. we want the day centre for him as it helps to go to work.
1470.	By attending the day centre gives X the opportunity to learn new skills, enables to do activities. By ensuring her needs are met this has a positive impact on her physical & mental health. Also, a positive impact on her carers as well. She has the chance to share and experiences with other people make friends and have a social aspect in her life, which carers alone.
1471.	I prefer the day centre because I have other siblings with disabilities the day centre supports my complete needs. this gives my carers a break for the days I attend.
1472.	Prefer to attend the day centre, without coming to the day centre, this person would get stress, anxiety and also gives carers a break.
1473.	I like coming to the day centre because it is nice. I like playing football at the centres and I like riding the bikes.
1474.	I like coming to the day centre because I enjoy spending time with my friends, I attend football and like being part of a team. I also enjoy going rock climbing and the cooking lessons and receive certificates for completing my rock-climbing course. I also enjoy spending some time on my team having a cup of team socialising with my peers.
1475.	X enjoys coming to the day centre as it gives him the chance to meet his friends, practice in activities, learn new skills.
1476.	I have very strict relatives, I want to come to the day centre every day and get upset when I cannot go.
1477.	It is good for me & I like it here. I love staff in GF's I like to see friends here if I couldn't come here I would feel sad I don't want to be stuck at home. if I were stuck at home I'd miss out.
1478.	I like coming to the day centre as I enjoy socialising with my friends and peers. It also allows me to have some time away from home and give my mom a break. When I attend Hockley day centre I get to attend rock climbing and sign language classes which builds my self-esteem and confidence. I have built many life skills whilst i have been attending the centre, which has developed my communication skills.
1479.	Enjoys coming to the centre and would like to continue coming five days a week for socializing and learning.
1480.	Would still like to come to day centre five days a week. Would still like to go out with the day centre for activities in the community.
1481.	Would continue to be happy at the day centre rather than someone coming to the home and taking her out. negative impact on the family and her if she cannot go to the centre.
1482.	Enjoys coming to the day centre five days a week, enjoys seeing the people she normally associates with and enjoys participating in activities with the staff and other clients at the centre. Is very happy and comfortable at the centre. Enjoys having lunch with the people at the centre.

1483.	I want to come to day centre to see my friends and learn new things.
1484.	X enjoys the centre and will like to attend 5 days. Would like to go out in the community and attend centre. Has been coming to centre for a long time and enjoys mixing with his friends. Also gives family a rest, X has older parents at home and sibling with learning difficulties at home.
1485.	I would like to come to the centre and enjoy painting, like going on the computers, mixing with my friends.
1486.	These proposals seem so set against day centres and the very good job they do. I feel that proposals like this are very anti day centres. I feel this is unfair.
1487.	I feel safe for my son when he is at the day centre. I trust the staff and know that they will look after him. Birmingham wants to be a good city and a place to want to live then it needs to care for people like my son.
1488.	my son enjoys going to the day centre and he does lots of things there, but what proposal you are asking to forget that one of many advantages of the day centre is the meeting and being with other people in a social environment. people make friends and more at day centre. this is very important part of my son's life.
1489.	the day centre is such an important part of my son's life losing it would impact him badly. These centres are important to people like my son. this centre is not just a place he doesn't just sit there, he does lots of things there like trips, out for lunch, cinema, shopping and all done with friends and staff. it is important to have day centres and I want you to do your best to keep as many as the centres open as possible.
1490.	X's day centre is very important & enjoys going out into the community
1491.	X would be unhappy without his day centre activities.
1492.	X I still want to come to my day centre.
1493.	Still want to see my friends and do my cooking.
1494.	Like coming to centre, like activities-cooking, shopping, days out. Wouldn't be doing same activities at home if didn't come to centre.
1495.	In some ways the idea is good, but in other ways it seems stressful, like the idea of having a centre to go to and a sense of routine and structure.
1496.	Wants to stay at the day centre
1497.	X really enjoys coming to the day centre. It's important that she meets her friends, and everyday day routine is important as well.
1498.	X is confident at Alderman Bowen, she loves it there. She has been to other centres but has not settled. X hates change and I'm afraid for her wellbeing if there's any change.
1499.	X has friends at Alderman Bowen she enjoys her days there and looks forward to going 4 days a week, she is happy there and she does not accept change very well.
1500.	X enjoys coming to the centre & wants to continue attending & enjoys socialising with his friends.
1501.	X would like to continue attending the day centre to take part in the activities ran.
1502.	I like to come to the day centre 5 days a week to meet friends. I would also like to go out with your friend and partner to go to the community. I would like to go to bowling and lunch.
1503.	I like to come to the day centre to meet different people and friends. I like to do activities. Going to enablement session to learn how to use money and make my own choice.

1504.	I like X to come to centre, he is very happy here. He doesn't like change. Why change things when they are not broke. I would worry about X if I didn't know who was looking after him. I know all his helpers at the centre, and I would trust all of them to look after X
1505.	Coming to the centre, accessing Acupack off site activity, meeting up with peers, going out in the community.
1506.	Want to come to day centre, I like to see my friends at centre, I would like to go to the park & outside. Help me to make a sandwich or other food. Help to make tea. Help to wash up.
1507.	I would like to attend the day centre each day to socialize, go to the games room when I want to, I like attending most of the activities, the aspiration club one Friday every month. I would like more community trips and activities
1508.	X would prefer to come to the day centre to do activities and socialize.
1509.	Meeting friends, singing, cooking, Bingo, I really like the daycentre and are happy that I can be a part of it. I'm also happy to be able to go to the gym, cinema. I like the staff they are always caring and try to support me with all my needs. They are also really understanding to my interests and always have a person to so to if I feel like I need a chat or a cuddle.
1510.	Attending the centre enables me to see my sister who lives with another carer. Also, to see friends I have made over the years at the centre. The meals are good + the trips +events. Christmas is always something to look forward to at the centre.
1511.	1. I want to come to the centre, 2. I want to go to the pictures with friends, 3. I want to go out for a day trip, 4. I want to come to the centre to do some cooking, 5. Coming to the centre enabled me to learn different skills, 6. I would like to take part doing washing up, 7. I would like to help friends by making tea.
1512.	Same reasons as already stated, my sister needs a structured environment with constant support and care.
1513.	I want to continue to access a day centre.
1514.	I would like to attend day centre which I enjoyed socializing with my peers and staff.
1515.	It's important that X attends centre as support carers to have respite due to Vicky complex needs
1516.	X is not ready to access in the community. Mum and Dad prefer centre rather than direct payment.
1517.	X enjoys attending the centre Mum and Dad have addressed he is not having a lot of seizures.
1518.	If I don't come to the day centre my mother + I would struggle to cope finding my own care + activities and I would get bored at home.
1519.	X Enjoys the day centre as he has been attending for years. His parents are i there 80's and have bad health. Family need support F.I has many fits daily and needs a reliable service.
1520.	X comes into the centre staff monitor him and inform staff and family of any concerns. If family did not have day care he would end up a full time care as family would not cope.
1521.	Headway are very good.
1522.	Our son has been going to Harborne day centre for over 15 years, it is his only social interaction with friends. if it wasn't for that he would spend all of his time watching TV in his room. He has down syndrome, severe learning difficulties and a congenital heart defect he loved the day centre, he chooses what activities he wants to do, and it is his lifeline. he cannot use public transport and i would not trust a PA with his health needs. I am able to relay knowing he is safe, happy and well cared for at the day centre.
1523.	BCC support centres.
1524.	Preserve the service as the centre is working.
1525.	Someday centres have more funding than others, but people have their preference as more choice and needs are met.

1526.	We want the centre to stay because of everything especially the staff; management and activities.
1527.	The choice shouldn't be to replace day centres. The choice should be a mixture of community and day centres.
1528.	The staff at Moseley help me every day to take part in different activities. My mom is in control of my personal budget, my personal ISS states what I prefer
1529.	It will only affect me if you decide to close my centre. I am in a safe environment while attending Moseley Centre. Even when being taken out there is risk assessments done by staff & driver. All these new ideas are already in place here at Moseley centre, except for getting employment, in which case I would lose all my benefits.
1530.	What are these activities? Who would support me to do this? My place is where I am already doing this.
1531.	I attended Moseley Day Centre for a long time then was asked to try Four Seasons. This has given me the chance to learn new life skills and have a lovely site and place to do these activities and be part of this community project. Customer Service Skills,
1532.	It's crap, I don't want to stay at home, I would want to stay where I am it works for me and my friends so why change it.
1533.	My needs are already being met at my project so why do you want to change this. Listen to what we want not what you want.
1534.	Wants to stay at centre.
1535.	would like it to stay at the day centre.
1536.	X enjoys going to the day centre. X has made many friends at the day centre.
1537.	I like coming to day centre to all my sessions.
1538.	I want staff to support me with activities in Birmingham.
1539.	My Moseley centre helps me to access different places to visit in Birmingham, staff take care of me.
1540.	I don't know, all I do know is I want to keep my Moseley centre open. I use my centre 5 days a week. The staff keep me safe when I go out and inside the centre. I am asked what I would like to do and choose myself. If the centre closes, I will lose all my friends.
1541.	As I have said I do already receive the support and help from staff at Mosely Centre. So, this is not a new issue.
1542.	I want to keep my day centre open, I have lots of friends here, I like to go out into the community and also I like to attend the in house activities of my choice, I do got into the community with staff and friends.
1543.	X does not have capacity to understand but indicated "don't know and also said stay here in the centre.
1544.	X wants to stay in the centre.
1545.	X loves going on the special bus today centre he knows what time the bus arrived if it is late, he gets upset.
1546.	Your ideas are already in place here at Moseley centre.
1547.	Staff at Moseley help people to access as many activities as they want their carer or parent controls the finances, staff listen to each and every person, people are able to access the community.
1548.	There really would be no difference here at Moseley. Everything suggested is already in place and happening. The only thing I would have a detrimental effect, people not being able to access their centre and missing their friends and all the activities and outings that are available to them.
1549.	Staff at Moseley already do these things. And personalised support plan is in place for staff to follow. There are lots of activities in house and in the community, staff will accompany me whatever I choose to do.

1550.	I would be worried that the Moseley centre would close and not be able to see all my friends there again. Here at Moseley they already provide the things that are recommended the trips out into the community and lots of in-house activities take place throughout the day.
1551.	Does not have capacity to understand. But has gestured to stay here at the Day Centre.
1552.	indicated to stay at Day Centre.
1553.	The day centre works well without changes.
1554.	X likes to come to the centre.
1555.	That day services can provide this.
1556.	Please keep my day services the same.
1557.	Working at New Roots to stay the same I got so much out of going to New Roots.
1558.	I get so much support with New Roots.
1559.	I love people - I do not want this thing to shut - in trouble.
1560.	I think attending a day centre is safer.
1561.	I enjoy attending the allotments and Alderman Bowen and being supported by the staff.
1562.	I enjoy attending activities at the centre and allotments as it keeps me safe.
1563.	I get support from staff at the allotments.
1564.	My mum would worry about me, if I was always out in the community and did not have a base like the centre and allotments.
1565.	Would like to keep coming to the day centre.
1566.	I want to continue to attend the day centre, because I like what I do.
1567.	Would like to stay at day centre.
1568.	We do this through the day centre.
1569.	It makes no difference because I attend the day centre and my need are met.
1570.	I am very happy with my daily activity program. I have lots of friends at Four Seasons I can talk any problems through with staff I enjoy everything I do here we are a family we have regular meeting to discuss what we want to do, and monthly programs goal to achieve I want you to Listen to my CHOICE anything I've said is true. I want to stay at my life skills project Four Seasons because I am a venerable adult who is and feels who is and feels safe here.
1571.	X named activities, and were they are and that they provide safety.
1572.	Mom would cope she's elderly 84 years old I wouldn't feel safe have no friends. No one to take my issues too. My day is filled with activities where I attend at Four Seasons, I access community with staff and friends we are a community-based project open to the public we are involved with Highbury Hall Orchard Project do community activities.
1573.	I want to stay at the day centre.
1574.	Where can I associate with friends in the city as at present, I can do this at my day centre.
1575.	I need this day centre because it does a lot to help me within the centre.
1576.	I enjoy coming out to the day centre to mix and to make friends with new and old friends.



1577.	I live in support living and if my transport is cancelled any reason I get a taxi as I wouldn't be able to cope on my own all day I have been at my project a long time and I get a lot of life skills joy friends and care who know me and my needs.
1578.	I would be bored. I don't want to be left in front of TV all day. We all have different needs, which all need to be met. My friends and staff are very important to me. I would like to be given choice to do what I want. My choice is to be at my project 4 seasons.
1579.	I have full activity programme everyday which gives me life skills. Who do I go to in community if I'm not safe and I don't like changes I like routine.
1580.	I am in emergency respite after issues at home who would have protected me if didn't attend here and have trust to speak to staff and friends about myself. I want to be safe do you have a safety plan form me and my friends I attend Four Seasons 3 days a week. I go shopping with staff 1 day and do nothing else with the carers in with.
1581.	I attend a garden project 3 day a week I do a lot of different activities we are very lucky to be coming here it is a very good myself and my friends we do lots.
1582.	My son really enjoys his placement at Four Seasons. He is very happy and settled there. Any proposed changes fill him with anxiety. His social life and activities revolve around the day centre.
1583.	The support he has is already exactly what he needs why make changes?
1584.	I do not think Birmingham Council realise how important that centre is both to the service users and carers they depend on the support the centre and staff give freely and whole heartedly.
1585.	All things above is achieved at the centre so why change it.
1586.	X gets bored home and I'm sure you would not fund enough for him to not fund enough for him to have a purpose in life & keep him occupied 5 days a week. He loves his quiz's, cooking, going shopping. I do not think you are considering the carers also. X going to the centre gives me some respite. It enables me to go shopping, get the housework done meet up with friends for a coffee.
1587.	My family would worry if I was not with my centre community. I would be scared.
1588.	The day centre is like a "bus station", it's a meeting place. It's a sound place to meeting and congregate.
1589.	I attend Four Seasons 3 days a week with different activities every day giving me pleasure, friends and fulfilment. I have lots to do here and I'm good at what I do.
1590.	We all have needs as individuals my needs are being met where I am so why change this now and close my place listen to what I'm telling you.
1591.	Without the day services I would have where to go.
1592.	It's important for me to come to the day centre I have friends here. I do activities and I am learning to write.
1593.	We are already taking part in the community with this model of day centre are not going in the community every day. It doesn't feel family / personal if I was out in the community all the time.
1594.	If daycentre wasn't available, it would make me bored as I love seeing my friends, My carers doesn't get a break so me being at the centre gives my carer some down time to go out and also have a little time off.
1595.	I like working at New Roots and working with the staff there as well and the other service users. I like working with them as a team.
1596.	I would like it to stay the same.
1597.	no need the changes to my present service.
1598.	kept pointing to centre picture.

1599.	I want to continue to come to Alderman Bowen. I have friends and a girlfriend have and get to see them.
1600.	I want to come to attend Alderman Bowen.
1601.	I like it at Alderman Bowen.
1602.	My carers feel I am safe at the day centre as do I. I want to continue to attend day centres.
1603.	New Roots meet all vision. They give /offer people choice. They are in the community. They are is a friendship group.
1604.	New Roots support me and my family and offer me and my family choices.
1605.	I like the variety of working at New Roots and coming to Alderman Bowen and sharing the activities.
1606.	I go to New Roots. we are in the community. I do the things I want to do.
1607.	If he still comes to the day centre, it will be OK. He has lost respite care because he's 65 we only have the day centre.
1608.	I like the day centre.
1609.	Mom, dad and me would be sad if I never came to centre.
1610.	I like my day centre it is safe and I see my friends.
1611.	I would be scared to go out on my own I would stay home and have no friends.
1612.	I want to attend the day centre Alderman Bowen and my sister also wants me to attend.
1613.	I want to continue to come to the day centre. My family want me to come to the day centre.
1614.	I want to attend the day centre.
1615.	I want to continue to come to the day centre. My family want me to come to the day centre.
1616.	me and my family want me to attend the day centre.
1617.	I want to come to a day centre and allotments instead.
1618.	I like coming to day centre and allotments.
1619.	X my sister knows I'm safe at the centre.
1620.	We disagree with changing or trying to reduce the amount of day centres staying open as this centre is a lifeline for us. It's a safe environment with all facilities needed to assist with my disabilities but also provides stimulating sessions that are both enjoyable and entertaining. We would like to go out more with the centre on the bus but funding (lack of) prevents us from doing this very often. But we do understand the need for more able service users to go out more in the community.
1621.	They are already there at the day centre for me and provided by my carers.
1622.	I support the centre whole heartedly, as I am not able bodied and physical things are difficult for me, I haven't got the ability to cope with outdoor are going to many places. I do much prefer going to the centre where entertainment is provided. I can see people I am used to; meals are prepared, and gentle staff is there for my wellbeing. Please do not change this for me and those like me who are happy with things as it is.
1623.	The day centre works for me from I was 16 years old and I still like the day centre. I feel safe and cared for. Rather than anything else, I can imagine in these changes which is mentioned. Yes, the changes may work for able bodied, but please think about people like myself who is unable.
1624.	X said I love my day centre. I look after everybody.
1625.	Happy with present service.

1626.	Want centre, want trips out.
1627.	I want to continue to come to the centre my friends are here, I'm happy here.
1628.	I go to celebration with my niece and family. I enjoy singing and acting at the centre.
1629.	My niece is happy and so am I at the centre.
1630.	I like it here my niece is happy with my safety at the centre and so am I.
1631.	I want to stay at the centre.
1632.	I am supported to live at home but like coming to the day centre to be with my friends.
1633.	X enjoys attending the day centre she has a lot of friends would like the chance to play music to others.
1634.	I like going to my day centre I have lots of friends and get a lot of help to do the things I enjoy.
1635.	Day service provides security. I am happy at my day centre. I know people at my centre, and I feel safe.
1636.	Day care services are very much needed in communities.
1637.	These centres are an asset to the community and service users. Also, a great help to all carers.
1638.	We need these centres to continue. These citizens need the support of these centres.
1639.	My carer brings me to Ebrook.
1640.	I like to come to this day service.
1641.	Want to come to centre.
1642.	I like coming back to centre.
1643.	Ebrook is nice.
1644.	I like it here at Beeches day centre.
1645.	I like going to a day centre.
1646.	X wants to come to Ebrook for activities with staff, friends.
1647.	X explained that she likes Ebrook.
1648.	Day centres are so important for routine and stability within the family.
1649.	If day centre support is reduced coping in the community would be difficult. Stability and routine are very important.
1650.	The staff are all here and I want to come here.
1651.	No, I am alright here. I don't want to go anywhere else. *Has written "no" next to the word 'job' on Question 4d.*.
1652.	I am alright here because it suits me.
1653.	I would be upset if I could not come to the centre.
1654.	I've always come here.
1655.	Service user said that he likes coming to the centre.
1656.	I like going to the centre to see my friends and do things.
1657.	I am happy to be at the day centre.
1658.	Happy to be here.
1659.	I am happy to attend the centre.
1660.	I enjoy coming to the day centre it gets me out of myself and like the company.

1661.	I like the service I receive – it helps me keep active and do things I enjoy as well as seeing friends I can get here safely and easily myself I worry about changes.
1662.	Service user enjoys attending the day centre, with friends and attending on a daily basis.
1663.	My brother has cerebral palsy and enjoys the things to do at the day centre.
1664.	I like centre, going to rooms doing different activities, garden would go out with the centre to park parties where I see friends. I like my supporters there.
1665.	The service user said she likes the centre and her friends here.
1666.	I enjoy coming to the day centre.
1667.	I love coming to the centre It gives me a bit of independence and the staff are brilliant.
1668.	We would like things to stay as they are now as a lot more changes have begun to happen like doing lots more different things in the centre.
1669.	Want to stay at centre.
1670.	I like to attend here regularly.
1671.	to be honest I want things at my centre to stay the same at my day centre.
1672.	I want things to stay the same.
1673.	I am fortunate I have much family support and with the services Heartlands provide makes me feel happy and secure.
1674.	I like to come to the centre. I like going to shopping and day trips.
1675.	I want to stay at the day centre.
1676.	I miss the day centre.
1677.	I would like to stay in my day centre.
1678.	I like to meet all my friends at the day centre and have fun.
1679.	I like to come to Ebrook and be given the choice.
1680.	I like the day centre that I attend, I would not like to stay at home. I have lots of friends here.
1681.	I like coming to my day centre.
1682.	I would like to keep coming to my day centre as I enjoy my activities at the centre and meeting up with my friends.
1683.	I'm stopping at my day centre Beeches Goldd.
1684.	I want to stop here - Beeches Goldd.
1685.	Still attend Beeches Goldd.
1686.	I enjoy my activities at Beeches Goldd. I want to stay at Beeches Goldd.
1687.	I would still like to come to the centre.
1688.	I like coming to my day centre where all my friends and staff members are. I like my activities and accessing different places.
1689.	I already go to the day centre and choices are available for us to do activities.
1690.	I want the day centre opened because it enables me to interact and meet with my friends. I also want an opportunity to do more activities with them.
1691.	I would like to come to my day centre as I enjoy my activities at the centre and meeting up with my friends.

1692.	I want to come to my centre and go to my activities during the weekend.
1693.	I don't want to change my day service.
1694.	My family would be sad if I didn't come back to the centre.
1695.	I do not want my day service to change. I benefit to the utmost on how it is now. Why can't the individual's needs be accommodated, and day centres still be provided?
1696.	We need the day centre to be kept open - my sister has agoraphobia and these new ideas would not work for her. Plus she needs trained specialised staff who deal with her at the day centre.
1697.	I like my day centre and would like to stay here.
1698.	I want to come to the day centre.
1699.	I like coming here.
1700.	X likes to be at Ebrook and to be with people, many people.
1701.	If there is Day centre support; It's fine.
1702.	As this person is unable to communicate verbally it is difficult to comment. But we do know the routine of coming to Ebrook is important.
1703.	I already go to the day centre and choices are available for us to do activities.
1704.	The centre has been quite good to me, and I enjoy my activities.
1705.	Due to being elderly I benefit more from having the support that I receive from the day centre service.
1706.	My son needs the day services open. He is happy to come here every day.
1707.	I don't want services to change. I am happy coming here.
1708.	Ebrook is her local community.
1709.	I like to come to Ebrook, I would come here seven days a week if I could I love meeting my friends This is the only place I am in control – every other situation means that I depend on the kindness of others my friends here accept me just like you friends are with you- They are not just being kind are other people are to me. I am normal here. I love helping my friends esp. K.
1710.	Could send me in a more depressive mood. The day centre provides a range of support which might not be available in the local community. Staff sit with and listen to clients.
1711.	I am happy with the service I'm getting. Yes, it's alright.
1712.	I would like to join all the different activities at the centre.
1713.	I would miss all my friends and activities I like attending Ebrook 5 days a week.
1714.	I would like to attend Beeches Gold.
1715.	I would like to access the day centre and go into the community to see my friends.
1716.	Still attend day centre. Be supported in the community.
1717.	Because I don't want to go out into community.
1718.	I want to continue coming to the centre and New Roots.
1719.	I like the way things are at the moment.
1720.	I want to continue coming to the centre.

1721.	I would like to continue with the support I have already got.
1722.	The day centres are very important to both the carer and service users at the centre provides the community needed for those with disabilities and learning difficulties. Why change it?
1723.	I would like to come to my day centre every day.
1724.	X wants to stay at centre.
1725.	Make the change within day service put more money in.
1726.	Please don't change my service.
1727.	Things can change with day service all level can be meet without going outside.
1728.	Service Users come and go to the Day Centre on different days throughout the week and some more regularly than others.
1729.	Hopefully in ten years' time we'll still be sitting here in this day centre.
1730.	They do lots here at the centre and go out with to activities, with support from staff.
1731.	When Ebrook was here it was great. My brother's behaviour changed (for the better) however, when they left, his behaviour changed for the worse.
1732.	Day Centre as Hockley filled with lots of meaningful activities; service users have a network of friends. If not broke – don't fix it. It's a cheaper way for council to save money.
1733.	The Day Centres are better prepared than most of the community.
1734.	Hockley DC has lots of facilities, have a wide range of activities, even open after normal hours close.
1735.	At day centres, carers know that citizens are in a secure & safe environment, we can enjoy respite to do other household tasks and go on holiday if needed.
1736.	Service user - I love it here-I don't want anything to change.
1737.	Here people are safe and can do what they want for example run around.
1738.	Like the IT here. All like music and community here at centre, but like to experience what's out there, with the support.
1739.	If they weren't here, there would be a significant impact on our families.
1740.	A lot of what was said is already happening at the day centre. Son who uses the centres has learned a number of skills, gets to choose from a variety of activities and is supported to go out and about. The centre goes out for walks, rock climbing and sailing. They also have adapted bikes that people can use. Another important thing is that he has friends at the centre. Appreciate the support the centre provides – only care support received (carer is elderly and on her own) is from the day centre. Son attends 5 days a week.
1741.	The day centre is the one stable thing in their life – cannot cope with change, essential to maintain stability in their lives.
1742.	Enjoy Relaxing here.
1743.	I would like to go to centre
1744.	Headway centre charity is fantastic, help with speech and writing the staff are very helpful.
1745.	I believe that headway addresses well the difficulties clients face in their daily lives.
1746.	mum is happy for me to attend New Roots.
1747.	If I didn't come I'd be fed up.

1748.	X needs a lot of attention at all times due to his learning disabilities. He gets very upset and panics, he has no understanding of money or learning new things. He comes to Heartlands Resource Centre Thurs and Friday each week. He stops at home with me rest of the week. I care for X and look after his needs due to his disabilities.
1749.	It's boring when centre is closed.
1750.	Family feel attending X is very good. she's able to do a lot of physical activities, rock climbing, bikes and skills like keeping tidy and personal hygiene in the kitchen will enable her to be more independent.
1751.	I go Mondays, Tuesdays, Thursdays and Fridays.
1752.	Currently this is very upsetting. I don't want to end up seeing less people. I want to socialise with familiar people, I don't want my world to become smaller than it already is. I don't want to spend more time at home watching tv because changes may dictate that I have to. I don't want to be with people who find it difficult to understand me. I want to feel safe & secure and have good interactions with people.
1753.	I like coming to day centre to see my friends. I like to learn new skills that they enable me to be independent at home. I like to leave day centre with skills that can help me get a job.
1754.	R has had a very hard younger life. Dr F got her back her confidence also introduced her to respite at Hobmoor Rd, she still goes now, and loves it. Then I asked Social Worker about Alderman Bowen, she made an appointment to have a look around, went on waiting list and she got a place. R has changed 100% since she has been there.
1755.	My brother already misses that he can only attend day centres 3 days when he used to go 5. He has actually got horribly depressed when his last day centre was threatened with closure and he had nowhere to go for months till we found him another centre to attend. Those day centres are communities. He socialises there, learns new skills, practises things he can do, exercises his mind and body. He absolutely loves attending and declines mentally and physically if he can't attend for any length of time. The regular attendance is vital for giving his day structure and routine. And now he is getting anxious once again at these consultations with the spectre of day centre closures.
1756.	We need our day centres as we get older, he takes part in baking money skills he access the community twice a week, offered a healthy choice at lunch time, also goes out in the community for meals. Harborne Resource Centre staff continue to support X to access transport to and from home and also in the community on activities. I as a carer support X and my husband in all his health care appointments and personal care. X likes his day centre and it gives me some respite while he's away and I don't need to worry. this benefits X by socialising with his group undertaking activities in the day centre and in the local community. I will be interacting with his friendship groups. Day centre are what X likes and knows staff know him very well. this is what I say what works for some won't work for all as we all know. X like things to stay the same way. He required someone to be with him at all times because he gets lost and disorientated. X agreed with the changed from day to day, but his choice is staying with day centre.
1757.	Family have a son/daughter with severe learning difficulties; closure of Ebrook Day Centre, Sutton Coldfield would have a devastating effect on son/daughter. Family member has many friends there and this would be lost should the Day Centre close. Son/Daughter has control over their life and enjoys the day centre very much and enjoys tap dancing, swimming and cooking. Health and wellbeing would also be affected –is very safe at the day centre and looked after. The activities at Ebrook are very well structured. Families have no confidence in Birmingham City Council and their decision-making process.
1758.	Day centre fits perfectly with his working schedule and allows for a break from caring.

1759.	A carer mentioned her daughter who enjoys being with other people which she cannot get in the community.
1760.	My cousin goes to a day centre and she doesn't like change in her life with her learning difficulties it just adds her more pressure with her life.
	<b>Friendships</b>
1761.	I enjoy coming to the centre. If the centre closes and I can't come I would be very upset and cry. Would like to go out more with my friends and staff. I want to go out like bowling. If I have to stay at home I will be bored.
1762.	Friendships are important – son doesn't want to be at home every day.
1763.	I like the Day Centre, I like to go out in the community get to talk to friends.
1764.	This place is like a family.
1765.	By not having any friends and help from staff I will be lonely.
1766.	Mum and dad like me to go to day centre because I see other people.
1767.	It's only me and my daughter, at the centre she has a lot of people to mix and socialise with.
1768.	I'm happy at my day service, I love coming to see my friends.
1769.	J enjoys meeting her friends at the centre.
1770.	With X, my friend.
1771.	Main suggestion was that service users want to communicate with other centre users, to build friendships and closer links with the daycentres so they can work together.
1772.	I like the friends I made here. I feel safer in the centre.
1773.	My sister has lots of friends, it's a social community where she can meet her friends.
1774.	There's also the social element.
1775.	I come to my day centre 5 days a week. This helps me to meet friends.
1776.	Without my day centre, I would become isolated and withdrawn. I would not see my friends that I have made at the centre.
1777.	The present-day service is working fine. I need to be with my friends and established community. Without the present facilities I would become socially isolated.
1778.	Likes to come here to socialise with friends.
1779.	Friendship and networking are crucial at day centres.
1780.	It's good for socialising and meeting people.
1781.	It's a good place to make friends.
1782.	It is important that people have an opportunity to be with their peers about both age and interest.
1783.	Like to spend time with friends.
1784.	Important to come to centre as have lots of friends. Also have friends away from centre too.
1785.	If Ebrook was not an option I would be isolated at home with my mom. I like to see my friends on a regular basis.
1786.	I have all my friends at the centre.
1787.	Being with my friends, feel able to talk and discuss problems



1788.	Most of my friends go to Hockley and if I didn't go there, I would be very lonely. I would miss doing all of the activities that I do now at HRC.
1789.	There is a good mix of day centre for 5 days a week, and home life. The day centre offers a very valuable social aspect which would be lost/ depleted if the service user opted to be more home based. Day centres are valuable.
1790.	I want to keep going to my centre to meet my friends and do things.
1791.	i like to be picked up by the bus and do things with my friends.
1792.	If there is no more day centre apart from us taking him out, he will sit at home doing nothing, he will miss his friends he would not be very happy. Paul will walk out of placed if he's not happy and will get lost.
1793.	Like community feel at day centre. Being with friends and staff social aspect security.
1794.	it's nice for me to meet up with friends and for dad to have a rest.
1795.	As a compliment to the day service I already receive this will be positive When I am not at the centre, I am alone, isolated and bored
1796.	I see so many people stuck with parents/carers, who can only do so much, and I'm concerned about the service user being isolated.
1797.	If provisions cannot be provided within the community we have to ensure that individuals do not become socially isolated.
1798.	Parents and carers can only do much at home, isolated without their social groups.
1799.	Service Users have made friends at the centres and without transport would lose these friendships.
1800.	At Ebrook, clients have a friendship group, and they want to see their friends outside of the centre but can't due to transport and support.
1801.	The majority of people in the discussion were parents of individuals that attended Harborne Day Centre and expressed how safe and secure they felt their child was at the centre. They said that the most important thing they found about the centre was the opportunity for service users to make friends. It stops users from being in isolation and gives parents and carers much needed respite.
1802.	Friends at the day centre are like family.
1803.	For some it is just simply the social aspect of coming to the Day Centre that they like as they meet friends they have made there.
1804.	I miss my friends in the centre.
1805.	I've got friends here at the centre.
1806.	My friends are at my day centre.
1807.	I want to keep coming to the day centre to see my friends and help to look after them.
1808.	I do not want to miss my friends.
1809.	I need to socialise with my friends.
1810.	I would miss my friends. I wouldn't have any because they live far away. I would be very lonely. I love my days centre and all the things we do.
1811.	I enjoy riding on the bikes and seeing my friends.
1812.	I enjoy going to the day centre and seeing my friends and riding on the bikes. I would miss my friends and be bored at home if the day centre closed.

1813.	I want to come to the centre because I like to see everybody. I would miss people if I cannot come. I like to go out with everybody at the centre. If the centre closes, I would cry my eyes out. I enjoy coming to the centre.
1814.	If I don't come to the centre, I will miss my friends and staff. I will also stay at home and might not go out for days.
1815.	I enjoy coming to the day centre. This makes me happy and I get to see my friends. My family say that it is important for me to continue to go as I would be upset, and I would miss my friends.
1816.	Would be very sad if lost touch with friendship groups and respite.
1817.	To withdraw the centre and the staff would be sentencing users to become isolated, withdraw and contradicting the proposal by Birmingham City Council to integrate users in the community only make the more isolated and shunned.
1818.	I want to come to the centre and see my friends and then go to the shops with my friends.
	<b>Information</b>
1819.	I want any info re LD dementia services.
1820.	Not all providers' information is on the list.
1821.	Social Workers are not getting all the information on who providers are and what services are available out there.
1822.	HSBC/British cycling event was mentioned, which wouldn't cost anything, however the issue was making people aware. Therefore, it would be good to have a website or given a Facebook group with information of these events. The model should be also be web based in terms of community interaction, so that users can see at a distance whether or not they want to join a group in the form of webinars for some activities, where it would not require travel, as this can be a problem sometimes.
1823.	People don't know what is out there for them.
1824.	Can you please provide further details regarding the levels of service available and what that entails?
1825.	Networking to find new facilities to use.
1826.	All agreed that daytrips to other daycentres e.g. for the morning, to meet new people, and would like if other daycentres provided information on their activities as this could improve choice as to whether to go there for a few months instead due to preferring their scheduled activities.
1827.	Where will I go or who will I go to if I'm not happy? Do you have community places names and contact details of things you think I can access and achieve at?
1828.	It was agreed that education is key to increase awareness on what provision is out there if they need it although there is an element of choice.
1829.	We also need to consider how we reach the most socially isolated who are unaware of available support in the community.
1830.	Simplifying information in terms of what care is available – easier for people to understand.
1831.	I would like to know more information about the community places, and safety for myself and friends where you tell us are out there can you give us a list of places please.
1832.	What activities what are they I already have an activity program in place that is involved in the community.
1833.	If you tell us where we can access community activities and be safe.

1834.	Anxiety, stress, scared, talk saying out in community, but no information where these community-based things are. I don't want to go cinema bowling every week.
1835.	There is a lot of uncertainty the way the new services will run, and it seem that the family will have to look out for services and so far there is not any out in the community and the council is not committing on providing a list with what is out there. If that is the house 7 days a week because there isn't anybody to get me out.
1836.	I am scared, there is no information on where these community-based opportunities are and how to access them. There is no assurance that they are going to run both models of day opportunities for a while to get used to it or have a safety net.
1837.	What exactly is outside? What opportunities are there?
1838.	Awareness of Birmingham, plenty of opportunities do to.
1839.	The mobile App – Access Able – is not known to many.
1840.	Have tried Access Able but their website is not easy to use. Difficult to clearly see where facilities are located.
1841.	Many services are not listed on the council website and it's not easy to navigate & understand.
1842.	Can I have details of things in community for me to access?
1843.	I haven't been given names and places of were these places are who will train me to access item and who to help me if not safe.
1844.	People who access day care services may not necessarily know what the other services are and therefore will be unable to access them. You could avoid spending £140 a day for a carer if someone wishing to access services is more informed and can access them independently. They need to be in possession of the full range of choices.
1845.	Getting the information – access online – individual home capacity – Birmingham City Council need to expand visual and audio material to support.
	<b>Referrals</b>
1846.	For five years there have been no referrals to Harborne.
1847.	Needs to be operated at its full potential, require more service users, limited activities due to decline of service users.
1848.	Need more referrals at Fairways.
1849.	Would like an open day at the centre so perspective users can see what it's like and talk to current users at the centre.
1850.	Lack of LD referrals.
1851.	Fewer and fewer places are available and it is difficult for people who want to access Day Services if there is no availability.
1852.	There has been a marked drop in referrals from the Council for places at our day centre in the last two or three years. Previously.70% of our places were Council-funded, and 30% were self-funded. Now it is 60% self-funded and 40% Council-funded. We are assured that there is no rationing to help the Council's budgetary problems, yet we do not believe that there is such a drop-in demand from people who would qualify for Council support. All the evidence suggests the opposite. Regardless of the process to complete this review, the reasons for this decline in funded places and the degree to which this leaves significant numbers of people without care when they have an urgent need of it, should be addressed as a priority. We would ask you please look into this.

1853.	Age UK receiving referrals from other day centre as the centre can no longer offer the support that the person requires there is no increase in funding.
1854.	Social Worker suggesting private day centres as they know these are closing. Social workers don't check the private Day centres. Concerns these may not be suitable.
1855.	Providers agreed. Service provision is not equal.
1856.	Demand would increase if there are more referrals.
1857.	Most referrals come from online and from the sons and daughters of service users, not everyone has access.
1858.	Providers are seeing a slowdown in referrals even though BCC talks about increases in numbers of adults with dementia.

## D)The Consultation

	Capacity to understand
1859.	I strongly think that a lot of the services users will misinterpret the whole thing that is being proposed to them, due to their lack of understanding and learning disability the form is also is very misleading.
1860.	X does not understand the questions and does not have the capacity to answer.
1861.	X did not understand these questions.
1862.	I do not understand.
1863.	Me and my family feel we need a fuller explanation to fully understand it.
1864.	Unable to comprehend what is going on.
1865.	Service user said the meeting was good but did not understand what it was about.
1866.	It is good that the council planning to give more choices, but this consultation was not beneficial to my brother as he did not understand what was about.
1867.	It needs to be explained more it is too complex for service user to understand. It would be false to think that they comprehend what was being told to them. There needs to separate, more in-depth consultations with carers and family with more information and details.
1868.	I didn't really understand a lot of what was going on.
1869.	This service user is unable to speak or let us know what's she wants to achieve.
1870.	For most of the questions the lack of understanding was clearly evident, answers were changed whenever the question was explained differently.
1871.	I am confused with what is happening.
1872.	Due to my complex need I am not sure.
1873.	All service users are individuals and have different needs and requirements therefore, some of these questions are not tailored to the fact that some of them can't be answered or asked as their needs or disabilities prevent them from doing so.
1874.	" Not yet, later" (answered yesterday when asked) Today- Question: do you agree to the change? Answer "Don't"
1875.	She is confused with all these meetings and she feels like she doesn't know what is happening.

1876.	Support is geared to individual needs; the client may not have an understanding of the strategy.
1877.	I think the other thing with the practicalities is, we're representing people who can't communicate for themselves.
1878.	Would let down mommy. Did not understand or have capacity to answer.
1879.	This service user is unable to make choices and think about what they are good at.
1880.	X did not understand.
1881.	She is not happy with all the meetings, she is confused.
1882.	X said he agreed with these questions, however did not fully understand or have the capacity to answer.
1883.	A lot of service users don't understand what these questions are about, so how can we trust the words you are talking about?
1884.	I feel that there could have been better communication and more information shared beforehand. I feel that a lot of people i.e. staff parents / carers did not know what was happening during the consultation and it was not clear enough. Although my son is filling out his questionnaire, he is not aware and does not understand that answering some questions are going to impact on his life and family life.
1885.	Need more support with Urdu, will be addressed by keyworker.
1886.	Communication Language.
1887.	You would have to ask my brother who is my carer.
1888.	This person does not have capacity and did not point to the pictures.
	<b>Documentation</b>
1889.	A question could seem to be very loaded for a particular response.
1890.	Many of these questions seem to be very biased and are therefore difficult to answer. 1-1 support taking her out and about would be very boring for her - she needs her friendships.
1891.	Questions are very leading very little information about how object will be achieved.
1892.	It was a good questionnaire.
1893.	There is not an option to agree with some and disagree with some.
1894.	I find forms over complicated.
1895.	I think these survey questions are a bit bizarre. Of course, we want the best for my brother, I want him to do and experience as much as he can. I'm not going to disagree with that but if what you are getting at is shutting a day centre where he gets to do all of these things then no, he doesn't want that and nor do I. I answered neutrally on the "travel training" and "employment" bit as he is severely disabled needing 24 hr care so these unfortunately won't be possible. I wish they were. I answered neutrally on direct payments question.
1896.	Some of these are very vague questions, and I am not sure if these are strategically in place for certain result. We are happy with how our day centre is run currently.
1897.	Not enough information is available to make an informed opinion. I suspect cost cutting and day centre closures are planned which would be detrimental for a significant proportion of less able service users.
1898.	All very vague.

1899.	I don't feel as though I have been given enough information to be able to tick a box. The draft day service model was not explained clear enough, who chooses which section the individual falls under a bit of each, the diagram didn't give this impression, maybe Venn diagram could be used to show that the areas could overlap (if this is the case) and that it just wasn't a choice of 1 of 3. How is this to be implemented was a question that wasn't answered. in fact, not many direct questions were answered, it was as if the people giving the talk were afraid to move forward, but Day centres are needed as a base to work from. People need to know there is a secure home hub.
1900.	Again, too little information to know. Without knowing what will happen to individuals, any response is meaningless.
1901.	These questions are too difficult to answer.
1902.	Talking about a person-centred approach, why don't you design a low barrier-easy language questionnaire containing simple yes or no questions for people having difficulties verbalizing? Give them the chance to fill it out in their pace and their way. This would be person-centred.
1903.	Clearer language is needed over the meaning of this strategy.
1904.	A lot of service users don't understand what these questions are about, so how can we trust the words you are talking about?
1905.	No brain injury box. There is no brain injury comment. No tick box for brain injury. You need more brain injury boxes. No brain injury box. Colloid cyst - ABI - No box for these options. There is no brain injury comment. I have an acquired brain injury and i think we should have a box for it. I personally think that individual's needs especially with reference to brain injury as in our case needs to be a separate issue. Not all put together under mental.
1906.	No boxes to explain my disability. I am disappointed that the council are looking for cheap ways to offer services, when often the cheapest services you pay twice for in the long run, because they are less effective, and cause more issues than results.
1907.	These questions are biased towards certain answers. The responses cannot be used to make any meaningful statistics. Q4 are the most meaningless questions imaginable.
1908.	This questionnaire is the worst possible form of response. The whole strategy is deceitful and misleading and reflects badly on the Council.
1909.	Again, I can't tick a box as the information wasn't concise enough. You can't make an informed choice when you haven't got the right information. There was a lot of politicians speak, waffle and no answers! For instance, what different ways would the service work in, it's no good giving a diagram to show how it would change, but no explanation or back up to how you are going change Day Centre's etc. The day centre is cog wheel, a central point you can't take that away, if you do, it all fall to bits, there would be no central control this leaves things open to misuse.
1910.	Terminology - 'Day service' perhaps day time provision is more suitable. Also does the term 'Day' imply that everyone wants meaningful activities/support during the day time only. 'Day service' is what most people traditionally associate with going to a day centre that is not accessing the community.
1911.	Questions aren't always right – rigged to get certain results, options not always right.
1912.	Issue with the questionnaires – all answered most as agree.
1913.	This is an extremely loaded set of questions aimed at getting a set of answers that the council want to justify closing much loved day centre.

1914.	I should not have come here without reading something first, but I don't know what I should have read :(
1915.	Not enough information to decide.
1916.	Not sure, as unclear what the detail is about.
1917.	Wording on form and understanding the form is very confusing, a comment box should have been available underneath each question. Trials should be made and noted on each individual for a short period of time and then carers input should be able to say how they are coping and how their behaviour has changed whether it is good and bad the impact on it has had on the change. On a normal well-being change can have an impact but old or young adults do not always say how they feel 'cos they don't want to upset people, family or carers. Input can help determine if they are coping with service users.
1918.	Flow charts don't work well with people.
1919.	The link failed so survey should be restarted with new deadline dates.
1920.	The link didn't work for me. Said invalid URL.
1921.	The link failed.
1922.	The link is broken and could not be directed to the draft day opportunities link.
1923.	Link not working for me but have looked online at strategy. Please check the link because may not work for others.
1924.	Link failed.
1925.	Need to know more and see the full draft.
1926.	I could not read the draft. The link was broken.
1927.	I feel the questions in this questionnaire are unfairly phrased and loaded in such a way that it is impossible to get accurate answers from those filling them in.
1928.	Can answer this when we have the full picture.
1929.	I could not open link.
1930.	Put the strategy in layman terms so that people can understand it, for example, the Proposed Day Service model.
1931.	A lot of these questions depend on the individual and their capability.
1932.	Carer – Difficult to find the right balance, need to use less jargon.
1933.	The current strategy ran out in 2017. This is missing in the consultation and needs to be embedded.
1934.	Amendments make less threatening and softer.
1935.	Waste of paper! Condense it down to 2 pages. Situation is black and white – complex and more able.
1936.	Citizens is not the right term.
1937.	The document could have done with better proof-reading 'Council does not have good quality information for citizens' regards how to access a personal budget' - that can be interpreted in at least 2 ways through poor use on the English language. Firstly, we don't have quality information for citizens regards - meaning we don't know how people feel, or the second and I think the intended meaning 'in regard to'.
1938.	need to know what is in the full draft.
1939.	When I came the first consultation the sentence was ambiguous from Cllr Hamilton – The amendment is clearer.
1940.	This is a loaded question.

1941.	There are hard questions to answer.
1942.	Do not like the term 'Citizen' we are all citizens.
	<b>Events and Presentations</b>
1943.	The consultation presentation was not clear. There were ambiguous claims with what appears to be unachievable goals. Different methods of presentation such as flip chart and video clips could be applied.
1944.	Consultation presentation was not clear.
1945.	I haven't got a clue what the speaker was talking about.
1946.	The outcome was OK and we're looking forward to action taken toward this strategy.
1947.	Details were not given in the presentation.
1948.	The commissioners meeting, I attended made me feel like we are being bullied. I don't think the community understands people with a disability and also, I think you are beating around the bush you are not coming out with it properly about closing centres.
1949.	The consultation meeting on the 23rd April was a complete shambles. Far too many people attended and was too noisy. 9/5/19 had an informal meeting at heartlands much more beneficial all explained.
1950.	The meeting was pitched at my level, I understand what was said.
1951.	Firstly, I feel that this was not a proper consultation, more of a presentation. the 'proposal' are just basic human rights such as independence, feeling good. a proper consultation would have added these points. in day centre the option of getting a job / training is not an option for some as most have severe learning disabilities.
1952.	I feel what I attended is not a proper consultation where issues can be discussed. No mention of how what is in the proposed strategy will be achieved because this what is done to my son on day to day at Harborne day centre. it is very sad and unfair that the cabinet to take decision on the light of a poor consultation.
1953.	I participated but there been only words. I lost my time. No specific strategy was explained. You spent lots of money for a presentation of nothing.
1954.	Friendly staff - Personalised questions to meet individual needs.
1955.	I don't feel as though I was consulted at all. The presenter repeated a lot of stories from their past and other examples. Avoided questions spoke down to people and I actually felt insulted the way this consultation was conducted.
1956.	I felt the consultation we received was much like a politicians spiel! No direct answers were given I feel we were spoken to like we were idiots that had no intelligence. Questions were side stepped or put out to the group to answer. Other staff felt the same.
1957.	I was very disappointed how the consultation was delivered. it made me feel I was talked down to and belittled. Plus, questions were not answered to make staff happy with the answers provided.
1958.	The consultant didn't answer any questions at all.
1959.	There was a great emphasis put upon the need for change in regard to the aspirations of the S.U however, it was brought up in the meeting that the roles of those who support the SU as in Care workers, would potentially change. This was downplayed & the point that the meeting was just a briefing more than a consultation, it was a bit confusing, nether one or the other. The fact remains that we are on the onset of a process of change.
1960.	We would like a clear and proper consultation, where alternatives are discussed in detail. This consultation has not done that.



1961.	The presentation (from the Consultation event) was vague. The sheet should be simplified for service users and carers.
1962.	This (presentation) has to be done in a different format, in a way for people to understand.
1963.	Need clarity with the presentation i.e. this is what it says, and this is what it means.
1964.	Presenter is very rude and very biased in what is being proposed. Doesn't say anything about the good work that the day centre does, the council isn't transparent.
1965.	Want somebody here to answer questions.
1966.	The city needs to be open and transparent with their answer.
1967.	Can't they send someone else in so we can educate them. Send the top Boss in so we can talk to them.
1968.	The information pack is good and easy to follow.
1969.	The presenter was good.
1970.	Felt the presentation was unclear – recommend questions being allowed throughout for clarification. Wish for a more open discussion.
1971.	Very Positive event.
1972.	Interesting & Informative, good opportunity to network.
1973.	Thank you, a well organised consultation.
1974.	Need to have hearing aid loop in place for people with Aids as I found it difficult to hear in a group.
1975.	Informative session.
1976.	Very Informative
1977.	HAPPY with the meeting
1978.	Presentation was very informative but there were so many people to reach, it is difficult to consider all angles at the time of the meeting. Facilitator was very knowledgeable, informative, pleasant and helpful - Thank you. Also note taker was very friendly and helpful - they made me feel like an individual who mattered.
1979.	Too many people, not enough room/chairs.
1980.	I felt that the presentation went over the citizens head.
1981.	Not really a consultation as not able to ask questions or give views at the time. Offered form to fill in but no discussions. Nothing new learned accept saving money on building and not really thinking of individual needs.
1982.	Badly organised - poor responses, no answers to questions - No consultation.
1983.	Badly organised - chaotic start. Poor presentation - No actual consultation.
1984.	Accommodate for the numbers that might turn up. A whole group of service users were asked to into another room because of large turnout. They have to spend the best part of the day at Elwood as they had to wait for second meeting in the afternoon.
1985.	Stations more applicable to members of the public - less so to internal staff.
1986.	Well-presented and good discussions.
1987.	Really Good.
1988.	Good session was useful and meaningful - very good.
1989.	I enjoyed the meeting and the people coming to talk to me and the room being full.

1990.	Poor acoustics. Background noise. Screen very small, slides not suitable for carers "easy read". No authoritative person like a Director, AD or Elected person to answer questions not covered in the handouts.
1991.	Meeting was fine about what was discussed and what choices are available to access.
1992.	Very Positive discussion group.
1993.	It's been interesting.
1994.	Meeting was well pitched.
1995.	I came here to collect as much paperwork and take back to Midland Mencap.
1996.	Pleasant environment, great to meet staff to see the centre, great to hear of current updates, explanations.
1997.	Very clear explanation, microphone use allowed for all to hear.
1998.	Format of group discussions need to be clearer, speaker said they would answer questions not the case - cross wires, more information could've been provided on the stands exhibiting.
1999.	Probably the best consultation yet - much was written down. Opportunities to have a say.
2000.	How to spread the word in the community, collect life stories (personal/ living witness), Space out some numbers on tables (drinks in the centre) to minimise noise pollution.
2001.	This event has been very useful, is it possible or there any way social workers can be invited or encouraged to attend.
2002.	As is so often the case at meetings such as this the room does not work well with background noise which is difficult for people with hearing impairment.
2003.	More information stations would have been good.
2004.	Found the verbal communication very good and useful Impairment and possibility larger print communication, larger printing email communication electronical.
2005.	This is a much better venue than Tally Ho - there is very limited parking which makes it difficult to attend.
2006.	I have enjoyed the event and the information provided has been very useful. I will be inviting some of you to our cluster meetings - Thanks for organising this wonderful event.
2007.	There should be a comfort break in the meetings.
2008.	Information Stations were excellent.
2009.	The presentation was too positive; my son would not be able to grow plants.
2010.	Lack of staff introductions other than the main speaker.
2011.	Poor turn out, too many chiefs, no Indians.
2012.	How to spread the word in the community, collect life stories (personal/ living witness), Space out some numbers on tables (drinks in the centre) to minimise noise pollution.
2013.	This event has been very useful, is it possible or there any way social workers can be invited or encouraged to attend.
2014.	As is so often the case at meetings such as this the room does not work well with background noise which is difficult for people with hearing impairment
2015.	Glad I came meeting enjoyable covered quite a bit.
2016.	Happy.

2017.	At the next meeting will be able to discuss any other comments further.
2018.	It's helpful for facilitator to explain.
2019.	It was fine/Ok. Booklets well-presented and everyone could understand them.
2020.	Some Staff Members with presentation team not knowledgeable to answer questions.
2021.	A bit more information in the presentation as regards the general reason for the meeting.
2022.	Presentation did not come across clear, lack of information.
2023.	Looking forward to small group meetings.
2024.	Maybe a smaller, quieter venue would help. I know it's the nature of things but it's difficult to discuss - look forward to small group meetings.
2025.	Was able to get my concerns to be looked at.
2026.	Direct payment people had gone before meeting had finished.
2027.	Meeting was good, enjoyed the meeting with the group.
2028.	Good meeting and have a chance to give views.
2029.	Would have been beneficial to have representatives from employment, travel training organisation.
2030.	Very Good.
2031.	Very Helpful Information.
2032.	Presentation didn't give enough information! Felt that Service users were being given "sugar coated" version of the proposals. We want honest! Presentation didn't address anything! No time for questions and those that were asked didn't get answered!
2033.	It was a waste of time. There was absolutely no information about what interests us.
2034.	Waste of time. Real reason wasn't addressed bunch of back stabbers council sold us down the river - dictated to staff.
2035.	Helpful!
2036.	Good questions session felt listened to. A real shame that so few carers / parents attend.
2037.	Very Good 'Thumbs Up'
2038.	Service User enjoyed this consultation session.
2039.	Good to know people are interested in our opinions.
2040.	Very different from early consultations - responses will be different depending which meeting was attended.
2041.	I liked it.
2042.	Presentation could be more beneficial in community languages, so all are able to access.
2043.	Man, Okay Strategy Rubbish.
2044.	Lots of noise level for table discussions. Consultations changing as they program - concern that those attending early consultations not so well informed.
2045.	The content of presentation was not materially clear as to whether attending a day centre for same would still be possible of a choice.
2046.	Could go on all day about problems.
2047.	Didn't receive much information.

2048.	9 attendees - difficult to capture cross represented voice.
2049.	Very informative meeting in detailing progress within the Birmingham area around opportunities available/ potentially becoming available in the region.
2050.	Very Good, listening well to the problems.
2051.	Presentation was very good. I gained a clear insight on City Councils Proposal's
2052.	Very informative, proposed model very impressive, some Hijacked the meeting with personal cases and attacked the model saying they didn't cater to their needs. It was quite sad to hear someone question if the presenter's job was necessary, when it is the reason they were sitting there - precisely for you to complain if you don't feel the model is adequate before it's put forward to cabinet appreciated this democratic process very much.
2053.	Better attended than St Barnabas church consultation. Strategy unconvincing - could all be cloak to true intentions.
2054.	Access poor for wheel chair.
2055.	Good discussion on our table.
2056.	Point/Question recorded for us.
2057.	There are good things and bad things I heard.
2058.	Lots of information, did enjoy the interaction with other people. The future is but a step ahead. Wouldn't like to be sorting day services across Birmingham, Wow!
2059.	Enjoyable. Small Groups.
2060.	Update meetings.
2061.	Thanks for this opportunity to meet up with other providers to discuss the changes.
2062.	Meet with providers and social workers in same meeting.
2063.	Great discussions.
2064.	It really opened my mind and eyes to the issues at stake and found it useful and informative.
2065.	Felt questions were listened to and thoughtful responses. Would like to know outcome and that service user voices & carers voice is heard.
2066.	Educational about what the council is doing.
2067.	Projector not clear but well explained by presenter.
2068.	More information received than the previous attended at Elwood Resource Centre.
2069.	Very Good.
2070.	Very Good Information.
2071.	So many unanswered questions.
2072.	Not enough carers. Too many staff.
2073.	Would be helpful to have a short feedback from the other events presented to hear the key messages and this could have been timed at 2 mins per talk feedback\ to assist carers getting insight of thoughts and comments.
2074.	Would like my questions to be a to be answered with a yes or no.
2075.	It was good to work in small groups and share our thoughts.

2076.	The staff who ran the sessions were helpful with recording and listening to our ideas.
2077.	Needs to be promoted more like other consultations to ensure all disabled people & carers/ families get a say. Everyone should be encouraged to do the questionnaires again as people know more about it now.
2078.	More discussion time would have been beneficial to all. Not enough time to go into details.
2079.	Too short time discuss.
2080.	One of the better presentations so far. Good to see service users present & guidance from staff.
2081.	Found information helpful & well explained.
2082.	Very Small location, overcrowded, Access to relevant documents was well presented.
2083.	Small Venue, Very Crowded.
2084.	Feel understand better plan.
2085.	Feel better about decisions for future.
2086.	Opportunity for more questions, however, I appreciate strategy is at infant stage.
2087.	Smaller group good, understood a lot clearer, felt voice heard OK.
2088.	Very informative and interesting - well put across.
2089.	Definitely understandable.
2090.	Informative at a good level.
2091.	Very disappointing meeting, the presenter did not answer questions always moves on to another question in a very confusing way.
2092.	Utter nonsense. Asked my question which were avoided. Questions for the "Consultation" for the new strategy were questions which were impossible to disagree with. Very frustrating meeting and irritating.
2093.	The meeting had a lot of information but most questions the answer were not appropriate to people's needs.
2094.	It's not the fault of the presenter the content was poor. It didn't feel she was allowed to talk to us. It was good to have a second meeting to be able to attend.
2095.	Most of the people understood it, it was good more explanation about the direct payments.
2096.	Enjoyed the group discussion.
2097.	Felt that Head of Service doesn't support day centres. Showed negatively about them yet it's what the citizen are interested in.
2098.	Couldn't hear presenter, didn't understand presenter.
2099.	Presentation could have been clear.
2100.	Language used was not clear and not suited to the group. I get the impression she does not support or value the Day Centre.
2101.	Presenter failed to engage with anyone other than themselves. It was clear that they didn't support the daycentre. Therefore, it was a biased presentation.
2102.	Very valid point put across within a smaller group to focus on dementia work across Birmingham.
2103.	Great to catch up with new draft of day opportunities.
2104.	Good interchange of views in supportive environment - highly inclusive format and very informative.
2105.	I thought it was good but was disappointed that more people hadn't come.
2106.	Small groups would be appreciated.

2107.	Maybe the need for interpreters for families with language barrier. May be have small consultation.
2108.	It was honest presentation from Presenter.
2109.	The strategy links with the 3 conversations, but there is no mention of this in the presentation.
2110.	This event had provided a good forum for networking and producing a Community Assessment.
2111.	The questions asked by the presenter about closure of centre were not answer with clarity.
2112.	It was a good presentation, well explained, especially that the centre wouldn't be closing. Have a sister at this day centre. Very Happy, comfortable and safe around here.
2113.	there were too many questions that you have no answers to when you were asked in meetings
2114.	Low numbers of carers attending at Alderman Bowen as Carers are burnt out, they have had enough. Have many meetings to the attend in connection with their loved one. Carer states fine meetings alone in connection with their love one.
2115.	I came here today thinking we would have the centre closed – I feel none the wiser.
2116.	Those that attended, felt like previous consultations hadn't been listened to, and that this wouldn't be any different.
2117.	There needs to be engagement for other communities too to include Muslims, Sikhs or other religions. You could engage with GP surgeries or places of faith. Social media could also be used. The language, words or attitude that you use when presenting to people is important and better than things you write. We can show them what we want for them and future plans that they could have.
2118.	All professional's stations here today but appears not many turned up. All stations I spoke to were very helpful. Sense in particular was very helpful.
2119.	There should be Department Heads, Directors attending these consultations.
<b>Governance/Decision Making</b>	
2120.	I can only hope that you re-consider the decision you have come to regarding day services. We who work at Birmingham City Council staff which are highly trained, to assists people out in the community regarding the toilet situation, there are hoists available in the community to assist our people with complex needs. Staff in Birmingham trained by Birmingham are the best in the country.
2121.	I believe that regardless of our views decisions will be made as it is all about money. Not the offer of support or impact on individuals.
2122.	Will the council listen to our needs?
2123.	But you don't listen.
2124.	You need to understand how the impact of your decisions effects them (service users) and in so doing how it affects the well-being of all of us long suffering carers who are always trying to do the best for those that we love and care for.
2125.	There hasn't been transparency in previous years when changes were going to be made.
2126.	These are important decisions you are making, affecting thousands of people's lives - DO THE RIGHT THING PLEASE!!
2127.	Who decides what support you need - will people who do not have complex needs loose support and opportunities?
2128.	Many people from Birmingham City council lied to us and I don't believe a word you are saying as you don't care about people you just care about saving money! I matter you know!

2129.	Please listen to us and don't just disregard my concerns like you have always done!
2130.	I'm not very hopeful that our opinions will be listened too! We had a family emergency recently and it took me 4 days to get through to the duty team, how would a vulnerable person manage without the support of a Day centre?
2131.	This process has been done before with older adult day centres. People had their say but the centres were still closed. Centres have been closing on a large scale. People have been forgotten and the council is not listening. The cabinet that make the final decision are not in the real world. People at the top don't listen to what we want. It doesn't matter what is being said in the consultation.
2132.	Please listen to our fears as they are genuine concerns, I had over two years of lies so trusting the Council is really difficult. I think my friends and I deserve investing in not just having money thrown at us and told to get on with it. I'm worried that lots of my friends that were bullied into leaving my centre because we were told it was closing are now isolated and scared in their homes with no one caring or monitoring them, I fear this because it happened to my brother and I when you sold our old Day centre off for a housing estate!
2133.	Concern - 31 July 2018 sat in cabinet. This strategy was on the agenda item 10 observed members not aware of Day Centre and gets a vote. 3mins 11 seconds – no question asked. 3 mins 11 secs – no questions asked.
2134.	Want to know what's in the report before it goes to cabinet. There seem to be all kinds of people taken on to do things – that bothers me.
2135.	Queries on how cabinet worries, 10 people – majority wins. Explanation given of process and confirmed will be going to scrutiny. Important to let everyone know the process prior to cabinet.
2136.	Leader; Deputy Leader; Waste Collections. They may not know what others do. Then proposals are reviewed, then voted on. That's absolutely disgusting It's disgraceful. They need to "walk in our shoes"
2137.	Money is there but we are being told that there is lack of funding, yet you can waste a lot of money on these consultation events when decisions have already been made.
2138.	When everyone is around the table making decisions about day centres and its general ruin, would it not be a good idea that someone or some people come to the day centres and see just how they run/work. Especially as there are many different people of all disabilities and complex needs and just to see how the staff cope.
2139.	I'm shocked how managers who have hosted various consultation meetings have given a very one-sided view! Day centres work and they need investing in, not, closing down!
2140.	BCC decision making can have a significant impact on family members.
2141.	On behalf of my son, have any of the counsellors who have devised these changes ever worked with people like my son and really and truly understood what parent/carers go through with counsellors decisions?!!
2142.	We wish our ideas would be considered.
2143.	Carer – It is difficult to know who to trust.
2144.	No Trust in the system.
2145.	The parents and carers discussed how they had been having meetings like these for many years, and with these meeting always comes the fear of the day centre closing. They felt that the council didn't listen to what the people want, and are constantly relooking at the strategy and presenting the new information.

2146.	I would like to request that we get MP's and local councillors join us to fight to keep our day centres open.
2147.	I feel this consultation is a waste of time as you will not listen to us and that you have already made is your minds.
2148.	Ultimately the decisions have already been made regarding day centre's!!!!
2149.	They need to put what has been said at the meeting into action.
2150.	This is not a consultation. These proposals are already set in stone.
2151.	If only they listened at the top. But they don't listen.
2152.	Decision makers are not in the real world.
2153.	Good job Scrutiny has sight of this otherwise it would just be bulldozed through. Scrutiny is good for us.
2154.	I have felt for a long time that Birmingham City council wants to pass the responsibility of adult social care into the private sector or family for many years. Call me cynical but I actually feel that regardless of whatever we write in this consultation we won't be listened to! I don't agree or disagree with the proposals but what I do disagree with is adult social care becoming only available in the private sector. I wholly believe that this is all a pipe dream and will put many vulnerable people at risk of harm, isolation and exploitation which can never be a good move. You need to be more transparent and honest to the people of Birmingham. This isn't about improving lives, it's about saving money!
2155.	Because all this was just to cover you with papers, when in fact want to close the Day Centres.
2156.	Sure, BCC has timescales for the strategy.
2157.	You can't execute something without knowing what is going to happen.
2158.	What to see actions please, less talk.
2159.	The council are back stabbers – I've been a labour supporter but waste of money.
2160.	This whole consultation process and indeed this questionnaire is written in a very biased way, to me there will only be one outcome, once again the wishes of the vulnerable people in Birmingham will not be listened to because you have identified that you will save money by closing Day centres and that is what you intend to do! Listen to the people who are happy with their current care package! Where in this questionnaire does it give them the opportunity to voice this!
2161.	Lots of great ideas, Cabinet will say "No" if there is no money.
2162.	As long as we are listened to properly. our needs are more important than finance.
2163.	Need to learn from other authorities such as Cumbria who are much more successful than BCC.
	<b>Process</b>
2164.	I feel that this is a box ticking exercise.
2165.	I would like to have a clear proper consultation where alternative and myself as a father of a severely disabled son will suffer the whole family. i would like feedback by post to my home address.
2166.	Publicize this more widely! Unless of course you are fearful of accurate negative responses!
2167.	You have wasted more money & time you should know what is needed.
2168.	Valid point about the internet, the ability to use it highlights complex needs.



2169.	I felt the consultation did not give real answers. When asked about those profoundly disabled no proper answer was given. I feel it was more aimed at those with a mild disability which is good in itself. My concern is more for those with a profound disability. Came away dissatisfied with the consultation so did other staff.
2170.	Questionnaire access on line for elderly carers some have never used computers or ever been on line.
2171.	Please stop doing this, how many consultations and questionnaires can we be expected to complete. The whole process is very unsettling for my son. This whole experience just feels like a money saving exercise and is in no way has the best interest of the service users.
2172.	Prior to any sharing of information on consultation with service users the framework should be in place offering alternatives to enable staff/ managers. To sell the vision to both service users and carers. Without physical alternatives there are no objectives to convince individuals of tangible alternatives.
2173.	Concerns were raised about the lack of answers to previous questions. Also, that some people were not aware about the follow up meetings.
2174.	Some people did not get flyers, so they did not know about this.
2175.	Not sure of the process, purpose of the report is to make a recommendation strategy written by Graeme Betts in Jan 2017, presumably that's going into the report.
2176.	Some people have not had flyers and don't know about the amendments and engagements events.
2177.	Concerns about the follow up response to questions raised.
2178.	When will I hear back from this consultation?
2179.	I would like feedback and direct answers to my questions and comments.
2180.	Keep people informed about changes. I know where this is going, Staffs did the same thing.
2181.	There is an assumption that everyone wants to use or has the internet.
2182.	I couldn't get a direct answer from BCC staff so had to find out information in another way.
2183.	Not everyone has internet access some people are well educated and still do not want to use the internet.
2184.	The review is welcomed and needed (External Providers).
2185.	Some messages have not been passed on to carers from manager at the day centres – all amendments should have been sent via post not given to service user as they may not be living with their carers.
2186.	All think this is positive and the right approach.
2187.	If day centres close service users would need support in the community. it cannot be just left to carers to get on with it. this was quite a leading questionnaire and could be interpreted in favour of closing day centre and this is not what is wanted.
2188.	Still unsure of future services.
2189.	Appears to be ticking the boxes rather than finding out what the service users are doing.
2190.	Another example of poor planning.
2191.	There is no transparency to the process.
2192.	I feel that nothing is in place for individuals to access. No safety net in place for vulnerable individuals. Questionnaire access on line for elderly carers some have never used computers or ever been on line.
2193.	Some felt the consultation was an overload of information and that it could have been condensed into less paperwork.

2194.	This has been going on since 2012. They don't care about people. They didn't listen when we had a consultation in 2012. They just throw people to the wolves.
2195.	Publication of the material surrounding the consultation and strategy etc was criticised, as Service User cannot access the internet. Without the day centre she struggles to get information. They all felt the council needs to be better at getting information out there to people without internet access. It's hard for people to know what's available. Perhaps they should use local notice boards etc. Furthermore, the council have been very slow with posting updates regarding the consultation project. It took many weeks for frequently asked questions to be put online. They also felt that the FAQs mainly answered questions for service providers and didn't look at the public/service user views – they still can't find the information they need.
2196.	I feel that this is a box ticking exercise.
2197.	I am waiting for more information once a decision is made.
2198.	It seems as if it's down to politics, playing with the numbers there are real people not statistics, to play around with their lives and their reality. This is how homeless people end up suicidal, as a citizen of Birmingham you can see it happening and it's on the rise.
2199.	Over the years we have had many, many consultations and unfortunately nothing positive has come out of them, just more money spent! Yes, people are very cynical, it's a case of here we go again. Birmingham Council have got to prove yourselves and restore confidence from the people you are serving, but with this latest consultation yet again there isn't anything solid and stable or positive to work towards. Yes, some ideas (no fully formed plan-wishy/washy) but no evidence of how, what when, all if's and but's and maybes. The people delivering and supporting the consultation, seemed in the dark or hadn't got a clue. The officer on our table had some incorrect information, plus was unable to speak to the people when questions or idea's put forward. It all feel Deja-vu!
2200.	This (consultation/amendment) is about ticking boxes.
2201.	It is not good enough that not all responses to consultation questions are online – should have all been done by now.
2202.	4 weeks is a very short period for the amendment events.
2203.	Questions are not coming through quick enough!
2204.	This is strategic level but need to demonstrate practicalities. For example, I can explain to my sister what the internet is today, she'll say she understands then ask me what the internet is the next day.
2205.	This council is ambiguous – I was misled – it's meant to be a two-way process.
2206.	Failed to carry out Equality Assessment.
2207.	Needs to be promoted to neighbouring communities.
2208.	As a carer need to have more information.
2209.	No financial info available from council.
2210.	Happy it's about the individual's feelings and everything is being catered for them.
2211.	Co-production with service users is essential and progressive.
2212.	Consensus that the Day Services Consultation should have the Citizen at the heart of it and this should be done with the service user in mind.
2213.	Co-production: Does not like the word 'resilient' in the document: can become jargon rather than a meaning.
2214.	Given my voice power by making people listen.

2215.	I think the consultation has been a bit of a shambles and has probably cost a lot of money - so wasteful.
2216.	I would like to know about the cost of this.
<b>E) Direct Payments</b>	
	<b>Direct Payments</b>
2217.	I feel unsafe in the community, I would not like direct payment as I don't think my sister could manage anymore responsibility and she lives in Scotland and no one else is here to help me.
2218.	Concerned about change to direct payments as this puts more responsibility on carers.
2219.	Personal budget is ok but with lots of support.
2220.	Push for direct payments. These are rubbish if the day services can't be accessed with direct payments.
2221.	To reduce day centres with a view that disabled citizens can access the community with the day service using direct payment is problematic. The community now is not inclusive, accessible and disabled friendly. Direct payments do not allow for disabled people that require 2:1 care. Where and how would these people get out and access the community? It feels like we are going back to pre-day centres, when disabled people were stuck at home, in institutions, isolated and forgotten about.
2222.	Still want a five-day service. With longer hours away from home. Will direct payments make a difference to me?
2223.	Although the idea seems that it gives the families more freedom in terms of what they can use the money for, in our family set up, somebody like my mum who's the primary carer for my brother would need additional support in managing the affairs. Therefore, in effect it would be harder, whereas now there is a routine whereby our brother goes to the centre and everything is acquired for us. Here then, anything I guess is routine aid for our brother so maybe the unknown etc could cause lives for failure and the service user.
2224.	Having to arrange the travel or activities may become stressful if carer doesn't speak English, therefore more help will be needed in arranging the travel or activity desired.
2225.	Furthermore, these direct payments being proposed seem like a bit of gloss to distract from the aim of closing day centres. Proposals need to be direct and clear. If accepting direct payments means users won't have access to day centres, then it is important you make this very clear.
2226.	The only way this strategy would ever work is if you gave a choice to all to opt for a day centre or direct payments. This is not happening at the moment as people that are leaving the education system are not being offered day centre places only direct payments.
2227.	I think direct payments definitely gives more control over one's choice through the flexibility it provides. Service users can choose to use their budget as they wish. However, this becomes a problem when trying to access the community.
2228.	You are listening, I have direct payments + day centre this works fantastic and balance.
2229.	Another concern with employing a carer to take my sister out, what would happen if they were ill for a prolonged amount of time, who monitors all this or are you expecting the disabled person to know the right channels or the right people to contact so once again they will be at risk! The thought of disabled people left for months without being checked or monitored is scary, you need to listen to the people who actually know what it's like for them!

2230.	If payments change to direct payments it would be totally impractical as my family have enough to cope with, without having to sort out payments to staff, planning, arrangements, tax insurance, travel fuel etc. It would be impossible basically to be cared for at the level I'm presently at and would probably end up me having to live in a home as my family wouldn't be able to cope.
2231.	He already has the support we need. I am a capable adult with a responsible job, and I do not want to manage a budget or employ Assistants. How are elderly parents or people with less idea how the system works going to manage this?
2232.	The Direct Payment system is too complicated, and it should be more flexible for the Care receivers and also the Care providers to use their budget on all the necessities of the care receiver.
2233.	I am very happy at my day centre enjoy coming 5 days a week looking forward to my friends. How will I manage direct payment?? I do want the day to be longer.
2234.	For some people direct payment will be great, no doubt about it, but for the likes of my brother (severe learning disabilities autistic & epileptic, very bad short-term memory) it is not appropriate. he needs a building-based place to go Harborne day centre. He is so vulnerable and needs looking after. the staff are wonderful & so are his peers. Direct payment can cause isolation and vulnerability for those who cannot speak up for themselves, the staff at centre have all sorts of experience and are regularly trained on different things.
2235.	Personally, I received a direct payment funded by myself and BCC. I have been forced to employ an agency for my morning care and social activities. My problem at the moment is things are not working for me personally. There is no structure for the times they arrive it could be between 4 pm and 7 pm for tea time call and also sometimes they don't appear for shopping calls which it was sorted with my social worker. I needed early in the morning and not three hours after noon. Please I need to help to get a suitable PA as I am sure this can work in the future.
2236.	BCC should focus on linking citizens to care providers to promote the updates of DPs- there are not enough resources for people with physical disabilities and associated needs.
2237.	I don't agree with direct payments I like the way things work now I don't want to go into the community alone.
2238.	Direct payments can be a wonderful thing but when circumstances change, and people need more help it all comes down to finance and budgets. Overall, direct payments do not and cannot replace day centres and all the professionalism and qualities they offer.
2239.	It is vital to focus on Strengths Choices assets and Goals, if they have the capacity. Providing support in a centre staffed by trained members in a range of skills which is limited when only having a very small budge to pay for all the skills requeued when looking after someone with disabilities. Giving direct payments allows for mismanagement. Skills and understanding on employing a carer through direct payments is a massive assumption that most carers will be able to do this. I as a carer do not want the reasonability of organizing transport, trained staff and sourcing purpose-built buildings. Direct payments going to one person will decrease possibilities as costing would go up on organizing events based on individual bases. The city and 98% of buildings are not accessible for disabled people.
2240.	Not everyone can use direct payment.
2241.	you must understand that for people with severe learning disabilities and other health problems, direct payment would not be for them. one size doesn't fit all.
2242.	Direct payments might be a better idea for X who might be able to access more activities outdoor as well as the centre. Negative: not sure how family will manage the finances as well as pay me to me carer will need support on how to manage the finances.

2243.	There is a lot of focus on using 'direct debits' what happens if you are assessed and the allowance does not give you enough to support your day opportunities as fully as if you were attending a day centre 10.3 5 times per week.
2244.	The report mentions that there is not enough information about whether people want to have individual payments.
2245.	I think the negative impact could come from use of direct payments as main source of support. A lot of carers I know are elderly, not computer literate and will find it difficult to find/ arrange/ manage 1 to 1 support.
2246.	The report mentions that there is not enough information about whether people want to have individual payments.
2247.	Might need support in managing the finances
2248.	Attendees expressed concerns about Direct Payments. One carer stated that she would always reject Direct Payments.
2249.	The difference is if a young person is asked if they want a DP or go to a day centre or if they are just offered a DP. When a young person is leaving school, they must be asked if they want to come to day centres or to have DP. People aren't given choice. When young people leave school, they are not asked if they want to go to a day centre, they are only offered DP.
2250.	It is Direct Payment or nothing?
2251.	Direct payments - you are forcing on people.
2252.	Direct Payment can be a pain especially when you have 2 payment cards and you have to pay a bill via phone.
2253.	Direct payments are going to mean a lot work and hassle for families to administer as they are going to double check everything to make sure all the information given, and paperwork is correct so that they receive correct payments.
2254.	Direct Payments are to complex and all the tax, national insurance etc. takes a big chunk out of the allowance. It is recognised that it is right for some.
2255.	Personal budgets/direct payments -Most carers feel these could be a source of anxiety, needing extra time and support. Additionally, some people mention how the personal budget can fall short due to the higher weekend rates charged by some agencies that are not being taken into account. Many do not want direct payments/ personal budgets to be imposed upon them. These same carers are unclear about how personal budgets/direct payments work.
2256.	All the Carers agreed that they were not in favour of Direct Payments.
2257.	Direct Payments works if you have a good PA. If my son doesn't go out, he'd go ballistic. He has to go out every day.
2258.	The more people who take Direct Payments, means there is less need for day centres.
2259.	Yes, therefore artificially weeding out day centres.
2260.	The discussion then moved onto the topic of direct payments and what they can be used for. Many of the parents recognised that direct payments may be helpful to some, but that they were being pushed onto them. They also said that as they couldn't use them to fund the day centre, there wasn't much point in them using them. Also, if they were made available for the day centre, it seemed likely they wouldn't be able to be used to fund all the days there that the user needed.
2261.	Want the opportunity to use DP for appropriate facilities, and to increase their independence.
2262.	Training and education on direct payments is necessary, change is difficult for some and so need to be educated appropriately for a smoother transition.
2263.	Direct Payments are not for everyone, but I feel as if I am always being pushed to take one.

2264.	I have three adult (disabled) children at home. I wouldn't want DP because they are used to coming to the centre, in a routine and it is about not taking away their independence if they have a PA. For example, they do some of their personal care and chores around the house.
2265.	Inclusion in control of finance (DP).
2266.	Wouldn't be interested in a direct payment – used to how it is which is much more convenient.
2267.	Not interested in direct payments.
2268.	This is all heading towards Direct Payments. Some clients have elderly parents that are unable to look after their loved ones. The result of this consultation is move to Direct Payments or closure the day centres.
2269.	Direct Payments should be also available for Internal.
2270.	Direct payments are good, they suit people's individual needs.
2271.	Direct payments help. No one should be told how to spend their day or what's best for them. Direct payments give people that choice.
2272.	We do not support Direct Payment as we are too old to manage our accounts and care needs, it is too much responsibility.
2273.	Resource Directory is required especially for Direct Payment users.
2274.	Direct payments with carers, sometimes carers change, and quality of care is variable.
2275.	Direct Payments is a great way of allowing a person more independence and choice, rather than a particular amount of money or funding being made available.
2276.	There have been times when Direct Payments have been misused or not used on the purpose it was intended for. Some with disabilities often lose hope and confidence if services or access to the community prevent them from leading an independent life. In relation to Direct Payments, it is about equipping that person to develop their skills.
2277.	Direct Payments can take a long time to be sorted out and people with disabilities may have problems using the Direct Payments card i.e. a person who has sustained a brain injury would struggle in remembering access details or passwords. Direct Payments can also be open to abuse and not used in the best interests of a particular person – this needs to be monitored and the right questions need to be asked as to how this money is being spent.
2278.	Advocates and carers tell us that they struggle with Direct Payments. Particularly, those who are not very competent or confident with computers. A lot of people have told us that they don't want direct payments.
2279.	In favour of direct payments if it means not having to chase Birmingham City Council for payment of invoices.
2280.	There is also the length of time it takes to get extra days via direct payments. This can take a very long time as it requires having a new social worker allocated whenever a request goes. Some people end up funding the extra days themselves in some cases or not at all.
2281.	DP – better for provider, advocate and carer (if support is available).
2282.	Management of DP allows for control.
2283.	Maximise the opportunity to use budgets or direct payments to access support or activities of the citizen's choice. DP – better for some, others refuse. Chasing invoices – time consuming issue. Patients would rather pay themselves than waiting for their DP as quicker.

2284.	The Direct Payments model is highly confusing for people with complex needs. The strategy needs to focus on enablement, taking into account health problems.
2285.	Some members of the group felt that more could be done to improve the direct payment system. It was described as being clunky and reference was made to length of time to get payments through.
2286.	Citizens are entitled to support to move from personalised payments to direct Payments if they wish.
2287.	Providers were concerned about Direct Payments. For some Citizens this is a difficult process and they need assistance. Difficult to recruit Personal Assistants who are not always available at the time which is appropriate or required. Also do not always meet the individual Citizen's interest areas such as bowling or other social/hobby activities.
2288.	In BCC Direct Payments cannot be used to attend internal day activities. Local Authorities choose whether to allow this. Not all Local Authorities prevent the use of Direct Payments to access internal provision.
2289.	BCC should promote choice and independence. There needs to be a level playing field and should be an individual's choice where Direct Payments are used.
2290.	Providers further comments - Providers were further concerned that Direct Payments cannot be used for preferred activities and is limited to meeting care costs whereas Personal Health Budgets can be used more comprehensively and promote independence. There is no choice and control around Direct Payments.
2291.	Having a direct payment is like having a job you have to send out timesheets and send a report to the Court of protection.
2292.	There are too many limitations & restrictions for both direct payments and managed budgets. Accessing activities in the community will cost money e.g. paying for a member of staff or PA to go in to the cinemas or eat a meal.
2293.	DP issues – prepaid cards – it the transport you can't get – mobility does not cover all cost – need to send receipts in even if you have this card. It is very time-consuming.
2294.	Simplify process is D.P., no flexibility with change of days – won't let activate a taxi if not within their list.
2295.	Direct payments can be challenging for people who experience anxiety or who hoard.
2296.	There is a lack of information about direct payments. It is challenging organising your own support.
2297.	Direct payments not offered enough.
2298.	Service users are being told they cannot access this service with a direct payment it is too expensive. They are told that they can attend if they top up themselves.
2299.	As for direct payments, I feel that I would not be able to cope with managing it all. it will cause me added stress (are the beds soft in prison? because I would get into debt!). The thought of managing my own budget and carers gives me much stress for both myself and my husband. Please one more I am begging to keep day Centre open; we need them more than you realise.
2300.	Vulnerable people may not be able to realise that choosing direct payments or employment activities will limit socialisation, cause extreme stress and anxiety and not lead to meaningful, worthwhile life opportunities.
2301.	Stop trying to give people a budget to justify closing day centres. You are causing extreme anxiety for people who attend these day centres the stability they provide. These questions are very loaded in favour of the council's agenda for personal budgets.
2302.	"Accepting Direct Payments would mean the closure of this Centre. We're better off without it."
2303.	I do not know how to manage money and am likely to be able to learn. My carer would need a lot of information and help.

2304.	People with significant and substantial needs heavily rely and depend on carers, families and day services. People are being encouraged to apply for a direct payment, but many people are finding them difficult to manage and are saying that there isn't enough money. They tell us that the literature is difficult and that finding good carers to help them access the community is very difficult. Despite changes to improve social services in Birmingham, the services are overstretched, and assessment and reviews are difficult to get, they always feel like a cost cutting exercise rather than a review on the person and to help them.
2305.	With Direct Payments, there is no flexibility on the amount received. Direct Payments has not gone up in 7 years and cost of living is continuing to rise.
2306.	Maximise the opportunity to use budgets or direct payments to access support or activities of the citizen's choice. The committee agrees with this statement subject to the qualification that the appropriateness of this will strongly depend on the circumstances of the users and/or family and carers. Again, there is a need to ensure this part of the model does not distort the emphasis of the service unfairly away from those for whom direct payments is not appropriate.
2307.	It's an insult to keep pushing direct payment on carers and the vulnerable, we are not employers and do not want more pressure added to our already complex confusing lives! Do your job and stop trying to pass the buck!
2308.	If centres close down, we won't have any choice but to take up a direct payment.
2309.	Told by a social worker that had to have a direct payment for 3 days. No options were given; this has happened for a number of families in particular the transition team. Definitely didn't have a choice. Didn't know they had a choice and could refuse a direct payment. BCC explains how the pre-paid card works. Social workers are giving different messages about what a direct payments can be used.
2310.	I think the carer should have the control over their personal budget.
2311.	It will give my Dad more things to do / sort out.
2312.	I do this with direct payments + go to day centre = (?)
2313.	I do this already, I have a good balance at day centre + with my PA (direct payments)
2314.	I worry if focus is too much on 1-1 support & direct payments that people will get less support overall and lose community group/centre that are important to them.
2315.	Day Centres are suitable for less abled bodied people. A Direct Payment will suit the more able bodied.
2316.	Direct Payments is a good idea, but you must be careful as some people lack responsibility and it all gets spent too quickly.
2317.	If there are no safeguarding concerns around financial abuse.
2318.	I filled in a form for DP but not have had a response yet. They are slow at responding and it takes too much time. – It can depend on the area; some areas have a backlog and others do not. I emailed ACAP and they rang my wife for an assessment but then I heard nothing after that.
2319.	This is almost insulting. We do not have the money to buy our own things. BCC does a financial assessment to check income and expenditure. They tell us what we need to spend our money on but when we need something, we are not allowed to use the money on that.
2320.	It is a benefit to maximize direct payment and personal budget to access support but how about maximizing a person's income through benefit advice and counselling.
2321.	Need more educating on budgeting for DP



2322.	Can't force people to take Direct Payment
	<b>Personal Assistants</b>
2323.	What safeguarding re screening of people employed as 1 to 1 carers? I worry there may safeguarding issues too if someone goes to a project/ centre where they are not known well. Safeguarding issues are unlikely to be picked up.
2324.	I agree with all you want to achieve, but finding PA's is your major problem, and making sure each service user is assessed properly and the correct care package for support is in place.
2325.	My family would worry about me => because of change of support assistants not turning up =>Not knowing the people and experience=>Consistency with the same person.
2326.	There is currently no support in place to train staff employed with a DP for example in manual handling or Dysphagia. If adults want staff trained, they have to find and fund training. The city is not accessible, no changing rooms, hoists, pureed foods etc.
2327.	There was talk about financing personal assistants, and that brought us to the question of whether personal assistants would be fully trained to tackle all problems if taking service users into the local community. They said they felt safe with them at the centre, but not so much outside of it without the centres support.
2328.	Having been involved with direct payments from the onset it worked well for many years I was supported by a PA and agency for personal carers in the mornings but then BCC told me I was spending too much £17.00 per hour for my morning care. I then had to employ a new agency £14.00 per hour since it was enforced on me to change. I have had 3 different agencies and none of them have been able to provide the quality of support the first one did due to this it has changed my views on a direct payment which I thought was a good thing. why stop what was working so well?
2329.	If Personal Assistants are 'hired' they will not be able to offer the social side like day centres currently do.
2330.	Assessments will be carried out on our children, but the Agency/PA won't know them like we do so will only have limited information of who the individual is, their likes/dislikes, etc.
2331.	Personal assistant can't give the citizen a community, employed at the basic rate.
2332.	Further concerns were raised about Personal Assistants (PAs) who are not sufficiently skilled to provide support. Skilled drivers are not available.
2333.	My sister had a PA who was not treating her properly, we complained to Social Services about the provider regarding the service.
2334.	We have had Befrienders. One was very good, whereas another one left my son in the cinema by himself.
2335.	Gym need to locate a suitable PA.
2336.	No PA will be as good as a day centre.
2337.	Day Centre staff are more experienced. Personal assistants are young and do not have the experience or given the training. Don't think Pa's are the same as trained carers from BCC.
2338.	PA's may work better for people with physical disabilities, not for people with cognitive disabilities.
2339.	Young kids are being picked up to be PAs – they are not adequately trained or experienced.
2340.	Don't know where to get the support with a PA via DP in the community.
2341.	There are not enough PA's and people who want to become a PA would need training.

2342.	My son has Autism, a PA would need to be trained in Autism and challenging behaviour.
2343.	If you get a PA, you have to sort everything out.
2344.	With Pa's you have to find someone who you trust.
2345.	We do a lot as a family, but need to get a good PA.
2346.	Wages can be a factor in gaining the right carer for a person with pacific needs
2347.	Finding the right carer for the job can be difficult as X have different needs and there are often not enough of the right careers for the more complex needed X.
2348.	Most of the carers are unknown i.e. Children, neighbours and relatives that take relieve of other family members for a short time.
2349.	Days spent at home with only a PA for company is not good for the service user's mental health- they need to be in the company of peers and others that they identify with.
2350.	Have to think. If my son had a PA who was ill (on holiday etc) and didn't come, my son would go ballistic.
2351.	More support for people to find a PA if they have a DP.
2352.	It would be nice if BCC interviewed people who want to become PA's.
2353.	Good to have BCC support in choosing a PA.
2354.	The big question is finding PA's to support, they are not out there.
2355.	It was stated that there was poor communication in respect to volunteers and they were not encouraged or advertised for. Some could only offer a few hours a day and were not available for full days as they were was an aging population of service users and volunteers alike. In contrast one provider could only attract college and University students who wanted to further their career path in particular with child-based project. Both had difficulties attracting the 20 – 40-year-old bracket. Another provider stated that they had requests for 1-2 hours support and they could not get anyone to fill it as most paid support is minimum of 2 hours.
2356.	Had to get rid of personal assistant, as there were trust issues. PA lied about activities that were carried out and took loved one back to their own home without notice or permission. Safeguarding concern so contract was ended.
2357.	Wouldn't use a PA again due to safeguarding concerns and lack of trust.
2358.	Perhaps set up a "bank" of Personal Assistants or "PA Finder" who could be called upon for a range of support activities and interest areas.
2359.	Providers also acknowledged that this may not always work. Some Citizens do not always want a variety of people calling in.
2360.	A Provider related a situation which may involve a young person with LD who might like to go out socially but is unable to because of an arrangement where they are "put to bed early" as that is the time the Personal Assistant is available.
2361.	You have to supervise a PA.
2362.	It is very difficult to access a good PA.
2363.	There are some good PA providers that provide payroll services.
2364.	PA's are not monitored, and needs are often agreed by Families/Carers. Work needs to be done to ensure that there is at least a minimum care standard to be reached e.g., First Aid certificates, minimum of Level 2 in Care. There is clearly still a "Do as I say" attitude happening at the moment.
2365.	PA's are sometimes a waste of time – some workers not paying attention to the service user. PA's should be monitored in terms of level of training.

2366.	Disabilities is still a vulnerability. We have seen people out with their PA's, and they are just not interested.
2367.	We have tried to find reliable PA staff in the past for weekend support, all good PA staff are busy, others look on it as a sitting service which it isn't.
2368.	My brothers day centre provides respite for his main carer (parents) He receives a direct payment in addition to this, this allows us to do the things through a carer that you are suggesting such as going to Arena, park + (????). We will(?) struggle to find a carer for more than 30hrs we currently have. He enjoys the day centre, and this helps with his mental social well-being DON'T CHANGE IT. IT IS WORKING FOR US!
2369.	People are being encouraged to take on DP but there is no register of personal assistants. I recently had two people very keen but could not get them personal assistants. They had to go back to a commissioned service. – a register is being worked on at the moment with personal assistants on it.
2370.	When it works, it works great. You have to identify the right people to support the person.
2371.	It can be two ways as people can be underpaid for services provided. Carers are not paid highly.
2372.	People are different; if talking about family, they do not always want someone else to care for them unless it is someone they know.
2373.	My daughter likes to go to the Day Centre and is happy with her peers. She enjoys the interaction with the group and does not want a Personal Assistant because it would not give her the contact with others that she needs.

## E) Draft Strategy

	Draft Model
2374.	How will the proposed model be supported across different agencies education, Health and Social Care all in different pockets at the moment makes funding very difficult.
2375.	Depends on how you decide on who fits in to what category.
2376.	I would agree but not at the expense of day centres. Who would decide on where each individual fits in the 'triangle' of levels of support they need? A Social Worker?
2377.	My care needs are high, and I need complete support from care staff.
2378.	As above - invert the triangle and put SIS as the largest cross section at the base.
2379.	Who decides what support you need? - will people who do not have complex loose support and opportunities?
2380.	Not all staff are sufficiently trained to work with people with complex needs and behaviours. Some have been re-deployed to these centres through staff re-structures are not equipped to deal with demands.
2381.	If the model means fewer days centre it will be negative for us.
2382.	My elder brother attends a Day Service and I could seem him struggling within this service model. As said above, I don't feel there is the right infrastructure in place external to BCC to support this model of development, and I am concerned about the measures that will be used to assess him.
2383.	Based on severe learning Disabilities Specialist Intensive Support should be at the top.
2384.	I agree that this model would be very good for some people but it's not appropriate for me.

2385.	I do not accept the figures for the model. I think this is upside down. The majority of people that attend our day centre are there because they need specialist intensive support. I believe that what you understand as 'Personalised Support' is what those that know and work with many people termed as learning disabilities in fact need specialist intensive support and those that could fit into the enablement category are in fact the smallest number of service users at the day centre.
2386.	Nobody clever enough to organise this model.
2387.	The bottom triangle, which is the relevant one for us, is the smallest and suggests that the Council will not be putting its focus or priorities on the needs of those with dementia, an increasing segment of the population.
2388.	People being categorised in to 3 levels of support greatly concerns me, this would be decided by a social worker.
2389.	Many service users do not need 'skills development' but simply a dignified quality of life.
2390.	There is some crossover depending on individual needs.
2391.	This categorisation would lead to service users being denied day centre services and contributing to the community within day centres. Day centres need a mix of abilities to create a stable community hub from which outside facilities can be accessed.
2392.	Parents are concerned about the less able and the decreases in numbers. Concerns about the range of complex needs not being met.
2393.	Specialist interim support should be given priority and supported.
2394.	People's needs are increasingly changing and becoming more complex.
2395.	This model is much needed and ASAP. There needs to be the funds in place to pay for these services. New price structuring needed. Social workers need to better understand how to use the 3 conversations model and not just stop at each stage. Many prepare now being sent to 'free' services 1st when not suitable. A waste of time and money.
2396.	Some things i agree with some things I don't. My son cannot be fully independent. he needs help
2397.	The proposed model would help me to become more independent + do stuff for myself.
2398.	Enablement should not be time limited. This is because mental health service users can have a relapse within months or years.
2399.	Who determines the measures that are put in place, particularly as the Enablement is time limited? How do you propose to promote independence? This then means based on your criteria, (whatever that will be), once an exit plan is in place, they are then moved out of service provision, but will that plan include further external access and support functions? As often happens when the right support is no longer in place, people then fall back into needing support, and would need to start the cycles again. Is the infrastructure (community support), in place to offer the right support and assistance, as I don't think it is.
2400.	Some clients may feel this proposed new structure may meet their needs, but we feel this would not be suitable.
2401.	In the principal I agree, but I am not sure if someone with a brain injury like me could fit in a rightful box.
2402.	I like to learn to read and write properly.
2403.	Looking forward to learning new skills and challenges.
2404.	Depends on whatever you and I agree on support needed.
2405.	There should be a box for brain injury, I feel that the council she have learnt that people don't fit into boxes. I am very disappointed that my disability is not even recognised even though it is highly prevalent. It seems like you are putting too much into the community to deal with the people with disabilities and a lot of us don't feel part of the community but feel like part of a family in specialist services where others understand my injury

2406.	Obviously, the page overleaf will not be appropriate to all citizens concerns with those with substantial complex needs.
2407.	It's a continuation of what we do at home. It's a better way of learning the skills needed as repetitive learning is good for someone with learning difficulties.
2408.	The inverted triangle is an interesting case in point. Clearly Enablement and Personalised Support makes sense for those who may be helped by those mechanisms, but our client group fall in the smallest part of the triangle, namely Specialist Intensive Support. Given the growing occurrence of dementia in the population, as the post-war bulge ages (notwithstanding the fact that Birmingham has a younger than average population, the overall number of dementia suffers in the city is growing also) I would see the need for that part of triangle to be much larger, and probably the largest. I would turn the whole thing upside down have the SIS part as the base, and biggest, section. There is so much that is good here and I am sorry that, because of the overall stance on day centres, I cannot be more positive.
2409.	I think the current system works I am all for changes which promotes enablement but a lot of this services users I look after themselves never mind employment and can't help thinking this proposed changes are financially motivated.
2410.	I agree with proposals and can see how some of our clients will sit within the various levels.
2411.	I think that the proposal is good as long as each service user is assessed correctly and placed in the correct band for their needs. My son attends the 4 Seasons Garden Project and thoroughly enjoys it. To have a 'good life' he would like more evening opportunities with friends. This is something we can't provide. He is really enjoying and thriving at the day centre. The direct payments help with his independence. If more people had the same opportunities this would be good.
2412.	We feel we already meet a lot of the proposed model ideas but having this in place would help workers know good from bad day services. Being an approved provider would be extremely benefit and help guide social workers where to go to best suit individuals.
2413.	Agree in principle but I think 12 weeks is too short for a lot of people. Will there be any reviews after this? I think it is better to have a more flexible service providing for example 12 weeks, 20 weeks, a bit longer depending on the person.
2414.	Although we provide services in the enablement section, often we only become involved when specialised intensive support is required but understand the thinking of the overall strategy.
2415.	Some citizens fit into all boxes there is an overlap.
2416.	My worry is about "categories" -- currently we have categories of disability, but we could end up having categories of need, i.e. 12 weeks, a bit longer, or long term. Everyone's needs will be unique to them, and the time they need to be helped will be unique to them.
2417.	Dependant on the level of care.
2418.	I think any change where there is an increase focus on service user is positive.
2419.	Provision in the specialist area is quite good. Getting the information across to people that enables them and then at a later stage leading onto specialised support is very much more difficult.
2420.	The day centre is very good with the new model I think it will be possible for me to go out more. I like positional change as I am able to get out of my wheelchair more. I have also made new friends since I have been coming to the day centre.
2421.	Nice to have a group here and in this centre and to look at our needs. I can't use computer as much.
2422.	We need to focus/ tailor services to individual needs. We cannot ignore needs.

2423.	Trust Provider – Non-profit, working with BCC for many years. Provide support in recruitment and apprenticeships. Support Citizens to manage their finances. Support is shaped to the individual and promotes independence.
2424.	Can be hit and miss most times, BCC are offering enablement but then restrict choice, the discussion took place in relation to Social Workers pushing Direct Payments and explaining that BCC choices are limited.
2425.	There are now lesser enablement groups at Ebrook.
2426.	Further concerns were raised around enablement. Some Service Users clearly need more assistance than others. Concerns about the least able.
2427.	If BCC want enablement, they will have to find the resources to fund it.
2428.	They're going to need extra staff for enablement.
2429.	Need to avoid discrimination. Enablement should be a pace and level of ability.
2430.	Would like additional development to assist to feel more confident.
2431.	It's about the ability if my daughter cleans the bedroom, she would do it to her ability.
2432.	All feel that enablement is encouraged at the daycentre and know they can ask for help when needed.
2433.	It was discussed whether enablement had a time limit on the various categories as some citizens needs could move around the services. It was highlighted that time is not always relevant as some citizens in particular those with LD needs and disabilities may enjoy the service and want to stay.
2434.	It was agreed that the definition of enablement and re-enablement were closely tied.
2435.	It was recognised that some citizens sit above the enablement tier and this could be signposted and were advised to use activities in the community.
2436.	Enablement helps you to live an independent life.
2437.	Enablement supports you with your reading.
2438.	Enablement support older age people.
2439.	A lot of fine words about enablement but we have heard this all before.
2440.	Good to be independent.
2441.	Users are often underestimated. Staff can see huge progress in users from beginning to now e.g. washing hands before meals, these are transferable skills from the daycentre to home.
2442.	Independence is increased by voluntary work/employment.
2443.	Independent and am aware of what information is out there – can ask local staff.
2444.	Request triangle shows enablement at the bottom not at the top.
2445.	It was suggested that the triangle is turned the other way around, specialist intensive support at the top, enablement at the bottom. Think priorities are wrong – told this has been previously captured.
2446.	If you look at a person you may not be able to see the disability.
2447.	Citizen stated that the Model was good, in the sense that it focussed on the service users, such as their choices and goals.
2448.	Carer said the Model was dreadful. Only people who need Specialist Intensive Support will be in day centres.
2449.	Service user stated that they went on an Enablement course, this was good, I did cooking and shopping.

2450.	Service user stated that It would be good to do more of this type of Enablement training.
2451.	The triangle model needed to be changed to suit people who need more support.
2452.	Citizen felt that the changes will give more attention to the more abled and the less abled ones will get less attention. There are a mixed of people in the Day Centres; some more abled than others.
2453.	Those who are more able will get more attention than those at the more specialist end.
2454.	The model needs to be inverted as it looks as if the specialist end will get less input.
2455.	We are doing the draft service model here. We want it here in this centre.
2456.	This model is for the younger generation and future users.
2457.	Citizen stated that everyone has different levels of need.
2458.	Model is ok.
2459.	Geared towards more able service users – don't see how it will benefit those with more complex, clinical needs. Think those who are more able will be kicked out of services.
2460.	Carer stated the thing is at one point my sister was able to be involved in enablement, then as time has moved on my sister has moved down the scale from personalised support and as she has got older, she is steadily moving into the category of specialist intensive support, so getting her into gaining skills for employment would be very tricky.
2461.	Approval of model - different levels of the hierarchy are extremely important to be understood – some users are very limited and cannot be independent.
2462.	Like model because it help people to improve and better themselves.
2463.	Model - Consideration of needs is crucial.
2464.	Need to include Autism in high level of needs.
2465.	Those who are keen should be identified and given the support to maintain.
2466.	Focus on enablement.
2467.	The model seems to be very logical and makes sense. Particularly, in the way that the first stages of the model focus on people being able to help themselves as far as they are able. It is important to give people a sense of purpose dignity.
2468.	Re: Day Service Model Not many comments from the group. Only said was that the boundaries between the different levels are not always clear cut and can blur.
2469.	It needs to be continuous, looking at later years of life, getting advocates/ carers involved.
2470.	2-way process, certain stage of dementia.
2471.	Carers can have greater involvement.
2472.	Overall, very good, however, must need for regular reviews.
2473.	This seems like a good model, if realised. We need a clearer vision for who this consultation benefits and does not benefit.
2474.	Believed the model was too focused on negatives. Need to expand on the concepts they use.
2475.	It will be difficult to meet a variety of level of needs.
2476.	The Model should not segregate.
2477.	Complex needs should be integrated with others to allow for stimulus.

2478.	The use of the 3-tier model on page 20 of the consultation document was discussed by the group in-particular their thoughts on the enablement tier. The group concurred that it was true to where it should be. The representative from an organisation stated that they had already offered a similar model and had done for many years and was surprised that a similar scheme had not been replicated in Birmingham a lot sooner.
2479.	It was acknowledged that there were grey areas between the 3 models and through these community schemes some citizens had retained friendships for life and this was important for all those involved. It was felt that it would be beneficial to have some form of exit plan and it may well be established that they are actually in the right place. It was suggested that they could benefit from specialist support over a longer period of time.
2480.	Unsure how their Service will fit into the new model. Citizens who attend are 55 plus and attend as they are extremely isolated due to communication issues. Many can't read or write or speak any English at all and it will be difficult for them to engage in the new model. None of them have issues with Dementia although there are many that are over 80 years of age. It was recognised that the younger generation of British born Chinese who are English speaking will be the generation that will benefit from this model in the future.
2481.	A Third Sector Provider highlighted how national charities help support older people post discharge from hospital to prevent re-admissions in terms of providing assistance with hospital appointments and shopping helping to keep Citizens independent.
2482.	Lead Managers at Internal Day Centre commented that moving to the enablement model has had a good impact on Citizens and many are achieving aspirations. This support needs to continue. Needs further investment in training and facilities currently offered. This is a genuine need. Day Services are a valid service.
2483.	Don't filter service users by level of need, some of the community not ready to take up this challenge e.g. service user attend church coffee morning – started to swear.
2484.	On paper the strategy seems to make sense. It has here to be able to recognise the difference in individual's needs. The model separates people into flexible categories – (Obviously these are implementation questions, however they were raised). Fear and uncertainty about the future was apparent. The idea of using external providers raised a question (noted above) about the security of them and if they were regulated. Needs to be some quality control done before people can be put at ease enough to send their service user to them.
2485.	Day Services need to undertake ongoing assessments and get feedback from individual service users.
2486.	Have a group at the centre looking at people's needs and helping them to learn basic daily skills (SIS). Looking to do cooking and gardening in sensory way – there is nothing like this in the local community.
2487.	I can learn cooking at the centre, learn preparing cooking – I need to be independent.
2488.	I prefer to learn (enablement) here in the centre, not outside.
2489.	You need to be realistic about these individual capabilities!
2490.	Would like training - reading and writing, enhanced training, cooking, baking and keep fit.
2491.	Staff/SU – We enable SU to help themselves for example making a cup of tea.
2492.	I like to make tea; washing up; carrying messages and communications; taking service users to their bus.
2493.	Skills support is a good thing as my child has limited skills.
2494.	We need to focus on teaching Life Skills.



2495.	Service user - wants to learn how to read.
2496.	I like the idea of going to different centres and reading and writing is needed. If someone teaches in the group would be useful.
2497.	Life Skills support.
2498.	Staff for 1-1 support has not been factored in for enablement.
2499.	Difficult behaviours are not obvious; there is a need for research to find out more about the individuals. A lot of service users want to be in a group not one to one.
2500.	Manage routines dependant on the individual – support model may differ – variable level of need.
2501.	We haven't quite got where we need to be for a number of reasons.
2502.	Need to ensure its fit for purpose.
2503.	Match need to location.
2504.	I don't feel as though I have been given enough information to be able to tick a box. Draft day service model- was not explained clear enough, who chooses which section the individual falls under?? If they come under a bit of each, then the diagram as above didn't give this impression, maybe a Venn diagram could have been used to show that the areas could overlap (if this is the case) and that it just wasn't a choice of 1 of 3. How is this to be implemented, was a question that wasn't answered. In fact, not many direct questions were answered, it was as if the people giving the talk were ill informed. I agree that things need to move forward, but day centres are needed as a base to work from. People need to know there is a secure home hub.
2505.	I don't have a clear picture how the specialised intensive support of the service model would run and how long for it sound as if this would only be for an intervention period. I feel the day centre strategies are mostly for more able-bodied people who could go to work or training.
2506.	I thought it was fine with enablement at the peak of the triangle and specialist intensive support at the base, as the surface area denotes weight. Just because one suggests otherwise, doesn't mean the triangle has to be turned upside down. Still I would go as far as turning it sideways, with "time" along the axis, so that as time goes on, it leads to specialist intensive support. It will have direction, signifying progression. Triangle pointing downwards isn't very positive, plus makes "enablement" look heavy on top of "specialised intensive support " as if "SIS" has to carry the weight of "enablement". Sideways makes it look like an arrow going forward.
2507.	Not enough information is given with regards to how long the support would last before the individual would be expected to get a job which I think is extremely unlikely now or ever.
2508.	Prior to the enablement section perhaps there should be a preventative area.
2509.	It seems to be a logical model, I still have some nervousness about the implementation. The assessment will be key, who assess need it should be involve the citizens and family/carer.
2510.	The model sounds great, not much thought on how it is going to be implemented. tailored person-centred care takes a lot of commitment and finance so it would need funding to be available.
2511.	The service needs splitting into two models - you cannot change to meet the needs of younger users without disrupting older users. Old users are following a traditional pattern and are settled. You need a separate for younger users.
2512.	Seems to be geared towards the more able bodied. I don't see how the new approach will meet more complex needs. Would like to see something more geared to those with complex needs.

2513.	Need examples from different areas of the strategy i.e. Enablement, Personal Support Specialist Intensive Support.
2514.	You would need to have programmed for each type of client each group, need to meet focus to all ages and disabilities.
2515.	No enablement in practice – all pie in the sky ideas.
2516.	The draft day service model is not realistic. If implemented it would have a huge impact on carers and their families.
2517.	The families and carers of service users can often be reluctant to change, and the idea of movement between the stages of the model may have some resistance. This reluctance comes from a place of worry but must be addressed as can lead to limits on the choice/control of service user. Many are lost without the service users and therefore dislike them going on residential etc.
2518.	Need more staff to put all of this in place. Can't enable people all at once.
2519.	All 3 levels of support I'm receiving at the centre.
2520.	All the three levels of support are given by staff that have been trained at my day centre.
2521.	Coming to the day centre 5 day a week I already am doing things I enjoy, I have a 1 to 1 carer who supports me and have access to intensive support and facilities within the centre.
2522.	Don't agree with the groups as it will to segregating them.
2523.	Everyone should receive support for their needs and not be pigeon-holed. The specialist intensive support part should be the largest part of the triangle of the new model.
2524.	He won't be able to do it for himself. He needs more support.
2525.	How will the level of need be assessed? Who will provide the support? Continuity of service would be very important.
2526.	How would you decide which level of support they fit into? Leave them alone because this would not be done fairly.
2527.	This is what the day centre provides already on a daily basis.
2528.	I am already having support at the day centre which I am happy to continue with. My friends are all there and I look forward to attending.
2529.	I am enabled now to do gardening activities and access to the community, how do you propose to make it better for me? In my city it's not a nice place.
2530.	I am fairly confident in looking after myself.
2531.	I do already receive all the help and support from the staff at Moseley centre. So this is already happening here at Moseley. This is not a new idea.
2532.	I don't think the levels of support would be decided fairly.
2533.	I need some support to a degree.
2534.	I think people need to be showed how, and what to do few times.
2535.	I think people that need help to do more for themselves is a good idea.
2536.	I will need personal support all times.
2537.	I would like some support with my day services.
2538.	I would need extra support to do the things for myself.
2539.	I would need quite a lot of help although I do not have severe complex needs.
2540.	Indeed, lots of help to do things.

2541.	It would depend on the level of support and if they understand what is being done.
2542.	People cannot help themselves to learn new lifestyle skills, if there is not enough staff in the few day centres that are about. Knowing that BCC is doing this consultation, will you be unlocking the frozen posts to employ more staff especially for the people with complex needs.
2543.	Point to enablement, "That One".
2544.	Service users should not be categorised further Each service user should be encouraged to achieve their potential within the day centre
2545.	Some people need some support and some people need a lot of support all the time.
2546.	Specialised support, I'll believe that when I see it, maybe for physically disabled but depressed or anxious people don't and won't get this.
2547.	"I have help to take my tablet and cook my meals, sometimes I make my own dinner, roast potatoes"
2548.	All 3 levels of support have already been assessed and are reviewed so the way in which you intend to provide support by direct payments would mean my son would not even get one day off from being a carer.
2549.	Carers also said there definitely should be focus on regular reassessment, and that they take in the history of what people have already tried when it comes to being enablement focused. They gave the example that their service user (was son/brother) had already tried travel training and they know it didn't work, so wouldn't want to push him to do it again.
2550.	I already feel that this support is offered in one place. Trying to access several different services (which I don't believe exist!) would be a massive upheaval and I know many service users struggle to adapt to change.
2551.	I am supported by staff to maintain my skills and abilities other people in my group need more help than me. Some of my friends are more able than me and help me.
2552.	I live on my own so not sure how easy it would be to find something suitable for me.
2553.	It really would not make any difference to me or my family as I am given all the level of support, I need according to my individual service statement.
2554.	X already gets the level of support that he needs.
2555.	Not help us at all - the 3 levels of support would be decided by who? The trained specialised staff at the day centre cannot be replaced.
2556.	Not sure what level of support my needs would come under, level 2 or 3, so don't know what this would mean for me and my family
2557.	The 3 levels of support would not be decided fairly because it would be down to the social worker who doesn't even know me.
2558.	The present balanced community at day centres would be destroyed. Different levels of support based on just 3 levels would discriminate against all service users. They are all individuals.
2559.	These 3 levels of support are already in place here at Moseley. I already in place at Moseley. I would be very sad if my centre at Moseley were to close. Staff always listen to me, in what I want to do or NOT do. I am happy sometimes to visit each base room.
2560.	The committee agrees the proposed overall emphasis and focus of the service, recognising that long term high dependency users could face more limited prospects for enablement and personalised support and, therefore, making sure the model does not work to their disadvantage.
2561.	Enablement is defined differently on the [inter]net. This could cause confusion.

2562.	Enablement should be about gaining new skills, not only discovering or investing in old skills.
2563.	The enablement team work to support people and identify ways for them to go out and socialise and do what they can. Sometimes these citizens are just in bed and do not have the confidence to go out there which is living proof that sometimes you have to push them or give them the information for them to make those choices. Some have travel training and go to college and one gentleman just travelled by walking to the end of his street which was a huge success. It does not have to be that they go out to work; some may even like to do voluntary work or go for coffee. It is good to support them to enable them to go out into the community
2564.	Model: Enablement – staffing levels – support appropriate
2565.	Should only need specialist intensive support when everything else has been exhausted.
2566.	Model – concerns moving away from needs – Needs is what Care Act says in Law – should focus on this – this worries me greatly.
2567.	Model – The triangle needs to be fluid.
2568.	More clarity around Dementia Adults.
2569.	The triangle in the presentation and in the draft strategy is upside down; it should be the other way around. There is a lot of people with Learning Disabilities that need meaningful days. The bigger section of the triangle should be at the bottom of the triangle.
2570.	Enablement – can be time limited but support can often be longer term e.g. personalised support level. Care can be long term; this is not reflected in the model.
2571.	Enablement can be delivered with a degree of personalised support.
2572.	Need life time review. Enablement is not always the right option.
2573.	Design principle – the proposed model is ok in terms of content but needs re-arranging, e.g. personalised support runs through all levels.
2574.	There's a massive group with more complex needs that need ongoing support to learn skills and retain those skills.
2575.	Issue of training in assisted living – transfer to a day centre hasn't been addressed but feels it would be beneficial for her son – need more specialist support, want more of a "can do" as opposed to "can't do" attitude.
2576.	Older people - whole adult transition – end of life.
	<b>Draft Strategy</b>
2577.	This strategy is meaningless and misleading. It has nothing to do with the Councils true intentions and is a total waste of money. The Council want to close some day centres, and all this is a smoke screen.
2578.	It has some potential maybe to work for a minority, but on the whole it is not realistically practical and it is not based around individual's needs- in the long term it is based on finance and budget cuts.
2579.	Concerns as cannot afford private care.
2580.	The strategy states at the outset that the Council wishes to "move away from traditional building-based day services." This appears to contradict the wishes of service users and carers as expressed in the opinion surveys you have carried out.
2581.	I don't know how my life would be affected.
2582.	It may make things worse, if they are at home with parents or family members, the changes which take place may cause upsets for both, the carer and the person they're caring for.

2583.	Why has this got to happen.
2584.	This is all very well, as well as the new budget can still pay for all the new changes.
2585.	My person only attends once a week; and he is supported with many activities where he resides. It is important he spends time in others company. However, I felt disappointed for those who rely on the day centre on regular basis. The meeting I attended there were no independent advocates supporting the residents; only day centre staff. I don't feel the residents really knew what was happening or the impact it would have on them.
2586.	Makes me feel 50/50, it would do my mum's head in. Need investment in day centres.
2587.	Embrace changes.
2588.	Your ideas for changing the day services would be ideal for about 10% of day service users. The other 90% require the stability and safety of controlled day centres.
2589.	Strategy opportunities are supposed to try to include disabled people by taken the people into and out to an environment where they will for the majority be looked on negativity all it would result in is excluding them and isolating them.
2590.	I'm not a social experiment, I like my life at the moment and I'm scared that the Day care strategy will affect me and my family. It appears that a lot of the organising would be down to me or a family member which is going to add so much stress to us! I asked that question at one of the meetings and you told me that a social worker would help with the planning, I almost laughed out loud and realised what a joke this Day care strategy is! I don't want a pot of money thrown at me I want a building based, council run day centre 5 days a week!
2591.	The focus of the strategy and presentation is on choice and control, but the social workers are concentrating on the needs and not the assets and strengths of the individual.
2592.	It depends on some of the ideas.
2593.	It is all according what you are going to do as long as son D enjoys it.
2594.	Possibly good or maybe not so good.
2595.	This is a way government is taking responsibility off themselves and putting it on us.
2596.	I find it very disagreeable to how they are doing these things they call day care in Birmingham and how they are not doing not what they're supposed to do where is the trust? You read the questions seems double standards and they are tricky from the last meeting we had.
2597.	Depends on the outcome of the consultation.
2598.	Some things will be very good it is all to do with person's needs.
2599.	Agree and as before if they changes are in line with the ever changing needs and wants of the user.
2600.	I agree but how many people have you missed, who are sat at home depressed and just feel like killing themselves, while their home becomes a prison and it becomes unsafe or dilapidated because they can't cope and no body helps , they just want to tick a box and fob you off. e.g. GP's, Psychologists, councillors, City Council, Benefit Agency, etc.
2601.	Don't agree with what I have heard during the second consultation meeting about doing things differently.
2602.	The amendment document looks good on paper, but carers are worried that this will result in day centres closing. However, they felt that there could be more opportunities for citizens to access services in the community.
2603.	I believe that the council in their wisdom believe that they have got our best interest at heart, but in reality, are missing the point.

2604.	I disagree because my daughter is comfortable in the place she attends.
2605.	No! (x 9 responses), No thanks. (3 x response)
2606.	Social isolation, safety issues, people will get lost in system, carers stress, ageing population of carers, saving government money, getting people into community has already tried and failed miserably. Draft proposals not realistic, carers not being listened to, majority of carers do not want direct payments. Travel training is putting already very vulnerable individuals at great risk. Some people with a LD may have unrealistic expectations of what they would like to do/ achieve as opposed to their actual ability to do certain things. Would have a huge impact on carers and families. Caring very demanding they need a break or physical/ mental health is at risk.
2607.	Think the ideas are rubbish. want to keep coming to the day centre 5 days a week because it is very helpful.
2608.	This is a ridiculous scam intended to privatise this service. Disabled people are not for sale.
2609.	It could make things a lot worse potentially.
2610.	Strongly disagree.
2611.	Change in services will give me confidence and independence.
2612.	Changes are good if it's for the benefit of the people that's using the service.
2613.	Good.
2614.	I am happy with the new changes.
2615.	I like their ideas.
2616.	I like this, this is important.
2617.	I think it's a good thing to do depending on the person's ability.
2618.	I think the ideas are good in theory but questionable how this will be put into practice.
2619.	It's alright.
2620.	I agree with some ideas.
2621.	Very good if these changes do happen.
2622.	I think that all people should be able to do what they would like to do, with the right support & facilities.
2623.	I will have a more happy life.
2624.	Realistic the council is thing and making decisions for disabled people, please think those who are unable to make any decisions at all think of those who really need someone to do the thinking for them.
2625.	Things need to change.
2626.	Very good if these changes do happen.
2627.	Yes, I should have the same rights as my counterparts with support where needed.
2628.	Evidently, we would have to wait and see, but hopefully a positive one.
2629.	I agree with anything that can improve their lives it is all about them.
2630.	I am happy with it.
2631.	I understand that there will always be a need for improvement and change. I do hope that in doing all of this that at the final outcome it will ultimately be for the betterment of the user and what is the best possible result for their wishes and well-being.

2632.	On behalf of my daughter I feel if it's implemented properly and financed, it could work.
2633.	On behalf of the service user, changes to service provision if for the better would be very positive, but I am aware that facilitating the access of services is subject to funding and staff availability. What the service may want and choose to do may not always be possible if staffing and funding is not available.
2634.	The proposed ideas are very interesting only if the support is provided to help the carers with the changes. As long as the new budget can provide for the same services, that would be good.
2635.	We are happy for things to evolve as long as I can attend my day centre and keep my respite care allowance.
2636.	As a plan I agree with a lot of the proposals, however, I find it hard to accept that as a 70 years age women I would be able to access these proposed facilities.
2637.	As a citizen of Birmingham and not an employee i may need a service and would want to think services were improved.
2638.	I don't live in Birmingham, but every council should offer such opportunities to support its citizens.
2639.	The proposed changes will suit some but won't suit those who have complexed needs.
2640.	I disagree because I feel not all my needs will be met.
2641.	I disagree it's the way forward because you will need to cut back on funding and you will close day centres.
2642.	No benefits.
2643.	On a personal basis - strongly disagree.
2644.	No benefit or impact.
2645.	Again, concentrate on what individual needs from our own perspective not what others believe we need.
2646.	All this would be subject to the client's needs and well-being.
2647.	Birmingham Councils are a waste of space.
2648.	The presented information doesn't appear to bear reality to people's lives. What services will be provided with the person's needs at the centre rather than them being 'accommodated' in the mainstream world as an add-on?
2649.	If the day opportunities strategy was implemented fairly I would answer: - but I doubt it would be done fairly. I have based my answers with respect to others - not my sister. I would answer strongly disagree for her. for a lot of people needing care and support, this may be the way forward but for others it will be too overwhelming resulting in isolation, loneliness and loss of vital services and staff, it is essential that day centres remain open for those who wish to attend them.
2650.	Citizens with severe learning disabilities and a high level of complex support needs will not fit into this strategy.
2651.	It's a load of crap!
2652.	All sounds good, but you need to find support works to support in community. From where we are sitting it's a little too late. My brother is in his late 40's needs around the clock support, for younger service users I can see this could work, but the right support package/direct payments need to be in place.
2653.	I feel that it would be more beneficial for the younger at age but not for someone elderly like myself.
2654.	Yes, as long as they are supported.
2655.	I don't believe it to be an ideal strategy consultation for services for people with brain injury.
2656.	Insufficient day care centres and support for family carers.

2657.	Council is being devious and dishonest. Social care management should be changed.
2658.	You ask for ideas, presumably positive ones but there is nothing positive about these proposals.
2659.	It is hard to give a verdict of "disagree" when so much effort has gone into producing this strategy and there is much in it with which I do agree. The fundamental problem is that it is trying to produce a model for day services which covers so many different categories of the service user.
2660.	This couldn't happen soon enough and is long overdue.
2661.	We agree and support the new strategy and hope it is very successful.
2662.	About time too!
2663.	Empowering and fluid strategy that prevents communities becoming socially isolated and hopefully when end of life happens, we are in a position to arrange a tailor made up of life service where nobody is able/willing to arrange the funeral.
2664.	Empowering and fluid strategy that prevents communities becoming socially isolated and hopefully when end of life happens, we are in a position to arrange a tailor made up of life service where nobody is able/willing to arrange the funeral.
2665.	I do as long as the council do what they say and not just shove it under the carpet.
2666.	The need to consult and develop day services is essential. Ensuring choice, independence is vital to ensure citizens have a person focused service.
2667.	I agree with they are saying and future ideas.
2668.	I agree with what they are saying on the future ideas.
2669.	I agree in theory with the proposed draft day opportunities, but I'm concerned that this will not be for every service user.
2670.	If it works, it will be a very good thing, but I think the residents will find they miss the safety of the day centre and they won't have as much contact with their friends.
2671.	The strategy works and sounds brilliant, but will it be possible to enforce with current economic climate. Will it just be more broken promises by Birmingham City Council.
2672.	If the strategy is successful it would benefit all of our service users.
2673.	It would benefit service users greatly and they will gain strength and confidence in experiencing different situation although will need constant assistance as she wouldn't be able to do certain tasks by herself i.e. getting the bus or being left alone for long periods of time.
2674.	It would have a positive impact as i could engage in more activities and not have to try and fill each day on my own.
2675.	It's a work in progress and like most strategy's there's no guarantee of success.
2676.	X is looking forwards to the changes.
2677.	Positive impact as family will have daily support and break. F.I will have change of environment and mix with his peers, try new activities.
2678.	This would be good to support K in new learning.
2679.	X would benefit from the upcoming changes.
2680.	Absolutely replicates what we already offer in other boroughs.
2681.	Agree if it's in addition of keeping the day centres open.



2682.	As long as it is implemented and not changed without more consultation.
2683.	For your generation this will work, but for the elderly and severely disabled, it would not work.
2684.	Gave thumbs up-smiling facial expression.
2685.	Good x 3
2686.	I don't think it would work for me. if it could be implemented for the young people.
2687.	I think this is the right thing to do.
2688.	If what is planned matches my current provision, then i would be very happy.
2689.	In theory it all sounds good, but we need the day centre to remain open and available to people who need it. Both those who attend during the day & respite it provided for carers.
2690.	In theory this sounds very good, in reality not so sure.
2691.	We personally support these not the individual support, but we are concerned about getting funding for the more able people.
2692.	Y gave a positive facial expression.
2693.	By having a clear process in place will help co-ordinate the provision available to all.
2694.	Day Centres can isolate disabled people from others, and "for life" is only for some people, so having a more inclusive service is a good thing.
2695.	We personally support these not the individual support but we are concerned about getting funding for the more able people.
2696.	X put his thumbs up.
2697.	Very positive.
2698.	We need to show a commitment to future of day centres.
2699.	Great ideas lets talk more work!
2700.	I hope the amendments will work for majority of younger services users. However, please be aware it is not easy to teach an old dog new tricks.
2701.	If all resources and facilities were in place.
2702.	It would help reduce associated pressures that occur of which assistance may be given in the incorrect way or association.
2703.	Not on me directly but on those who I support through my work.
2704.	Depends on what support and funding is put in place, will depend on the impact!
2705.	The strategy is great as an overview, but you have to get into the detail.
2706.	SU x2 – This sounds good to me.
2707.	Good that the strategy is asking about us.
2708.	Carer – There are pros and cons. It's too late for my son who is in his late 40's.
2709.	Now I'm just interested in him being happy and supported as he needs one to one support
2710.	It's a little late for my son.
2711.	The strategy is good, it's the way forward for the younger generation.
2712.	Different skills, different strength, use leisure centre, we agree with the proposal – All 4 service users agree.
2713.	On paper it is good, but different people will see it differently.

2714.	Good idea to be future focused.
2715.	Strategy and model – positive stuff, so excited that Birmingham are going through.
2716.	It's a good thing that BCC are improving with the proposed strategy.
2717.	Empowerment by inclusion.
2718.	What has gone before doesn't instil people with a lot of confidence.
2719.	"we like the idea put in reality it is fantasy"
2720.	This strategy is designed for the ideal disabled person, but there is no such thing as the ideal disabled person.
2721.	Good strategy, simple to the point. Most important thing to put people's needs forward
2722.	Quite good, but people are individuals with their needs
2723.	Sounds like a good way forward.
2724.	The day centre used to do this in the past but had to stop, this seems like recycling old ideas.
2725.	This is a big move forward.
2726.	The Strategy states how things should be done.
2727.	This is a positive way forward, and it is much needed.
2728.	Providers said they adopt a lot of this strategy already.
2729.	General consensus of group was that this was welcome and there was support for this part of the strategy.
2730.	Additionally, "Healthy, Happy Lives" work with individuals to reduce social isolation. This activity very much follows the proposed strategy.
2731.	Collectively Providers felt that there was nothing that they disagreed with fundamentally. They are pleased to see that the Citizen is at the heart of the proposals.
2732.	Providers generally agreed to the strategy proposals.
2733.	Overall the strategy has good intentions, and there was nothing really that people disagreed with, just that this is obviously a broad strategy and it needs to be applicable to all.
2734.	The principles are a good thing as long as the aim to improve the citizen
2735.	Not seen as being significant, the principles remain the same across the board.
2736.	One carer expressed that their service user only got 2 days a week at the day centre and this made them very bored and isolated at home, as the family couldn't be looking after them 24/7. They queried whether this would be changed under the strategy as its focus was choice and control, and that's what the service user wanted.
2737.	Disagree with the strategy, believe parents of service users should have more of a say and the ones with special needs should receive greater consideration.
2738.	Model is ok as the strategy.
2739.	Strategy does not factor in needs of carers.
2740.	Reason I asked for practical examples is because it will sell the strategy to people and Cabinet members. For example, the ability to use the internet.
2741.	You need to consider the service users future.

2742.	Number counting, Still work.
2743.	Allow for a positive experience.
2744.	The provider believes things will be forced on their client group that does not meet their need.
2745.	Centre of Excellence would be a good idea.
2746.	Co-produce and redesign and look at Parity of esteem for mental health and physical health have equal financial budgets.
2747.	This is simply an aspiration - to be able to comment more detail is needed on how each aspect of the model works in practice.
2748.	In the statistical analysis I was surprised that the Council is supporting only 379 people over 65 with day opportunities. Our small day centre in Kings Heath accounts for over 20 of those and it is hard to imagine that we are providing 7.5% of the total service for people in this category. But there are references to 15,472 people on page 12 of the strategy and to 215 people on page 14, and I am not sure how these all tie in. Whilst I have been critical of the strategy's main emphasis, there are aspects we support, in particular the attention paid to the needs of carers, and we can work with more direct payments if that's what you want to achieve. The strategy talks about the need for provision in the evenings and at weekends. This will only be feasible at significantly extra cost for us and it would require a guarantee of a large number of Council-funded places at our Centre at these times.
2749.	Depends whether implementation is really about the individual rather than lumping people together.
2750.	Too biased against day centres.
2751.	I need to understand better what the changes would be.
2752.	This system is putting people into boxes and taking away their care. the more able assessed will be abandoned in other facilities and will lose their care provision. The council clearly wants to remove the wide end of the total number in order to leave day centres half empty.
2753.	The council are doing things they did 10 years ago.
2754.	The plans for the city are what we seem to have had in the past and were taken away due to budget or political means i.e. the closure of social enterprises and college placements that were stopped or taken away from whole groups or certain individuals due to different circumstances. So, I agree that we should go back to the way things were in certain ways, but I disagree the way it is being implemented like it is a new thing when it isn't.
2755.	These ideas are great, but you need to have the structure in place to support it from transport to communicators, to a wide range of activities that are accessible to all & support for carers. A benefit advisor from BCC used to come out and give advice as to what you were entitled to and to attend meetings with you if required. All these services have been cut there also used to be a warden who visited once a week to check things were ok and make calls on my behalf. The warden no longer has time to do this as she has a wider area to cover and she have less time for our community.
2756.	Agree in theory but practically does not always come up to scratch.
2757.	On paper it sounds wonderful. In reality I don't think I have much faith in it.
2758.	Looks good on paper but in reality.....?
2759.	Having a consistent approach.
2760.	Not enough information regarding how it will work.
2761.	We are not sure what the strategy means in practice.
2762.	How do you make sure this model is implemented in the every day life of the daycentre?

2763.	In practice won't work.
2764.	In theory agree but will it be implemented correctly, efficiently and with current staffing levels.
2765.	You need to explain to us how you are going to make it work.
2766.	You need to explain to us how you are going to make it work.
2767.	The difficulty will be changing mindsets.
2768.	The whole thing sounds good, but we don't know enough to say how it will work for us. Who will implement each stage family or day centre? Who will fund the placements for us? Will all our money be changed?
2769.	Not enough information about exactly what you want to do differently, some people in Day Services are happy to stay the way they are as they have limited ability. You haven't said how you intend to work with. Say Voluntary Organisations e.g. are you proposing that VO provide a Day care Service or that attendees of day Care Services offer support to VO. Need more detail about your proposal.
2770.	I did not understand it was vague. I like the service I currently receive.
2771.	Not enough information is given how it will impact on individuals who already go to day centres.
2772.	The presentation for the day opportunities strategy didn't really give any solid information. I believe that changes need to be made to move day opportunities forward, it is at a standstill. With little development in many areas. I am lucky as my son goes to new roots allotment where they are very forward thinking and working with different agencies for a variety of experiences for all, maybe this should be seen as an example to model the future on, they are definitely not standing still, staff and carers are working together for them all to receive the best working experiences they can. Services users want to achieve, be with friends and enjoy themselves this is a large part of their lives and as a carer if my loved one is happy at his placement, this is carried into home life and makes for an all-round secure and safe and happy person.
2773.	We do not know how this is going to affect the service we offer.
2774.	Day opportunities is a service so external companies only focus on shareholders dividends not what the service is. They don't care as long as it is profitable. How much money would the council save by making all services internal - not having to employ and use profit orientated organisations. Birmingham City Council = Broken promises.
2775.	I don't think it would have a long-term effect on my person.
2776.	It's in an ideal world that this will actually happen and work for the majority of people. My worry with the new Day Care Strategy is that many people will be forgotten about. People with additional needs can deteriorate and change overnight and a task they can manage one day may not be achievable the next, this is a huge safeguarding concern! How often would they be monitored? Or would it be like it is now, a review, needs identified, and nothing implemented so we'll repeat this pointless exercise in 12 months! The whole system kills and fails people and for me the Day care strategy will expose more people to harm and risk.
2777.	One size does not fit all.
2778.	Will only apply for the minority of LD service users. Have you got places already for them complete with risk assessments and extra support
2779.	I trust and believe that headway addresses well the problems and difficulties i face, even though I have very problematic short-term memory

2780.	Disabled people will be thrown out onto the streets and will suffer isolation and depression. All this to save money, but Council will not admit it. Total dishonesty.
2781.	I am suspicious of words 'such as building reliance' in the text, which could be code-words, as the current national Government uses, to basically say 'you are on your own - we are not helping you'. Though the remainder of your document augers against this view, so I am open minded to being persuaded that your strategy could be the right one.
2782.	The clarity is not there. (with the strategy)
2783.	Proposal sounds positive, like the idea of taking users to community, increases choice and freedom.
2784.	I resent the comments that family and carers can be restricting to the disabled about what they capable of achieving.
2785.	I like proposals but think they are in a fantasy world.
2786.	If you are going to improve the lives of service users, we are behind you 100%.
2787.	How are we moving forward, everything is going around in circles – nothing new.
2788.	Has been proposed before and is nothing new.
2789.	Don't think this is a step forward. Nothing has changed.
2790.	Deja-Vu.
2791.	Same old, Same old, nothing changes.
2792.	Heard it all before.
2793.	These phrases and plans have been going around in circles for years now. Never any action taken on them.
2794.	Services that were previously working had to be frozen, service users were working as if they were employed and they really enjoyed it, but this was all stopped. Now they want to bring it back.
2795.	Agree with the ideas but have seen this all before – 30 years ago – and nothing has changed.
2796.	Might look good on paper – but it will get unstuck when putting into practice.
2797.	The strategy sounds good, but there is a big difference between strategy and reality.
2798.	This is a one size fits all, it has to be fit for the individual.
2799.	I think you need knowledge of people in day centres to make this work.
2800.	Do you have any practical examples of how the strategy works, I know everyone is different
2801.	Can I see specific examples as this may be helpful in allaying my fears for example how a practical day to day may look. This may help me to understand the strategy.
2802.	Not sure about what changes are coming.
2803.	Not sure what they are
2804.	Open minded not sure
2805.	not sure would need more information
2806.	If it's implemented properly it could work.
2807.	It may be good, but it depends on what alternately offered.
2808.	It's difficult to put a more positive grade until the new arrangement/ practices are in process.
2809.	The changes to day services sounds good in theory but unsure how these changes would work in practice

2810.	At the moment no change but it depends what changes will be introduced later.
2811.	I do not know what these changes will really mean for me.
2812.	It depends on what you are going to do, and whether it will affect me and my family.
2813.	It will worry me because I'm not sure what is going to happen.
2814.	Not sure how it would impact on family life until something has been tried and proven to work. The effects are not going to be known.
2815.	Council want to privatise everything. Private care homes have poor quality of care, BCC services were a lot better.
2816.	We want to keep our day centre open. (4a) Disagree because it would be at the expense of the day centre. (4b) Agree but not close the day centre. (4c) Strongly disagree as it would be at the expense of the day centre. (4d) Disagree as he can't travel on his own.
2817.	I feel you are not listening to carers & service users at all. You have had an idea plucked from thin air. The service users class the centre as their place of work where they have their friends. They are in a SAFE environment where they are cared and supervised extremely well. What you propose is not plausible you are trying to save money at our children's expense. You are not Listening to carers & service users. All the things you propose to do is already being done at the centre so why change it?
2818.	I would be able to do things that will help and that I would enjoy doing. Not only giving my family and carers a little respite, but making me happy = happy family.
2819.	It depends what the outcome actually is. My son is dependent on the day centre remaining open & doesn't like change or disruption in his daily routine. This would cause immense stress and anxiety.
2820.	Other Councils have taken a similar model and there is lots of evidence that closing Day centres, Respite and care homes doesn't work but I guess you have seen the programs and research too! Once again who monitors this on a daily, weekly basis to ensure that this is happening. I wholly believe that the Day care strategy will be harmful and detrimental to the wellbeing of the vulnerable people in Birmingham. I have followed and read many things about other councils who have tried a similar model and the outcome is horrific. Isolation, abandonment, exploitation and harm! But will you even listen to our concerns or will I be in the horrific situation when it all goes wrong as it did with my Brother who died at 38 because you didn't listen!
2821.	I believe that this whole strategy is aimed at closing day centres by trying to get 'service users' out into the 'outside world' by encouraging personal payments to access other services, but what you are doing is destroying our communities within the day centre. This will have a negative impact on services users and their carers.
2822.	We have got the rough edge of the stick, worried about what is going to happen.
2823.	Feeling uncertain at the moment.
2824.	It is worrying what would happen in future.
2825.	As long as the individual isn't pushed too far, could make mental health issue, anxiousness etc. far worse. Don't believe direct payment is the way forward as Birmingham Council services cannot be used. Feel the individual would become insular, and it's open to misuse. Sounds good, but safe guarding facilities, suitability all have to be looked at consistently and reviewed regularly. Ideally is sound good. Realistically there seem many pits falls. One thing having in written down another it working when it's actually put into practice.
2826.	This would make things worse at home putting pressure on family.

2827.	What ideas? Very loaded questions! It would affect my family a lot as they work every day and I cannot stay at home by myself. This means they would have to give up work to stay with me.
2828.	Need to see the whole family as one.
2829.	The change was not there before, they will home in the sentence - it's hard to disguise – very difficult to manage. They want full answers. They don't want change; there is a big fear of the unknown.
2830.	I honestly think these proposals will have a negative effect on the majority of the service users and carers who use these services. My concerns are around safety of the service users, impact on the carers. Where are the places as I know from personal experience that if you have a disability of any sort, like my daughter did with being epileptic but didn't have any other disabilities, trying to be a volunteer and I wonder how many good placements are available where they can learn.
2831.	We don't know yet what the intentions are and what will be on offer to support social inclusion.
2832.	For people that are able it would be a great benefit, but the majority of service users are not capable.
2833.	Speaking as a carer for an older person, I think that your changes are not relevant to every person who uses a day centre. Everyone's needs are different, not everyone appreciates change, and some prefer routine and familiar surroundings. This enables people to build friendships which is very important which is vital for confidence.
2834.	This is totally out of order, where is everybody going to go.
2835.	Help everyone.
2836.	I feel I get this already with my direct payment and day centre.
2837.	I feel this is more beneficial for people with less needs. It seems more emphasis is on helping people to be out in the community which is or may not be practical for people with more severe learning disabilities.
2838.	I just don't believe you would produce the level of support required for all of the people with severe disabilities. This only works if the help is provided which I strongly doubt it would be.
2839.	I want everyone to be cared for and my needs are here with my friends.
2840.	I would like to see this happen for every-one.
2841.	In theory those ideas are good, but you keep focusing on people who are capable of reaching these goals and not really offering any ideas as what is going to happen to the people who need intensive support. For these people, day centres are a necessity.
2842.	Not sure what this would entail.
2843.	People should do things for themselves and ask for help and support if needed.
2844.	People should get support where needed.
2845.	People who need more help should get it.
2846.	People with complex needs should get extra help.
2847.	Please do not alter my care package.
2848.	Quite satisfied with the way things are.
2849.	Like the strategy and the ideas. Think this will make things better for people.
2850.	I feel that the ideas that are being proposed are good in theory and may work for some people but would not work for myself and my family. I am happy with the service/day care that my son is getting at the moment, this meets his needs and he is happy in himself and this has a positive effect in his wellbeing which makes us happy as a family.

2851.	Enjoys going to Ebrook, does activities she loves that she can't do out of the centre alone. Overall doesn't like the sound of the changes.
2852.	Agree with principle but would not work for my child if she were to be moved out of her specialised day centre.
2853.	Would need more information about how changes were going to be made. What opportunities there are? Will they be accessible to me? How much will it cost?
2854.	As long as I can keep my attendance as it is and keep my care package unaffected.
2855.	Can't answer this question till changes are put into place. I do not want my care to change as I also need support from staff and feel I might lose out due to complex needs.
2856.	Could make things better if staff have less work to do looking after the severely disabled. But still must emphasise a day centre is the best solution in our view.
2857.	Depends if my support was cut back.
2858.	All service users said that they really enjoyed the range of activities they were able to access at the day centre. They were excited at the prospect of being able to have more opportunities offered to them through the strategy. They especially liked the idea of seeing more of Birmingham with their friends and teachers.
2859.	Two carers said that they liked the categorisation of the strategy, as they felt it was important to show that there are different provisions for different needs.
2860.	Extra support in addition to day centre service would help me and my family.
2861.	Helping families by supporting their child or adult to get around.
2862.	How many projects in Birmingham that parents have set up, tell me some stories?
2863.	I cannot sort myself out and this would bring stress to myself and my mother.
2864.	I don't know if any changes would affect my situation in a negative or positive way. I would not want to lose the amount of support or independence that I have now.
2865.	I feel this makes things better for me and my family.
2866.	I have already said how it would be great for my family.
2867.	I hope I can continue to get the balance of support I require at home and from the centre.
2868.	I think if things change this much, we will be affected.
2869.	If I was supported, my family would be okay.
2870.	If needs are assessed correctly, service provided will make things better.
2871.	It will not affect me as long as I keep my support.
2872.	It would affect me and my family. My dad cannot come, this gives him little break and me.
2873.	It would be better as long as they still get the same support.
2874.	It would depend on what was offered to help us and our son, as it is now remains the best option.
2875.	It would put too much pressure on my family.
2876.	Not sure how this will affect my family as they are accustomed to things being done a certain way.
2877.	The ideas are unnecessary in my opinion for my son's needs.



2878.	This can play to her strengths, if it doesn't disrupt the routine of the household.
2879.	This would cause problems with my family as things are much better the way they are.
2880.	This would strongly affect me and my family.
2881.	We don't know what difference it will make in the future.
2882.	We will not really know until the changes are put in place, if my care is changed and I am not happy. How will I be able to complain?
2883.	With support it will make things better for me and mum.
2884.	Strategy should be to improve and enhance day centres.
2885.	Would cause a lot of stress on service users and would have a big impact on family life.
2886.	Looked at pictures graphics pointed to all and gave thumbs up. wanted all ticked.
2887.	X says the whole part of him moving out of his home into independent living, was for him to live his life the best way he can. If day care services where to change he says that he will be once again depending more on his parents. By this X says he feels he will be back to square one and his mum especially will be tied up and no time for herself. Day care provides a safe space and help with his own wellbeing as well as his mother's peace of mind.
2888.	The consultation document is quite negative about how far current buildings centred day services measure up to the strategic aspirations it recommends. However, it also acknowledges that, amongst existing service users, there is an affinity with the day centres they attend which goes as far as a dependency on services that they have assumed will be there for them for life.
2889.	You will remember that when the City Council attempted to close the Fairway last year, the objections that were raised not only related to the Council's failure to consult as it should have done, they also related to the impact on existing service users. I am conscious that when Council officers put their reasons for wanting to close the Fairway, they did so by reference to a policy direction that bore a striking resemblance to those now outlined in your proposed new strategy. Whatever the theoretical merits of such a policy approach at that time, however, the clear message from Fairway service users and their families was that in practice closure would have deprived them of an important part of their quality of life and that it would have left them isolated in the future. If this had indeed been the result of closure in practice it would, of course, have undermined the very person-centred policy objectives that the Council said it was pursuing in the first place
2890.	This strategy looks like it is being imposed on citizens rather than the citizens being consulted with first. Choice should start with them and then services designed to meet their needs.
2891.	There is definitely a major disconnect in services provided when only 2% of the Birmingham population is receiving adult social care/day opportunities (20,000 persons) and yet, just in the category alone of those with learning disabilities comprises 2.5 % of Birmingham's population. A significant number of persons are not being reached but you may be correct in expressing a view, that they are being provided for 'effectively within their own community.
2892.	I believe that the proposals are a positive step and if the strategy is implemented it will improve choice and citizen lives.
2893.	These statements/strategy don't really value the work/role of the day centres that have had on integral role in my uncles well-being.
2894.	I would love for my mum who suffers from dementia to have her needs assessed and an action plan to improve her quality of life implemented. Sadly, I have sat through many social work assessments where needs have been identified but never have any follow up and certainly no help or action plan. I don't believe that the day care strategy will change or improve this because you haven't got the budgets or the manpower!

2895.	I do not believe that whoever designed this strategy has much of an idea of complex nature of living with a condition like autism. The spectrum is so wide that one size doesn't fit all. In order to be safe in the 'outside' even though the person that I support appears 'very normal' to access opportunities in the wider community he would need 2 PA's to accompany him to any outside activities and if a stranger was sent instead of someone he knew, it would cause a major meltdown. None of this happens when he goes out with his friends from the day centre, he is in the comfort zone and is a helpful, considerate person who helps his less able-bodied friends.
2896.	The day care strategy will cause more isolation, fear and affect the individual's wellbeing! Some people will benefit from developing skills to be able to live more independently. My sister gets this from her council run day centre and I'd like that to continue.
<b>Equality and Diversity</b>	
2897.	You should NOT close day centres because a lot of the people who depend on them are ageing (in their 50s+) and it is too big a change for them to now start going out into the community and trying to adapt to such challenges. Yes, for younger people coming into the adult day service system these opportunities in the community could be very beneficial but this must NOT be done at the expense of the day centres. KEEP day centres for the older people who CANNOT adapt to change and offer opportunities in the community for younger people. In other words, offer/provide BOTH.
2898.	People with brain injuries often feel that they do not fit into any category and are often overlooked. One example is that a person with a brain injury waited almost a year to access services; at this time their needs had changed and had to be reassessed.
2899.	The proposal strategy should consider those older adults with hearing loss/deafness. At the moment, 1 in 6 people in the UK has a type of hearing loss. An older adult with hearing less can develop mental health issues due to being isolated/not communicating as well so this can affect council in failure. Action on hearing loss has researched that the figures of adults with hearing loss will increase to 1 in 5 people in the future.
2900.	It also does not reflect the needs of elderly people with dementia, the client group to whom we provide our services. For our service users, much of the strategy is irrelevant as they have no need and no capacity, to improve their employability which appears to be a key consideration for you. They require a warm and supportive social environment where they feel familiar but where their specific needs are met. Like it or not, this requires a building and staff who know their clients.
2901.	I do agree as we need to focus on wide range of ages, their needs, different types of disabilities, what work for some won't work for all.
2902.	Want equal access to all day centres, service users visited another day centre and were told they were not suitable, they felt unwelcome and vulnerable, oppose to how attending a day centre is supposed to make service users feel.
2903.	Would like GOLDD back (like at Fairways). There should be living old with dementia in the south of Birmingham.
2904.	Require more support for people who have suffered and acquired brain injury. More help will help ABI sufferers lead a better quality of life. Increased funding will help improve current brain injury centres/charities. What support would be given to people with brain injury and learning disabilities? Brain injury does not come into any of these categories. I don't think it takes into account the particular issues associated with brain injury we do not fit into the proposed day strategy as it does not cover brain injury. Agree with the initial proposal but acquired brain injury is not being recognised. As I have an acquired brain injury I feel that my needs aren't met!! I think that the proposals are good, however there does seem to be anything aiming to support people with brain injury.

2905.	There is no provision for autism which is not a learning disability or a psychotic mental health disorder but does affect a significant proportion of the population. No autism provision.
2906.	Assuming everyone is the same with a disability.
2907.	Human beings should not be pigeonholed.
2908.	I want more activities opportunities that fit with my cultural back ground.
2909.	Agree with the initial proposal but acquired brain injury is not being recognised.
2910.	This proposal does not make allowances for those who have multiple disabilities and need 1:1 support at all times.
2911.	Understand that there are more than just four areas of disability i.e. not just learning, physical, mental health, older people.
2912.	Treat everybody as an individual according to their disabilities.
2913.	Please consider very carefully when considering the elderly. They should not be categorised with others and really do need to be considered separately.
2914.	Young adults should have the same opportunities as their peers/siblings and the 'responsibility' shared by these proposed opportunities would be of great advantage to older carers/parents who may feel their own quality of life is becoming impaired.
2915.	Brain Injury is not necessarily older people or mental health or learning disability but can include elements of all of them.
2916.	I don't think I live in a community where this can even take shape, as most believe their religious beliefs are superior to anything else and will not care to implement the model. There is also the danger that they will not enable the user in order to keep them on as long as possible to receive direct payments. That's why people are made to commit and forced to go, so that the provider can continue to claim payments, regardless of whether or not the service is beneficial to the user, in other words, users are exploited.
2917.	No Groups, no specialist nurses for dementia.
2918.	Many adults with dementia need smaller groups and/or 1:1 support.
2919.	A day centre doesn't work for all, some users do not want a busy day centre we support on 121.
2920.	Council/organisation should be educated to work with people that have dementia.
2921.	The strategy is based on the premise that parents are looking for different ways of looking after their kids, some parents (Asian) are illiterate and don't know what support is available for their kids.
2922.	I have concerns over the harder to reach citizens and particularly supporting them.
2923.	Would like to encourage the ethnic minority groups to be actively involved with carers group, they may need support.
2924.	Black, Asian and Minority Ethnic (BAME), we need to be inclusive. Assurance given to Cllr that we have involved people across many groups.
2925.	We want our daughter to be socially included and we don't believe that there will be positive outcomes and enablement for everyone.
2926.	Think it is more suitable for the younger age group and those with autism.
2927.	Mixed group level of need to support each other.
2928.	My daughter is 28, it would be nice to have someone about her age, there needs to be a mix of service users, it (services, the strategy) has to cater for everyone with different needs.
2929.	Very little for young people, my son (who has Autism) has two days at a city farm and uses his PA hours to go to the gym or cycling.

2930.	Day care is for all ages; however a young person doesn't want to go to a day centre and do the same activities as an 80 year old with dementia and the 80 year old doesn't want to carry out the same activities as the young person. It was felt that whilst people should interact with people of all ages and with different disabilities there should be a resource purely for young adults.
2931.	Someone with a brain injury is not personalised but categorised as a person with Mental Health, learning or physical disability and they feel "excluded".
2932.	Mental health, support for carers, personal counselling and small group therapy are all missing.
2933.	The draft strategy mentions people with LD but not with sensory loss. Over 11 million people in the UK have a hearing loss, we are an aging population, this number will increase year on year. There are very little/few services for adults with sensory loss. We aren't aware of provision for older adults with hearing loss, except for BID services who have recently cut a service providing 1:1 support. I believe the council is now responsible for this, therefore will it be added into the strategy? Hearing loss/deaf support is seen as specialist provision as communication is the most important factor, need to have qualified communication support. People are being left isolated and lonely: services need to be built on the needs of the whole community
2934.	Adult health and social carers should offer more services which are brain injury specific as people with brain injury have needs which do not fit into the standard categories.
2935.	Autism is missing from the strategy.
2936.	Council should do more to support disabled.
2937.	I feel very strongly about places where public funds are high jacked by providers to suit their own agenda. Therefore, it's extremely important to specify which community users should integrate into, i.e. a well-balanced community as opposed to an ideological one. There is no sense of escape if they try to bestow their own beliefs on the user, which are contrary to British values. It is highly unfair on users who cannot defend themselves against this. Providers must demonstrate they believe in British values.
2938.	MH gets a lot of funding so need to fund LD services.
2939.	People are not just a number, everyone is an individual.
2940.	All agreed that the older generation are forgotten about and there's too much focus on the younger generation, see this as unfair, whilst still able elderly need occupying and there needs to be more activities for the elderly.
2941.	Not as many resources for older adults.
2942.	The impression is that the proposals are geared more towards the younger generation 'everything for autism'. Autism is a very broad spectrum and needs to be used widely.
2943.	Dementia services commented that there was a marked increase in dementia in an area of North Birmingham.
2944.	All people of abilities should work and be together.
2945.	I agree, people with complex need help and the council can't leave people out and exclude them.
2946.	I think that people of different learning disabilities should have support and care.
2947.	I understand different people have different needs.
2948.	It might work from some people but would not work for the elderly like myself and my husband.
2949.	It's completely not necessary because we need an avenue where we can all interact by not discriminating.
2950.	It's segregating people into groups.
2951.	It is not easy for the ethnic community to know the rights of the disabled as there is often a problem with the language barrier.

2952.	Better support for people with complex needs.
2953.	Not enough education in schools about disabled people. Young people in schools are now very accepting, people of my generation are not.
2954.	Put a cultural slant on this, if day centres aren't provided then kids will be left at home. My brother has two autistic sons and wants to go out and learn how to help them, but some Asian communities do not want to know.
2955.	Meeting with different people. Think about activities for British Muslims.
2956.	Actively proven that if old people go into day centre, this stops/prevents them going into long-term care. Providers need to target dementia.
2957.	Think the focus of the older adults has been lost, little with older adults within the consultation.
2958.	Younger people may not want to use the day centres, but older people may want to continue using them.
2959.	Would be nice for separate groups of male and females to interact and form ideas.
2960.	It's a big step for younger people to come to day centre. You're trying to get them to do other things. Important service user stays in his community.
2961.	Able to visit all cultural facilities, e.g. mosques.
2962.	Mixing different groups of people.
2963.	There are elements of the models principles that could be delivered to group such as The Chinese Community Group, maybe a way of looking at promoting enablement where possible and looking at services that could overlap with other cultures and groups, identifying similarities in what each group of Citizens may enjoy doing, e.g. Dance, games etc.
2964.	Young dementia support for adults with an early diagnosis, connecting people with their community, offering short breaks and emergency outreach support for carers, taking a more creative approach to day care and less traditional.
2965.	Support to challenge stigma and stereotyping and to break down barriers faced by younger people with mental health issues.
2966.	There is segregation in the services. Some people tick more than one of those boxes, i.e. someone with learning disabilities can also have physical disabilities. It should be personalized for each individual. I work with blind and partially sighted citizens. I cannot say to them "do you want to go to a blind group?" It needs to be more integrated and less about percentages. It is not all about what group they are in. More about what they can access regardless.
2967.	Also support my brother who suffers from depression.
2968.	Need to address cultural needs, e.g. looking after mum ourselves, gave up job to support these needs.
2969.	A child who uses a wheelchair or who has a learning disability would go to a different school. About 3 or 4 months ago, I saw a school group and 3 or 4 of them had physical impairments but were with a school group of able-bodied children. Integration bodes well for the future. It is good to grow up with others. Able bodied children can then see that those with disabilities are still equal members of society.
2970.	RE: Page 11 of the 'Adult Social Care Day Opportunities Strategy 2019 Document', last paragraph entitled 'Adults with Mental Ill Health': There is a difficulty with mental health people accessing help or a service which is a worrying statement. They may need help communicating their motivations. As a carer I can encourage but not compel. I have a limited time to work with them.

	<b>Person Centred Planning</b>
2971.	All seems very sensible and practical. Person centred approach is hopefully a given in the way we provide services to citizens.
2972.	I agree with the proposals as it will be more 'person centred' covering individual needs and giving more choice with things I enjoy doing.
2973.	I agree with this statement however this personalised support is already in place with service users plans.
2974.	Need to work in a person-centred way and shouldn't fudge it because of funding as the only person to suffer will be the service user.
2975.	Think the focus being on the citizen is good.
2976.	Person centred, good thing but needs to be varied.
2977.	Liked that the strategy focused on person centred, gave them choices. X liked doing literacy and numeracy. All liked trying new things with friends here at the day centre.
2978.	Yes, it is a good idea to look at individual people because of their different needs. Everyone is different.
2979.	Work must be based on person centred care. Numerous calls are received by providers regarding "day rates", this is where most of the interests seem to focus on. Focus must be around the particular person and service packages must be tailored to meet their needs. Someone's disability is often seen before their ability.
2980.	"Funding" in most cases follows the disability. The more a person with a disability is able to do for themselves, funding is not available. Providers feel that the majority of their work is a "tick box" exercise, which does not personalise or take the person's disability into consideration.
2981.	Re person centred planning: Agree that it is important to get input from carers. But also, key to get full information at the start from social workers. This doesn't always happen, and we don't always get the full picture and can put additional pressure on the service.
2982.	A member of the group from Solihull referred the group to the Learning Disabilities stand and also referenced an organisation called Plan for You who support person centred planning in a non-biased way.
2983.	There should also be a focus on the negative points to allow for better planning.
2984.	Provider mentioned they would also have their own care plan which is more detailed.
2985.	When timeframes are involved, this can be difficult as every person's needs are different. There is focus too much on timescale and not the person's requirements; which can change over time and in some instances will need to be reassessed.
2986.	Discussion around responsibility for person centred planning and whether responsibility for this includes social worker assessment as well as the provider services. Some members of the group felt that sole responsibility shouldn't just rest with the provider of the service.
2987.	Need to be mindful that when a person enters a service they may behave differently in different environments. How they present at the assessment with a social worker will not necessarily be how they present at a service. Behaviour changes depending on what environment a person is in.

	Quality
2988.	They need a guarantee of adequate care and support, the standard which will meet their needs and provide them with the best quality of life, as we expect for ourselves, budget cuts or not.
2989.	All service providers providing services to service users should be regulated by Birmingham City Council, they should be approved suppliers that adhere to high quality standards.
2990.	Most certainly, the Council does need to monitor the effectiveness and quality of service provided by day centres and should encourage all of us to learn from one another and develop best practice. The payment made for services, needs also to be regularised and we have been happy to participate in that process.
2991.	Only those that meet stricter quality criteria can be approved.
2992.	Shared Lives colleague commented that providers were very much interested in the work of this internal service.
2993.	BCC should have set criteria for providers to adhere to if they are going to be contracted to deliver services.
2994.	If BCC are commissioning services, they should have a 'kite' mark/standard which providers would have to meet.
2995.	The Care Act says citizen's needs should be met. Service users' needs are not being met.
2996.	What gripes me is that private providers are not regulated, so can't trust private providers with care of vulnerable adults.
2997.	You talked about external providers, there may be a risk due to profitability/social responsibility.
2998.	Audit of day services framework used by some external providers regarding quality.
2999.	The standards are a good thing and will help to maintain quality.
3000.	Uncertainty around the quality standards. We don't know how to position our business to meet what BCC needs (quality vs quantity).
3001.	Working towards providing highest quality in line with the strategy, high quality, reduced resources and providers need to understand how to change to fit new arrangements.
3002.	The standards need to be realistic.
3003.	Quality standards trying to achieve, acknowledge the facts, pitch it, process takes time to evolve.
3004.	There is a need for a quality framework as part of the strategy.
3005.	It was pointed out that the quality standards do not constitute as part of the consultation and are business as usual for BCC. Outcomes link to person centred planning and are specific to an individual and may change according to an individual's needs and circumstances.
3006.	Some parents choose not to send their child (young person) to a day centre because of the quality.
3007.	Day centres should be CQC regulated, find this quite shocking.
3008.	Quality control wise, how are you going to implement this model?
3009.	Shaping the market: There needs to be work done to increase the market of services. It must be shaped to fulfil the needs of service users. Furthermore, there must be work done on the quality of services provided. Current providers should be worked with to see how their strategy falls in line with the council's vision and are of a high quality.

3010.	Due Diligence: The market of services has changed and that means service providers are trying to be the best to get contracts. However, we cannot let this mean that due diligence is overlooked. Other councils create a preferred providers list, which can be helpful, people can still use those not on the list as well. Adult safeguarding must be made a priority under the new initiative.
3011.	When taking people accessing day opportunities out into the community 'with support' would the staff be fully trained in all capacities of awareness of autism, mental health, learning disabilities, etc.? If not, why not? Who is paying for the training? Who decides on how many hours is awarded (oh yes that would be the social worker who might not even care!)?
	<b>Resistance to Change</b>
3012.	Don't like changes. I like routine.
3013.	Don't want change.
3014.	Does not agree to change.
3015.	I am not happy.
3016.	It won't make any difference, X will get very upset and panic.
3017.	Getting used to new staff.
3018.	I am not happy with any of these suggestions, my son is very happy here.
3019.	I am not happy with what is going on/going to happen.
3020.	I am worried about this.
3021.	I don't think it's very good, I feel sad, confused, upset, frightened what I have a choice in will be taken away. No one explains how this will work or who will listen to me and what I want.
3022.	Is not good.
3023.	I will be very upset.
3024.	I would feel angry.
3025.	What has been put in place, ideas? It would affect me. I would be angry and depressed. It's important for me to have someone who I can trust, I would have to stay in residential all day and night with none of my friends.
3026.	I would go berserk and mad.
3027.	They would be sad.
3028.	I am not with what is going on and with the change for the future.
3029.	Just leave things as they are, we like to be with our friends.
3030.	This may work for some people but again I want everything to stay the same.
3031.	X, to the best of his understanding, confirms he's happy with the way things are at the moment. Changes for him are difficult to adopt.
3032.	High death rates, vulnerable and neglected in the enablement sector. People will die if this goes ahead.
3033.	Devastating. Lead to low quality of life and loneliness.
3034.	For me personally, any changes to my daughters routine would be catastrophic.
3035.	These changes will cause extreme anxiety.



3036.	I would be gutted
3037.	Please leave the day centre services as it is.
3038.	I have this currently.
3039.	NO
3040.	Leave it as, there is no need for change.
3041.	I don't want my service to change. I worry that I won't get the support I need and might lose out to people with complex needs.
3042.	I want to stay here. If I go out in the community, I will lose my friends. This is my choice. I don't want to change.
3043.	Any change makes people with special needs uncomfortable and they are unable to adjust.
3044.	If there is a dramatic change, there will be a massive impact on the whole family as we all support each other.
3045.	Keep things the same, no changes.
3046.	The changes proposed may cause too much pressure for those who have been accessing services for a very long time.
3047.	Comments were made between two carers around the idea of change being too upsetting to some citizens. For some people, the time they spend at the day centre is enough and they feel the council need to be more transparent with their intentions. Daily routine is important and after some have tried too hard for such a long time to keep a routine and integrating them into the community, change would disrupt them.
3048.	Change has a disproportionate impact on citizens, carers and staff.
3049.	I am happy with the service I receive at the day centre. It would make things worse for me if I did not receive the service I get at the moment. My health would be made worse with these changes.
3050.	It would affect my health if I could not attend the day centre where I have received help and support. My family are happy that I am safe at the day centre.
3051.	I don't like change.
3052.	Stability is important. People will be disorientated if things change. Routine is very important.
3053.	Change here (at centre) could impact their home life at home.
3054.	Service user is quite happy to stay at the centre, does not want consultation for change.
3055.	Stability of present care and support would be disrupted.
3056.	The person I care for is already worried about what the outcome will be and is showing signs of anxiety as he doesn't like changes. This has a negative impact on all involved in his care.
3057.	X looks forward to her days at Ebrook day centre and any potential change in this would, we feel, be to her detriment. The loss of group social interaction would be a major department to X, if the present day to day situation was to change.
3058.	I am for change as long as the service user's needs, and wishes are met. For my son in particular he loves coming every day to the centre and change for him would be disruptive and confusing.
3059.	I am worried about changes to how I do things now.
3060.	I strongly disagree with Elwood day centre changing, feel it gives me many opportunities to do different things i.e. cooking a fresh meal for my tea and ordering my food with help in the computer room.

3061.	My father suffered a brain haemorrhage, it has taken him several years to get into a routine that suits him and that he is happy with. All these changes will unsettle him and may cause upset.
3062.	I want the services to stay the same.
3063.	Need continuity. Change is difficult for many clients, problems would arise in finding suitable people to take clients out on an individual basis. Some individuals may find going out into the community is better but personally I feel at home in Elwood and would not want to change which would cause anxiety and apprehension.
3064.	My needs are already being met in a way that suits myself and my family. My extreme anxiety means that the regular routine is much less stressful for me. All the talk about change makes me very stressed and anxious.
3065.	I don't want anything to change.
3066.	I wouldn't like it if I lose my place at Four Seasons. I would be stressed and miss all my friends and everything I do here. I would miss baking and cooking all the vegetables and fruit we grow. I would miss the meetings going out. I would miss every single thing about Four Seasons.
3067.	I want to stay at Four Seasons forever. I don't like changes. I like my routine. I am very good at gardening. I use my gardening skills. I like baking and cooking at Four Seasons using vegetables and apples we have grown. I don't want a budget so you can take away what's important to me. I want to be here with my group of friends. I cannot go out on my own I've had travel training and it didn't work for me. My project and friends are very important to me.
3068.	I am happy with the way my needs are being met. I have autism and find things that change very stressful. I don't want to lose my friends. My project gardening is relaxing for me and helps my mood. I get very upset about why you want to change what is already working for me.
3069.	I would be sad, lose your friends. If my project closed.
3070.	My life wouldn't be good. I want to stay at this project. I wouldn't like going to a cinema or bowling every week with someone I don't know. This isn't good for me.
3071.	We don't know what will be happening in the future. we are very worried.
3072.	Needs routine as change can cause distress. Also requires a lot of support as no capacity to make decisions. Therefore, he cannot decide what activities he'd like to do.
3073.	The uncertainty of it all is a bit worrying. My brother who attends the centre has autism and needs a routine and staff who know him. I am not sure how changes will affect him.
3074.	Could make things worse for him. His autism is at high spectrum and changes affect his moods. He needs the routine and same staff he trusts.
3075.	I want things to stay the same as they are now.
3076.	I want things to stay the same so i don't get isolated at home.
3077.	Leave our day centre alone.
3078.	Leave the day centre as is.
3079.	There is no need to change the services at our day centre.
3080.	The day centre should remain as it is.
3081.	For some people, this would cause too much stress. Page 326 of 490

3082.	With some people they cannot cope with change in their life and find it hard to cope with.
3083.	Swapping and changing, No, I like it here. I don't want to move from here.
3084.	You are not going to help me by changing my routine. I have difficulties living with my step dad and the staff have helped and supported me with this. I have been placed in emergency respite, don't take away what I enjoy.
3085.	I don't like changes. I am very happy at Four Seasons. It makes me very upset and agitated to think I might not be able to do my garden activities and life skills. I like my routine to stay the same. I enjoy my fish and chips day going out in the community, being a part of the Four Seasons community. I feel safe here and can talk to staff. I want to stay at Four Seasons.
3086.	I don't and cannot have change. My days are happy doing gardening activities which I find calming and I enjoy going into the community with staff and friends.
3087.	Most of the service users have been going to the day centres for years. Changing their daily routine at their time of life, would be a great upset to them and their carers.
3088.	I don't like change, being in unfamiliar surroundings. I need constant continuity and support.
3089.	I would be devastated as the memory of the 10 years I was left at home still bothers me today. I don't want to be with one carer who will come to my house and take me out as I get very tired with my condition. I feel like a burden to everyone. At my day centre I feel happy and in a safe place, please keep it open and help people make it a wonderful vibrant place that it once was.
3090.	Things don't need to be changed and start confusing service users, i.e. where do I go, on what day and what do I do when I'm there. Service users need stability.
3091.	It will change my son's life very badly. The highlight of his week is the time he spends at the day centres with his friends.
3092.	Horrible, sad, scared. Haven't been given any information on where the community-based opportunities are and how to access them, no safety net if we have issues.
3093.	I am a very anxiety guy and I don't cope with changes, especially when the changes are not for the better.
3094.	Need to take into account the impact that change can have on people and how unsettling it is.
3095.	Take my son out of his comfort zone and he'll get upset.
3096.	They don't like change.
3097.	Change: People are very wary of change, and they are most likely going to be wary of the idea of changing the system. Users must be looked at to see if the services are still compatible with and reflect their needs. Changing their services will be met with resistance most likely. There are many users who don't fall under the 1600 that BCC have said, and there must be more partnerships formed when the strategy is finalised to widen outreach.
3098.	Everything is up in the air.
3099.	Its fine for some people but for others it doesn't lead anywhere, and then suddenly changing day services will cause people anxiety.
3100.	Change is not good for some service users.
3101.	Change is sometimes difficult to handle.
3102.	I wouldn't have any social time with friends and people I know. My life would be lonely, get very upset panic attacks, stressed. My sister doesn't go out so who'll take me anywhere. Please don't take my project away, I've come here from day centres and learnt many new skills.
3103.	Made me sad because no place to go. I will have to stay at home every day.

3104.	My family member would be very limited to what can be achieved and would be very upset if there were many changes as he needs continuity, he doesn't like change and would be upset mentally.
3105.	If New Roots where to change it would have a negative impact on all the family. New Roots provides all the positives, choices, goals that my son and ourselves need for a fulfilled and forward-looking life. All services should focus on the carers and service users at the present moment. My sons placement (New Roots) already achieve in all areas. The staff are always looking at different area's for achievement and total fulfilment of the individuals full potential.
3106.	My uncle has attended Alderman Bowen for many, many years, he gets anxious and worried with change and he will not cope simply by putting him into the community.
3107.	I believe for my son this would have a negative impact on him, as he suffers with mild autism and changes are not always welcome and have a negative impact on his day to day living.
3108.	
3109.	My daughter doesn't like changes. At the day centre on Tuesdays she usually has bowling, but on that day, she came home and was angry. Refused to talk, checked her diary (home/ school) was mentioned she'd played cricket instead of bowling, completely didn't like the change.
	<b>Safeguarding</b>
3110.	It will also lead to safeguarding issues that Birmingham City Council would be responsible for. I've already lost my disabled brother due to poor social care, how many more deaths will there be before you start listening to the very people who rely on social care. We don't make these points to be difficult, of course we want the absolute best for our loved ones but sadly no one listens!
3111.	I have concerns about the risk of exploitation of the vulnerable service user. In the meeting it was mentioned that sometimes parents don't even aspire too much. If the parent and carers are being disregarded to help 'develop' skills for service user then who will advocate for them? Will it be social workers or community care workers? Who will ensure that the service user will not 'fall through the net?'
3112.	We feel more comfortable and secure knowing that my sister is in a safe environment as staff have been CRB checked.
3113.	X is no good with change, also she has no road sense and she is a very vulnerable girl if she is in a place she does not know. She will make a friend but will also do what they tell her to do, good or bad.
3114.	Users should be given protection against exploitation e.g. the parents of one man were saying they were quoted £30 for taxi, when the taxi cost is £8.
3115.	X is no good with change, also she has no road sense, she is a very vulnerable girl if she is in a place she does not know. She will make a friend but will also do what they tell her to do, good or bad.
3116.	I would like to travel alone but It's not safe out there.
3117.	Society is not a safe place for vulnerable adults, which is partly the fault of the government and local council.
3118.	Need transport help because it's not nice or safe in the dark.
3119.	I worry about the vulnerability of many of the service users, they need to be kept safe and be supported by well-trained people. Harm to someone can't always be spotted or recognised if it is not seen or witnessed.

3120.	This is based on my experience in my local area and not necessarily reflected throughout the city. However, may be prominent in other ethnic areas. Although community integration is encouraged, in order to replace day centres, this poses a threat to the users' independence. Firstly, often the external provider will want to secure funding and retain its customers. So already they have designs on them, rather than genuine concern for their wellbeing. Rather than allow customers to walk away if they don't like the service provided, the user has to commit to a series of workshops. If the user does not attend, then there is intimidation in the gang-controlled areas. Also, some may be assessed as having a social need even if they don't need one, to make up the numbers. Secondly, the user is made to feel obligated/to conform to external providers beliefs, usually religious. Hence, they lose their independence and made part of a pack mentality by adhering to certain ways, such as their attire. Failure to do so results in social exclusion from the local community through gossip. Not very beneficial to the service user, needless to say. There needs to be some protection incorporated in the way the strategy is implemented and protect the individual's personal and emotional freedoms.
3121.	Without support to visit the day centre X would become isolated, may lead to self-harm, injury or abuse. Without support may also lead to financial abuse. Without support health may become compromised.
3122.	I couldn't cope with these ideas because there isn't any proof that there is a safety net or is going to work for people like me.
3123.	Safeguarding training when working with people with disabilities, needs better regulation of the day care market and assurances that there is an effective governance structure.
3124.	Organisations need a good grasp of adults and children's safeguarding processes. There were serious concerns about the current situation.
3125.	Staff that are not trained to deliver the required support can lead to safeguarding issues, parents don't have confidence in the services that are available.
3126.	Any model needs to ensure: safeguarding processes, policies and culture are in place and effective. Balancing safety with risk enables citizen to move forward and achieve, increasing their quality of life.
3127.	Who will safeguard these individuals when abuse arises? No income. 20 years of teaching life skills and training not being used to protect individuals.
3128.	This again is a huge safeguarding concern, am I the only one that sees this. I have attended and listened to many of the consultation meetings and the only people who seem in favour of the strategy are the people who don't know it first hand, they don't live and breathe the system that you are saying you are going to improve.
3129.	I want to be safe, so I need more support.
3130.	I worry about people touching my money, it's rude to take it off me.
3131.	For some people day centres make them feel safe.
3132.	I was travel trained but got attacked on my way to four seasons which was terrifying for me.
3133.	I was once travel trained and I fell off the bus and almost under its wheels. My disabled brother was often targeted by bullies when he went out in the community, I don't want that to happen to me. He didn't do anything wrong but people see us as easy targets!
3134.	I wouldn't feel safe in the community.
3135.	Where and who would help me. In my need for safety. I wouldn't know how to get help if I was in danger. I have had problems where I was living, staff helped me with all these things.

3136.	Having her out in the community on her own would be a huge risk. She is never on her own and we would never leave her on her own.
3137.	I fall a lot when I am in the community. I am a vulnerable older adult.
3138.	The idea of going into the community frightens me and I feel very stressed and upset just filling in this questionnaire. I have a number of issues which makes me very vulnerable in the community. I can only cope with short trips like going to the shop or taking my son to school. I use taxis as I cannot go on public transport due to my epilepsy. The change proposed will complicate things for me.
3139.	I feel that nothing is in place for individuals to access. No safety net in place for vulnerable individuals.
3140.	Safety inner street are there is no respect with anyone.
3141.	Safety is a big concern with accessing the community. Particularly for evening activities.
3142.	Increase the choice of activities within the day centres. Service users should have their say, listen to them. But they need protection as they would be open to abuse if they were in charge of their budgets. The adult I care for has no concept as to the value of money.
3143.	I would not want my daughter going out into the community on her own, the risk element is far too high to travel alone and she would be extremely vulnerable. My daughter has down syndrome and has never been out into the community on her own and would not be able to go anywhere without being accompanied, does not have independent road sense, would not have any idea as to monetary value and would not be happy on her own without support.
3144.	Service user safety must be our main priority.
3145.	I will be worried about her safety or whether her needs are being met or is she just roaming the streets, not warm, unable to access public transport, scared and humiliated before someone in Birmingham City Council realise that they have got it wrong!
3146.	Community opportunities are not as safe as a day centre because lack of staff and there are less activities for people to do.
3147.	My son doesn't like to go out and about. Doesn't trust people. Often gets bullied by people in public.
3148.	Son needs constant support to go out, he is not mobile, and he is not aware of any dangers.
3149.	Unsure of what impact it would have to some of the citizens, but I believe if there isn't any other service other than the community, I'm sure there will be some health and safety issues and possible abuse of people, as there is no safety net for them.
3150.	Important to have medical needs catered for, centre has protocols for administering medication.
3151.	Various risks to factor in accessing the community.
3152.	Need more backup to support people out and about in the community otherwise it could be a safeguarding issue if people are not supported adequately.
3153.	The fears are if more services go into the community, it won't be managed as well as day centres in that things are more regulated, risk assessed and there is a code of conduct.
3154.	The proposals to day centre services will only benefit a very small percentage of service users. People like myself who need one to one supervision because I am non-verbal, autistic and have severe learning disabilities which mean I have no sense of danger or traffic awareness.
3155.	I was travel trained and got attacked in kings heath.

3156.	You cannot put me into a community that isn't safe for vulnerable people. I don't want to stay at home in front of a TV all day being board provide training for everyone's different needs.
3157.	People (service users) may look able but have to consider their mental ability.
3158.	People look vulnerable.
3159.	Safeguarding in the community will be a problem.
3160.	Local kids treat my son poorly and as he has LD if he were to interact with them, his actions could be misinterpreted, and he could get himself in trouble.
3161.	It is not safe for our people to be out there on their own, even with support.
3162.	Buses aren't safe.
3163.	When I was travel trained years ago, I was lost for hours in city centre and I was very frightened. Adults and children stare at me when I go out but we are all friends at the centre.
3164.	My son is unable to travel alone and would be a hazard to himself and others in the community as he has no awareness of danger and no understanding of the community awareness of danger and no understanding of the community or people.
3165.	This city centre is not safe, don't want to go there.
3166.	Will I be safe? I cannot go on bus on my own, due to being attacked in the community.
	<b>Six Aspirations</b>
3167.	I agree that where someone has the ability and patience to do more, that this should be encouraged and facilitated.
3168.	Difficult initial referral to obtain effective information to maximise service user's assets and goal. It's a gradual process to identify potential, in some.
3169.	I don't think proposals are that clear about how they achieve these aims.
3170.	Some ideas in the consultation such as a visit to local parks and cinema already happen now, so why suggest them?
3171.	Need numbers to allow for better and wider choices.
3172.	It will only be a positive outcome if you do not force people out of day centres. This of the vulnerable, no centre could equal isolation.
3173.	I totally agree to most of the questions, providing that there is still a provision/service for people who are not able to access the community due to a person's complex need or skills, without having to have direct payments.
3174.	This happens at my centre.
3175.	These issues need to be addressed if changes proposed by the consultation are to be successfully implemented.
3176.	This is what they do at the daycentre and it's well appreciated.
3177.	Whilst I appreciate that for some people with special needs who greatly depend on day care services may benefit from changes which may consequently result in them having a wider range of choices and opportunities, which may be more suited to their individual needs, in the case of my sister who attends a day centre but has agoraphobia which restricts her ability to fulfil any potential hobbies or interests because being outside is so stressful, I do not feel the proposed day opportunities strategy would be suited to her. She needs to attend a day centre to ensure positive stability and structure and social interaction.
3178.	The majority of these statements are already provided by the day centre. This is why the day centre should stay open.

3179.	I think that it won't have much impact because X has very complex needs and therefore would most likely be indoors as he is now.
3180.	A social worker was concentrating on a service users cooking needs rather than their strengths, guitar playing which is suffering.
3181.	The choice is only for funders and social services, not for service users.
3182.	The idea benefits people with mild learning disability. However, my son has a severe learning disability and autism nor does he have the capacity to make decisions for himself, to crossing road, understand money, managing his medication, doctor and hospital appointments.
3183.	In theory the proposal is what is needed, my biggest concern is that many social workers are given budgets and will only get what is free rather than pay for the specialist services that those needing personalised support need. Brain injury is not recognised unless the person is in a wheelchair.
3184.	Carers felt that the amendment document looked good on paper but were worried that this would result in day centres closing. However, they felt that there could be more opportunities for citizens to access services in the community.
3185.	I think it would be good as I will have a record of my progress.
3186.	I think some ideas are good for service users who are able to access different avenues but it will not work for some individuals. I think for some people it will be difficult as it will not be an informed choice. I feel my son may be pressured to make choices which he may not be happy with long term, this will have an effect on his mental health and his general wellbeing. As a parent I feel what he is accessing presently at the day centre is more than enough for his ability and he is happy attending and doing his daily activities and socialising with fellow service users in a safe environment.
3187.	The Conservative Group recognises the importance of day opportunities as a way of combatting social isolation and maintaining and improving physical and mental health. We welcome proposals in the draft strategy to broaden the breadth and quality of day opportunities available and to provide users with more choice and control. However, we believe that day centres should remain an important part of this mix and whilst the proposals do not specifically include closures of any centres, we remain concerned that the current council policy is to run these centres down through fewer referrals and a lack of capital investment to artificially create the conditions for them to close.
3188.	Day Centres are focal points within a community that can and do deliver valued outcomes that meet the needs and aims of the overall health and social care policy aspirations within Birmingham, such as promoting wellbeing, preventing/delaying deterioration, supporting people to retain independence, supporting carers, providing information and ensuring people in receipt of care and support have a positive experience. There is also significant potential to develop their role to offer the choice and control that users and carers want. The experience of users at Birmingham run day centres tell us that they gain something that they would not have experienced if they hadn't been involved in the day centre, they are well used and well liked.
3189.	Choice has to be within their understanding.
3190.	Depends on individuals' likes and capabilities.
3191.	Depends on the ability of the service user.
3192.	There should be a tailored system for each and every individual as their circumstances are not the same.
3193.	It's about my choices.
3194.	I want to be a ballerina.
3195.	I would like help with relationships.



3196.	This service user is unable to be more independent.
3197.	As family we can help to support people to become more independent.
3198.	For some categories of service users, focussing on outcomes, participations etc. makes sense. For our members, to a large extent these things don't.
3199.	As provides respite for family, X looks forwards to being more independent.
3200.	More independent living aim for further independence in the community.
3201.	Headway has given me so much independence but would really like if they were able to give more.
3202.	Most of these statements have little relevance to older citizens with dementia. If by "outcomes" you mean that users should have a safe and nurturing environment and that carers should have the peace of mind that their loved ones are being properly looked after, then ok, but I suspect you mean something more than that. Developmental goals are irrelevant in our situation.
3203.	I like the idea of giving people more choice in what they do however, as someone who works for a charity that supports people with brain injury, I feel this is unrealistic and brain injury needs to be considered in a separate category.
3204.	Here at Moseley we are already experiencing that, always asked, consulted, encouraged to try new things. Staff do support me in my choices.
3205.	We all need a choice; my choice is to be supported by staff and friend. I trust I have a choice of activities I want to do. My choice is gardening and staying on at four seasons. Learning more life skills.
3206.	The model works for me and my family. My PA support me in the morning before day centre, then I go day centre and when I come back my PA supports me. If I did not have my day service, my physical, emotional and social health will suffer. My parents will struggle even more. I will get agitated and angry.
3207.	I am happy in my life with the support I get from CPM. I see my friend, do my housework, I get picked up and taken home. I don't want to be unhappy.
3208.	We hope it's achievable. Skills learnt at home to continue at day centre is a plus. It will take time, a long time but it's a good start.
3209.	I would like a job to do at the centre.
3210.	The person I care for is a vulnerable male adult with learning difficulties, he attends a day centre and feels safe enjoying all the facilities available to him. Independent living would never be a possibility sees exercising choice could only be limited. He also has autism and only feels safe in his own environment and needs one to one interaction so to be in the wider community would cause anxiety and fear. He was bullied throughout his life. I'm speaking for the majority of those who attend day centres, independence sounds great, but reality is not going to work.
3211.	Outcomes will vary depending on the person, their age, ability etc. Will there be various levels/ways these are monitored? On number 3, key aspirations talks about access and range of opportunities in the wider & own community. People's abilities will affect this. However, need to address need of wider community to be involved with services, to include community, not be a closed club. People without any care needs often join clubs, go out of their own accord etc. as they want and need that interaction. Transport is still an ongoing issue what are the plans for ring and ride, will have massive impact on person if this is cut.
3212.	A wider choice of associated subjects to any topic could be made.
3213.	Clients need to be involved and able to choose.
3214.	Definition of consultant and does everybody get real choices and not just options.

3215.	X has choices and more support to assist her to be more independent.
3216.	My son has severe learning difficulties, he is unable to make realistic choices for himself.
3217.	The complexity of supporting people with brain injury makes some of these targets difficult to achieve.
3218.	I agree and understand what they are trying to do but I don't feel enough is being done for the older community. Not enough consideration given for example to transport.
3219.	The main focus seems to be on people who might have a realistic chance of finding work or making another significant positive contribution to society. For older people with dementia the former is most unlikely to be an option, most are in any case past retirement age and latter possibilities are extremely limited. What they need most of all is the option of companionship in a warm and supportive environment, the opportunity to be stimulated so far as remains possible, some physical exercise and not least some fun. Just as important, their relatives and carers need some respite from the burden of caring for their loved ones in the uniquely stressful content of dementia care, where normal communication is so often not possible. So, what this points to for our client group is day care support of the kind which the strategy is trying to move away from. The addition of "also" in Cllr Hamilton's introduction is welcome but the thrust of the next paragraph suggests that day centres will be a (much?) less significant part of the support the Council will be offering. How far that is right for other client groups I can't say, but it makes no sense for ours.
3220.	Individuals including staff can be unsure of change and unsure of what is out there for choice. Changing mind sets is difficult, in my line of work it is sometimes the staff's attitude that's one of the most difficult to change.
3221.	The strategy to help achieve confidence and goals is a great idea.
3222.	I have added strongly agree to all previous but do feel there is a lot of work to be done to help support citizens to reach their aspirations.
3223.	It is impossible to disagree with any of these points.
3224.	Key aspirations are excellent and it's highly impressive the word 'disability' has not been used.
3225.	Key aspirations are excellent and it's highly impressive the word "disability" has not been used, rather to bank on their abilities. I welcome the positive attitude taken to this strategy and the vision that it's based on. Think it's excellent in its proposed method to suit the shift from buildings-based activities to community-based activities, which will negate the need for some day centres. Think some people don't understand this and so in contempt of the idea. Those who are happy with day centres should continue using them and not feel it will be taken away from them. However, others who wish should be made to feel confident they can use direct payments in the community.
3226.	To promote clients independence and support them to live independently.
3227.	I agree with the proposals to be put forward to Birmingham City Council. I agree that not all-day centres provide enough activities etc. for their service users. I think there needs to be more encouragement for certain service users to enable them to be more independent and to have a better choice for what they are more suited for.
3228.	The principles of the model are positive. My concern is staffing levels to provide a person focused service. High staffing levels are required especially when accessing the community. Also, for people with more complex needs.
3229.	It creates a more independent and relaxing environment as it will build confidence and health in the long term for both service users and carers.
3230.	It would help in assistance with certain identified targets that are identified within the persons disabled/ hindered life.

3231.	Parents of disabled adults would welcome a more positive approach on how their off-spring develops in later life. As a parent you want your children/ adult to be happy and as independent as they can be, so that as parents grow older themselves, they can be more positive that their son/daughter can, to a degree look after themselves and this would be less worry to the parents.
3232.	Think Birmingham needs to look at how we support. Think we always seem to "do what we have always done" and we could work differently to offer more choice and control. Hope we have open and honest conversation in moving forward. More consistency is needed in how our services operate.
3233.	The strategy is looking at promoting more independence for customers of the service.
3234.	Key aspirations need to work hand in hand with other sectors, e.g. direct payments should be offered as part of reviews. More emphasis needs to be placed on carers.
3235.	Sometimes there will not be an outcome, person wasn't isolated in the community. Not being isolated is a good outcome.
3236.	Not always clear what an outcome is when doing paperwork.
3237.	Not always an outcome. We want social inclusion, not be isolated. For serve disabilities, not always an outcome. For some, enablement is not appropriate.
3238.	People have different needs, so definition of independence varies.
3239.	Need to make the day centre fit around each client's needs, wants.
3240.	Not everybody can be independent, technology can be used for some clients.
3241.	Questioned the practicality of the principles proposed.
3242.	One gentleman spoke about the idea of being on your own/independent is not easy. Many attendees said that they would like to access day centre activities in the community such as planting/potting, cooking, dancing, football and bird watching. Getting out and about is an idea that is positive for many around the table.
3243.	Citizens said that their health is important, and that exercise would make their body and mind stronger. They also spoke about medication and the importance of it.
3244.	Good thing to have a choice.
3245.	Good to focus outcomes.
3246.	We do that already without all these changes.
3247.	(4a) Strongly disagree because it would be at the expense of the day centre. (4b) Agree but not at the expense of the day centre. So, my answer is strongly disagree. (4c) Strongly disagree because it would be at the expense of the day centre. (4d) Strongly disagree not at the expense of closing the day centre. (4e) Strongly disagree because it would be at the expense of the day centre.
3248.	I depend on myself and have a sister to do the shopping, I came here to do activities go home and cook etc.
3249.	I live alone in a flat, do everything myself, enjoy the dinner at the centre.
3250.	Important to provide support and safeguarding.
3251.	Agreed, needs to be outcome focused, can change, person centred, addresses a lot of things.
3252.	Re: outcomes that service users and carers wish to achieve: Carers want to know that the person they care for is safe and in an appropriate environment for their needs. Have to be mindful also that what the carer's see as a priority isn't always shared by the service user themselves, e.g. carers might want them to go out and about but the person themselves might just want to sit and watch television.

3253.	It's also important to know about people's interests and previous experiences. Particularly for people with dementia, so that we can tailor activities that might trigger certain memories. It's about maintaining people's sense of value and self-worth. It's good to know people's life stories as this aids conversation and what is important to them. Breaks down the barriers of 'them' and 'us'.
3254.	Point 1: Focus on the individual, their strengths, choices, assets and goals through person centred planning. Continuous reappraisal is important, have to look for advocates. Close observation and familiarity of needs is crucial. Different people come at different stages of illness, so it is important to review care needs as their state is constantly changing. Involvement with carers is crucial, as is connection with social workers in order to gain a full picture. Management is crucial, don't want to fail patients, so assessments to see if providers are able to provide the appropriate care is important. Ageing population, fit into many different categories of care, not just categorised as physical or mental illness.
3255.	Point 2: Focus on the outcomes that service users and carers wish to achieve. Outcomes must be specific, e.g. respite. Safety. Friendship, a sense of belonging. Activities that are beneficial. Not all consumers of care want to complete active activities, some would rather sit quiet and watch TV but it's the surrounding company that's important. Crucial to understand this with delivery of activities, important to consider everyone. Animals, music and singing, activities that bring out the best in people. Activities that encourage reminiscing, particularly for the elderly, giving fond memories of their childhood/early adulthood. Quality of life and sense of self-worth. Key people in their lives should be known to providers, care workers contribute to this, and then providers can have meaningful conversations with patients where they can reminisce. Bereavement – encouraged to talk openly about emotions. 'Club member' as opposed to service user.
3256.	Point 6: make the most of a vibrant and developing city, ensuring access to the wide range of opportunities Birmingham has to offer. Maintaining standards. Always looking at the bigger picture. Advertising beneficial information, printing can be an issue for some providers with lower funds. Model: Boundaries are often blurred and cannot be distinguished as easily. Regular reviews needed. Ideas regarding users and decision making.
3257.	The 6-point plan is a good starting point but clearly won't work for everyone, many users may still have very traditional needs and access to traditional services. However, with this plan there is room for progression for users to move between categories. The system must be flexible and user-centred. Regarding implementation, there must be conversations discussing where people fit.
3258.	This is surely about choice vs practicalities.
3259.	Making informed choices for service users to keep up independence is very important.
3260.	I do not know of any BCC services that do the things, that. SoLo do.
3261.	Provider said this was frustrating because they have been working in this manner for a long time. We have a lot of service users that are Solihull residents.
3262.	We have a range of experience that we can share with BCC.
3263.	Service users tend not to have the background understanding of why they want to attend day services. Most service users will say they just want to get out of the house. Service users need more aspirations, e.g. learning a new skill. Service users don't normally come to the day service with aspirations and staff have to work with them to develop this.
3264.	How many of the 6 steps are relevant to the people in this centre. They send their loved one to focus because they need to, not because they want to.

3265.	Flexibility and fluidity were highlighted as being very important and the ideas of choice, control and opportunities were liked. Furthermore, the promotion of services needs to also be at the core of this strategy, to allow service users opportunities they may not have had before. People shouldn't have to be stuck in the same service doing the same thing for years and years with no change (unless this is what they want), so the promotion of a whole range of services needs to be put in place.
3266.	The six steps won't improve lives of people that come to focus, they are not the most relevant to people that come to focus, don't want to review to take place.
3267.	Choice is important and should not just be lip service.
3268.	Don't offer the choice if you're not going to back it up.
3269.	It's important to offer people somewhere to go.
3270.	Options are the key thing. Should be given choice.
3271.	Some people only understand things in black and white, they can't always comprehend choice because they might not have capacity, they are happy with the life that they have already.
3272.	More choice to be available for service users.
3273.	I agree 100% that people should have choice as long as you recognise that will mean different things for different people.
3274.	Offered choice is good.
3275.	All service users agreed they are made unaware of the 'choices' they have, and wouldn't even need to start, need assistance choosing.
3276.	All agree that choice is crucial, and personalised activities make their days more enjoyable.
3277.	The benefits of a personalised service were discussed.
3278.	They also liked the focus on independence, as they all said they'd like help with that. Two carers expressed how the direct payments scheme had already helped with this and that they thought it worked well.
3279.	I would like more independence.
3280.	At Moseley Day Centre we already support service users to be more independent.
3281.	Independence will be good for self-esteem.
3282.	Independence can increase confidence.
3283.	In terms of independence, some found that assistance of staff is crucial.
3284.	Wants to live independently with girlfriend.
3285.	Live independently but would still need some support.
3286.	Accept that some people are so profoundly disabled that there may not be a suitable outcome.
3287.	Another member of the group expressed that it was a sign that services were expected to be more accountable for what they provide.
3288.	It was agreed that an asset strength-based approach rather than focusing on disabilities was a no brainer. It was thought that not only would the citizens gain new skills that they would revisit old ones. It would complement a tiered service model to accommodate different needs. It was agreed that the new approach is the way forward if it is timely, benefits tie in and there is a support structure in place. It is inclusive all citizens have the same dreams as the rest of us.

3289.	Some members of the group expressed that they thought it was very important to set outcomes for service users and to evidence this. They did state though that they wouldn't want it to be treated as a negative by Birmingham City Council if outcomes weren't achieved. But stressed that they would try to achieve outcomes wherever possible. They felt it was useful to have regulations and to have a structure and framework to evidence outcomes. They referenced the Quality Standards that are being implemented as an example.
3290.	Another member of the group was concerned that there may be a mismatch between setting outcomes for organisations (this seemed to be a reference to quality standards) as well as for citizens. Again, some anxiety expressed over whether organisations would be penalised in some way for not achieving outcomes for individuals.
3291.	Will need a lot of extra staff to support people.
3292.	Give service user the opportunity to use IT. Especially if a service user has no vocal communication skills, could use IT as a communication aid. Need access to fund this IT application.
3293.	Generic services/day service doesn't work it is too broad. Very difficult to find staff that are specialised to work with all.
3294.	Example, a standing frame in a day centre, a young person had only been given the opportunity to use once a month.
3295.	Personalisation.
3296.	Independent advocate for service user to ensure they have choice.
3297.	Outcome, maintaining a set of values.
3298.	Key worker understanding background, life story worker.
3299.	Strategically include social prescribing models into day opportunities such as the Binding Pages pilot in Birmingham libraries offering arts activities to those at risk of isolation/loneliness.
3300.	I agree with the principles however is a lot to be considered (background). Enablement requires resources to achieve. Facility mapping required for community facilities.
3301.	I agree with the proposals however, principles in theory and putting in to action are completely different. Requires lots more support and advice for individuals accessing services across a geographical area rather than catchments.
3302.	I raised issues in the consultation meeting that I have mentioned already in this questionnaire. Also, it would be helpful if BCC worked in liaison with neighbouring LA's (Solihull, Coventry, Bromsgrove) so that their strategies and processes are similar and individuals can access provisions in a different LA if they wanted to.
3303.	People with learning disabilities sometimes get bored at a setting, yet parents felt compelled to stick with it or else the young adults have nowhere else to go. Follow the network scheme model for LD and other provide a community training programme so everyone in the community develops a more inclusive environment to the vulnerable adults.
3304.	On our service users - we have had Birmingham residents use our services who's funding has been withdrawn as we are Solihull based. This should not matter. Choice and control over their own lives.
3305.	Continued support throughout adulthood is a must for those who need support in any way and also those who are unable to voice their opinions, make choices etc. Families are exhausted trying to find out what is available and obtaining help and support.
3306.	Having correct staffing levels is crucial to provide a quality service & aid independence.
3307.	Priorities are all wrong.
3308.	Trying to measure outcome and successes is not always possible.

3309.	Logistics to deliver are labour intensive.
3310.	Agreed with the aims of the strategy but felt that the aspirations were high level and would be interested in learning in more detail about how BCC plan to implement the strategy.
3311.	Putting all these strategies into place is going to be difficult.
3312.	Opportunity for providers to think about what they can offer.
3313.	You need to offer/provide both so people can CHOOSE what is right for them but although it's supposed to be about choice it is about costs!
3314.	I think this is really good, or it would be, if there were not so much financial pressure on services! Giving people individually tailored support, helping them to learn or improve skills, including them in society, all fits with our values. People being able to work, is good to. But seriously disabled people are being forced into work or onto very low benefit and this is going to have an impact on the services the Council offers. If someone needs a service but has been told they have "zero points", will the Council's system be allowed to include them?
3315.	The group didn't have any negative comment about the proposed six key principles or the model. They believe that with the correct funding and specialist staff it would be successful. Please don't try to implement too quickly, start off with small steps that are manageable. Review as you grow.
3316.	These are fantastic principles in strategy, it may be closures, due to people moving out.
3317.	I have numerous concerns. Social isolation, safety issues, people will get lost in system, carer stress, ageing population of carer, saving government money, getting people into community has already been tried and failed miserably, draft proposal not realistic, carers not being listened to, carers (majority) do not want direct payments, travel training is putting very vulnerable individuals at risk. Some people with a LD may have unrealistic expectations of what they would like to do/achieve as opposed to their actual ability to do certain things. Our young people would be put at risk as out in streets there is very little equality, even though we are told there is. We as carers and people with a disability experience this first hand all the time. This is only about closing day centres and selling them.
3318.	Always for a routine, a break and independence.
3319.	The presentation says "We do not want people to only do activities inside a day centre building" this should be a choice, if service users don't want to go out, they shouldn't be made to.
3320.	BCC don't want a centralised building-based service and want to see community access. BCC don't have a clear strategy or proposal on transport and community access. This needs to be communicated.
3321.	A parent pointed out that things have greatly improved over the years. For example, in recent years, service users are treated as individuals and support given to enable them to realise their aspirations.
3322.	I really enjoy coming to the day centre and meeting up with my friends. I would like to become more independent and earn more life skills. I am very happy with the current service but would like the day to be longer as it is currently a very short day.
3323.	As far as independence is concerned and budgeting, YES it would be fantastic but unrealistic due to level of support needed.
3324.	This agreement would only apply to a small percentage of day service users. The majority of service users are not capable of making those decisions.

3325.	All of the above is implemented already at Moseley Centre, promoting independence individual support for those that need it, and specialist support for those with complex needs, as well as activities we provide a hydro pool and two up and to date wonderful sensory rooms.
3326.	All the above are already provided by day centres. Every disabled person attending day centres has a key worker who reviews their situation on a regular basis so that they can make sure that all needs are met, and goals and achievements are supported.
3327.	At Moseley we have personalised plans for every single person that attends, it states my likes and dislikes, food preference any special needs that I have. So, this plan is already in place.
3328.	Help for other people to do knitting challenge. Help them when they need help to do work. Help them to find or show them where the toilet in Hockley day centre. Goes on bus by self.
3329.	I agree where required but the service user's daily changing moods and feelings should be considered as paramount as they can decide to do something today and may not choose to do it tomorrow.
3330.	I am already being assisted and have personalised support given by my community care assistants at Moseley day centre.
3331.	Improve on my skill and ability to achieve on my goal and ambition so that I would know that I have earned skill that I need to do everyday life.
3332.	Learning & enhancing skills is good.
3333.	Staff at Moseley already do these things and personalised support plan is in place for staff to follow. There are lots of activities in house and in the community, staff will accompany me whatever I choose to do.
3334.	The centre already allows service user to make choices.
3335.	Has learned a lot of skills since being here.
3336.	The centre has always had a person-centred approach.
3337.	One of the visions is that clients have choice but if clients lack capacity they are ignored. There is a lack of staff for them to be able to assist clients in completing activities outside of the day centre. More staff are needed in order for the clients to have choice.
3338.	Good to see that citizens will have more choice and access to services they want to access such as museums.
3339.	Could have a negative effect and remind Dad of his lack of control in certain areas.
3340.	I hond very independent.
3341.	In a meeting you said we would have choice. My project be having people who understand me and meet my needs. Listen to me and help me to achieve my goals. We all need help care. We have different needs flow will you meet my needs in the community.
3342.	He says helping people to do more is good but change for him causes great upset. He agrees with personalised support but for him he will need two carers to take him out just in case of personal care. This alone will affect funding and his own monies. He says living independently he has to be out of his home and day care provides everything from carers, adaptations on hand and a stress-free day.
3343.	I can see the need for more able service users to get out more in the community and get jobs or go to college but as for me I'm severely disabled and am never going to improve or get better. So, I feel that these changes should only really apply to such ones who are far less disabled. Rocking the boat for ones with my level of disability is very upsetting and unsettling and certainly not needed when I'm perfectly happy & content with the services care and support I currently receive and have done for many years.
3344.	The principle is for people who come to day centre's to have a choice of safety.



3345.	Focus on the individual, their strengths, choices, assets, and goals through person centred planning. The committee strongly agrees with this statement. In particular, the focus on users' assets and strengths rather than disabilities and deficits, ensuring that the focus is not on financial assets.
3346.	Focus on the outcomes that service users and carers wish to achieve. The committee strongly agrees with this statement. It is especially important that individuals are able to open up their own ambitions and aspirations by themselves supported by day opportunities. It will be important to note that ideally these should be shared by carers, but the principle is that the individual user should be the author of their own ambition, on the understanding that any user choice can be amended on review.
3347.	Provide support that enables the person to access a range of opportunities in the wider and their own community as an active and equal citizen. The committee strongly agrees with this statement. It is however important to recognise that the ability to do this is dependent on and can be at times restricted by the range of opportunities available in their own and the wider community, which can be limited. Over time, Neighbourhood Network schemes should be looking to address shortfalls in available community support opportunities.
3348.	As an overall direction of travel for the future, these aspirations are laudable. The problem I have with the document you have published is that it provides few pointers about how the recommended strategy is intended to be translated into specific action by the Council if and when it is approved.
3349.	I agree that we need to focus on the strengths of an individual's needs and my assumption was that this has always been the case. As I've already pointed out both my Mum and sister have their wishes and needs identified but there isn't the budget to implement them so how will this day care strategy improve this!
3350.	Enterprise hub does these activities already.
3351.	These are already accessed by my day centre.
3352.	This is already in place at our day centre.
3353.	I have already received this service within the day centre.
3354.	The strategy is good. We support promoting independence and choice and aim to assist anyone with an acquired brain injury an opportunity to re learn lost skills and re enable them to live as independently as possible. Unfortunately, there doesn't seem to be enough social workers who understand the complex needs an individual with an acquired brain injury may have. For example, a question often asked is can you wash and dress yourself, many clients we support can do the physical act of this task however do not initiate something like this therefore may sit in their pyjamas all day. So although the model is about promoting choice and independence the people who do the assessments of need really need to understand who they are assessing and the impact the assessments have on an individual's life.
3355.	A member of the group described the places that their service takes people to, e.g. shops, pub lunches, etc. The service provides the transport and the service users decide on what they would like to do. They have been told that they can't refer to this as enabling people to access the community as the service has organised the activities.
3356.	Focus Point 6: There must be a balance between ultimate safety and supporting people to reach their full potential, don't want to 'wrap them in cotton wool'. The idea of utilising the 'vibrant city' was widely liked, and discussed. The council could utilise local charities to help service users make the most of the city. This could help put people on their personal journey rather than keeping them stuck and still in their current position.

3357.	Everything mentioned in the strategy is happening here.
3358.	This is already available in the day centre, please leave the service as it is.
3359.	It seems to focus more on people with higher capabilities than people like myself who need a higher level of support.
3360.	This is already available in our day centre.
3361.	This is already in place by the day centre. There is no need to change the current day centre practice.
3362.	The proposals suggested are more suited to people that have mild physical or mental restrictions. If people that attend the day centre where able to integrate and be more involved in the community, they would already be doing it.
3363.	Of course, we want our loved ones to have more choice, more support and to focus on the individual but most of us believe that all this can be achieved at the day centre. Personal budgets will not pay enough to give our loved ones the same level of care, choice and a feeling of community that they get from being part of the day centre.
3364.	Draft services model is already being delivered at Alderman Bowen, e.g. focus on individual etc.
3365.	I agree with aims of being person centred, supporting people to reach their goal and participate in the community.
3366.	Personalised support is available when we go swimming and horse riding.
3367.	There are a lot of people who need specialist support, this shows that this has not been thought through which shows to me that the priorities are wrong.
3368.	They all felt that the service the day centre currently provides helps meet all the 6 points of the strategy.
3369.	Point 3: provide support that enables the person to access a range of opportunities in the wider and their own community as an active and equal citizen. School visits twice a year, yearly pub lunch. Transport availability & cost prevent some activities. Wheelchair access. Concerns towards ring and ride. Cost effective transport schemes. Raising awareness, e.g. mosques, giving service users a right to go and pray if required.
3370.	Support to access community activities and to enable the development of peer support networks for younger adults, who are at risk of social isolation, particularly younger adults with a mental health condition.
3371.	Support to improve mental wellbeing, increase their independence and connect with their community.
3372.	Support to build self- confidence, raise their aspirations and celebrate their success, strength-based approach.
3373.	Social prescribing for day opportunities for vulnerable young people, talking therapies to learn techniques and strategies to cope.
3374.	The underpinning ideas (choice, health, control etc.) were widely liked, however, they were skeptical regarding how this would be implemented. They have found that through a structured week with a wide range of opportunities this could be achieved.
3375.	Focusing on individual person-centered planning is great but it needs to be in a timely manner and not 12 months down the line. If someone waiting 12 months to be assessed, not going to achieve outcomes for them and problems will escalate. Needs to be a timeline rather than just at some point.
3376.	If the 3-way conversation is followed properly then it is an ideal situation to work in. It embraces all of it but there are not the things there for us to link the people to. For instance, if we wanted a mosque or a day centre just for women. We identify things but then they are not picked up to follow through on. We can see the gaps and feed that back, but it comes to nothing.
3377.	Aspirations can be limited by confidence. You need to be able to give them time to look at the steps that they can take.
3378.	It is also about being clear on those steps. If you are trying to encourage someone to work, then tell them what the payments will be and what rent will be. Inform them of every step.

3379.	It looks great on paper but there needs to be more substance. It is a bit hit and miss. Some get a great personalized service but there is no consistency.
3380.	All principles are spot on but need to look at how they are practiced and the domains. Also look at equality and culture and diversity.
3381.	You need to ensure that the outcome makes the people feel good. We need to use outcome and impact, e.g. how the low budget will impact the lives of people and carers.
3382.	Need psychosocial independence required by people.
3383.	I do not see how these gains financial independents in payments.
3384.	I require a day centre for my son as he is virtually doing nothing, and nothing is available at the moment. This sounds a brilliant idea.
3385.	Good aspiration, sometimes in practice it may be difficult to implement. Sometimes the views attributed towards the person-centered plan are from carers/parents as the citizen may have difficulty understanding the situation. Who's going to assess the outcomes, quality standards, are they similar with CQC, where are these formed? – These have been added to the questions.
3386.	Good idea, sometimes difficult to truly establish what they would really like to do.
3387.	Need to work with macro and micro infrastructure to work.
3388.	Desirable but not easy to provide.
3389.	Good in general terms, however one size does not fit all.
3390.	People are now living longer and have more choice of activities support etc.
3391.	Changing mindset of people.
3392.	Accessing any form of day support is hugely important, quality assurance and checking systems is needed.
3393.	How is point 6 possible with cutbacks in funding?
3394.	Links between commonwealth games and service users should be encouraged.
3395.	There is already person-centered planning approach. Person Centered approach is re-inventing the wheel.
3396.	For senior people it should be based on needs and preferences not goals and assets.
3397.	Good for individual, biggest issue is getting money from the Council. Difficult to get funding approved. Choice not available within internal day centers.
3398.	Achievement needs to be looked at around the budget. This needs to be mentioned.
3399.	It is not about skill development, a better term to use is capacity building with a focus of lifelong learning and ways to optimize fundamental independence.
3400.	We need to give people skills and the understanding. Need to ask right questions so that skills and needs are met.
	<b>Skills and Employment</b>
3401.	People with disabilities face huger challenges and prejudice when accessing training and employment, which can have a detrimental impact on their mental health and focus in terms of moving forward with their lives.
3402.	People with disabilities are not getting the support required to complete application form, have been taken off employment support allowance even though they cannot get a job due to their disability.

3403.	Interesting what was said about employment. Agree that this is appropriate for some but from their own experience of social work reviews the service felt that social workers did not have a full understanding of their clients and their suitability for employment. While some people at first may seem suitable for employment opportunities it was felt that social workers were not always taking additional factors, such as unpredictable behaviour, into account when recommending clients for employment schemes.
3404.	A day opportunities service for younger adults with learning disabilities that offers a broad range of activities dictated by the interests and skills of the people who are looking for support and not the service. Examples given, IT training, training attendees to train and generate income, gym, dancing, media film and sound recording.
3405.	I would like a job because I would enjoy it.
3406.	If you introduce equal pay for disabled employees, the expectation from employer will be stricter as per able employees.
3407.	I have worked for 18 years on a project that is a community-based enterprise, which offers gardening opportunities to people with learning disabilities (Four Seasons Garden Project). My concern is that people will lose projects like this that are true community, in fact offer a service to the community.
3408.	Younger people with disabilities should be transport trained earlier.
3409.	I would like to go on work experience.
3410.	Training course.
3411.	Citizens were excited at the idea of volunteering. Some said they would like to volunteer in a charity shop where as others were interested in helping the elderly.
3412.	The idea of volunteering and working in a charity shop is popular amongst citizens.
3413.	Travel training is important. I need people to show me the way.
3414.	I would like someone to help me get a placement doing cooking. I wouldn't get to go out as much or see people or go camping and do activities. I would like to do a computer course.
3415.	Don't know whether it would be good or bad for service user to take on a job as they would lose their benefits and maybe their home, which has happened in the past. Also, would our jobs be safe? No one knows.
3416.	Looking at employment is a key area. Citizens should have the opportunity to work and use their skills.
3417.	X needs constant support when out in the community, she cannot read or write and, in our opinion, would find it weird/difficult in a work place environment.
3418.	I would like to do work experience in I.T and learn more computer skills. I wouldn't feel safe travelling on my own or doing a job without help.
3419.	I do agree with change you want to make. I like to go to the IT room. I like to go to the pub quiz. I like to work in office and start my own company.
3420.	Want to work in shop till to get lots of money and saving money and going shopping and holiday. We have to change different class in Hockley Day Centre and change dinner time.
3421.	I would like to learn more skills. I don't want to go to work as I would find it too hard.
3422.	I would like a job in an office with staff I know to help me.
3423.	I would like a job making jewellery.

3424.	Does my working on the shop tills to get more money and saving money to see what you want to buy thing you need? Find a job what you are working. Find something on the computer.
3425.	Don't want day provision, need meaningful activity like preparing dinner for elderly, supporting them in community. With my support worker helping the elderly with their shopping, yes I 'm for that.
3426.	My dad would be very upset as well as I would be too. You already trained me for work at EPT then closed it with no job at the end of my training. I now have an active program 3 days a week where the staff support me with my problems and help me to be busy doing something I enjoy, why change it again.
3427.	You need to work hard in shop tills and get more money and saving money to get what I want at shop.
3428.	I have found the follow up meeting interesting, I like working at the reception at Harborne R.C.
3429.	Would like to work in a nursery with children, maybe this will help me to do this.
3430.	Would work for some, it all depends on the specialist intensive support and what this would entail.
3431.	Offer of employment. Will employment be meaningful? This has the danger of really messing up stability in vulnerable people's lives.
3432.	Enjoyed being a student counsel rep at college.
3433.	Shouldn't be starting from the College. Service user enjoys his time there but did not lead anywhere. Service user ended up with a pile of certificates that did not lead anywhere.
3434.	I want to do computing at a college, centre has been helping me to do this but would prefer to go to Solihull College. I will need support.
3435.	Get to work in the kitchen.
3436.	Have been to college, had to learn to read and write again after brain injury.
3437.	Service user is like another member of staff, very polite to other service users.
3438.	I care for an 18-year-old who would not want to attend a day centre, is looking for employment and applying for manger jobs without understanding the skill set required.
3439.	I could do touch type on the smartphone and use the computer but find it difficult to manual read and write.
3440.	Enjoy cooking where there are kitchens which accommodate wheelchair.
3441.	Enjoy helping out with paperwork.
3442.	Good at using smartphone, would like to do a photography course.
3443.	My son goes to do wood work at the centre.
3444.	You have to pay people the right wage if you want them to do a good job.
3445.	Have done some work with assistive technology. We've been looking to utilise the skills of college students in the local area as well as our apprentices to help with this.
3446.	Job centre form, 24 pages form – if they know they would know she can't work.
3447.	My son went on work experience but after three days the manager called to say he was a danger to himself and others, so the 'job' didn't work out.
3448.	Work is great as a public relations stunt but someone has to take ownership of the opportunities.

3449.	ITA was a day centre where you went and did work.
3450.	This used to be EPU. My son had a job but when he came home, he had a bruise on his head as he was bullied at work, so he stopped.
3451.	Our son was made to do labouring with some businesses, and he didn't learn anything whilst on placement.
3452.	It would be good to do a job if I was able to.
3453.	Didn't like college as I was bullied there.
3454.	My son is at a city farm but when this placement finishes, he will have to find supported work.
3455.	Can't see my son working full or part time without support so at some point he would have to come to a day centre.
3456.	Strawberry studios restaurant provided catering service, combination of service users, it has now closed down.
3457.	I want to work in a charity shop.
3458.	I help at an old people's home, I would like to keep at one day.
3459.	Service user have lost their minimum wage, we want this back.
3460.	Would like to earn some money.
3461.	Would like to work in a shop.
3462.	Would like to run own business at the day centre and earn some money.
3463.	If people have the ability (to get a job/employment) let them do it.
3464.	Not everyone is able to get into employment.
3465.	Enjoy Outwork, previous service users were getting paid to do some work.
3466.	You say about work, well all service users are not capable of work, that's why they are at Harborne Resource Centre.
3467.	It has been difficult to get my sister into voluntary work, she did start working at a charity shop, but we found out that another person who was working there was a paedophile and later discovered the same person went to prison for offences.
3468.	The worry is that people who work at certain places like charity shops are not necessarily CRB checked, whereas at day centres the staff are CRB checked.
3469.	There are some fears for service users being vulnerable whilst being in employment.
3470.	Is interested in getting some form of employment, she would like to work at a dogs home and or with other animals/pets.
3471.	We do have issues with service user doing any type of work due to epilepsy and at any time it could be triggered, especially if stressed.
3472.	Skills and employment allows for choice, what does it mean to be employed?
3473.	Employers have difficulty understanding the value for their business as it requires sometimes extensive support.
3474.	Jobs need to be tailored to meet individual strengths.
3475.	Requires specialist employer, with trained staff to support.
3476.	People with learning disabilities need to feel that they are doing something useful even if they can't hold down a job. Working also benefits those who are able bodied as it enables integration.
3477.	Needs to focus on short term interventions that are community based and enable younger adults to access employment and housing.

3478.	Stronger links with further education colleges to re-design courses available.
3479.	Improved IT facilities and Equipment.
3480.	There are limited options for jobs with lots of health and safety issues for employers to consider.
3481.	Difficult with employment as most of our service users are beyond employment age and have dementia. Though on an individual basis we do work with service users to maintain their skills, particularly domestic ones.
3482.	Employment of choice.
3483.	Focus on skills development, improving independence in daily living. Maintaining domestic skills is important if possible. Employers see risk employing someone with a long-term condition. Assistive technology is useful. Young employees, employed by provider, encouraged to get qualifications and continue to higher education. Creativity.
3484.	Access to work will pay for transport for young people to travel to and from work.
3485.	Service user has a job at Co-op, enjoys washing up.
3486.	Get a voluntary job at Aston Villa.
3487.	There is a fair amount of employability support available for people with mental health issues but very few people get a job.
3488.	It depends what you do with the skills that you have focussed on and how that is measured, e.g. will there be a push to have day services attendees out and working at some point once you can feel that they have the necessary skills and if so, how will this be measured and what impact will it have on their benefits, work and lifestyle.
3489.	A lot of the proposals are heading back to some of the models we were involved in a number of years ago. In particular the work placement options. Unfortunately, the E.P.O team was disabled. When I have spoken to my service users regarding how they would like to spend their day, employment is rarely mentioned but they tend to opt for more leisure-based package, i.e. music, quizzes, tennis, football, cricket participation. Links with priority tennis club. Aston Villa academy etc.
3490.	I need some support with things like money, keeping safe, to help build my confidence in order that I can do things.
3491.	I would like to learn how to use a computer myself how can this be done? I would also like to learn how to be in control of what I want to happen.
3492.	Focus on skills development, improving independence in daily living, i.e. travel training and employment where possible. The committee agrees with this statement. It is important to recognise that for high dependency users this has limitations, so we need to ensure this principle does not distort the service unfairly towards the most enabled. Also, note that carers need to share individual goals of enablement to avoid the progress made through day opportunities from slipping away when users return home. Whilst carers should share enablement objectives, if they are not directly able to support the person they care for when that person returns home, they should not feel obliged to do so.
3493.	I want to keep learning Acupack. I enjoy myself and my work at Acupack. I like meeting my friends, doing my job in Acupack and feeling good when the work is done. It is also important to my sister as she works and cannot look after me in the day, and she knows I'm safe.
3494.	If it is what the individual wants, then it is good. If they do not and are quite happy in taxis or whatever they wish, then they should not be pushed. You cannot expect everyone to go and get a job just for economic reasons. It should be around what they want and not being pushed into it. That can lead to poor mental health or stress and it can be a lot of pressure. The wording is encouraging but only if they want that.

3495.	Schools, colleges and training centres; anyone enrolling with them get a card to use as a free bus pass for the days that they attend.
3496.	Level of ability to achieve is variable, make use of any training.
3497.	One venue my son used to attend previously had 4 years ago, activities involved in IT, English/Math's but all teachers have left. He left venue because he got bored, down at centre, sitting around.
3498.	Employment discrimination by employers to employees, e.g. disabled toilets/lifts etc. Laws are there but the issue is changing mindsets.

## F) Funding and Savings

3499.	If there were more money available to adult social care, I might believe that BCC were truly offering choice, but it looks to me like an agenda to save money, rather than day services which allow meaningful friendships and healthy interactions.
3500.	I believe this is an exercise to save money at the expense of all the disabled people of Birmingham. All it will achieve is isolating disabled residents of Birmingham who will be back in their homes and lonely and depressed and unable to leave their homes.
3501.	How can this be achieved with all the cut backs by BCC.
3502.	It's getting there. It's about money.
3503.	Once again, this highlights that there isn't the funding or the manpower now so how will you magic this within the day care strategy, another pipe dream!
3504.	Very concerned about the costs involved.
3505.	I believe that over time I will be told that her package of care will be reduced as there isn't any money so she will be isolated at home which will affect her mental, physical, social and emotional wellbeing. I have personal evidence of this after Collingwood Day centre was closed. My sister and brother stayed at home for over 10 years and were literally forgotten about! Their health suffered and they both became depressed with nothing to get up for. They didn't socialise or see any friends in this time. My sister is fearful that this will happen again and why wouldn't she! Social services did it before so why would it be different now?
3506.	X says he agrees with a personal budget but says funding is being cut everywhere. He says direct payments are being cut and says taking part in activities is a great idea, if only costing was free and if not, free budgets were not cut.
3507.	We can do all this from day service. Put more money for day service to make things better.
3508.	If funding can be found but good idea.
3509.	If funding is available all of the time and ageing for the future.
3510.	What I can't agree with is all the proposals were already in place at the centre until you, the council, withdraw the funds. Where are you going to fund your proposals and for how long.
3511.	If you gave more funds to the centre all these things are being done but they could do more of their excellent dedication.
3512.	Ideally things would be better but undertaking activities is subject to funding, staffing levels etc and not always possible.
3513.	Proposals sound great in theory, but the cost implications are huge. It's very difficult to cater for a wide range of individual interests and choices.
3514.	The theory sounds practical, however, i can't think it will work in practice due to limited funding.



3515.	I am not confident these proposals have looked at this individual enough and have a feeling these said proposals are financial.
3516.	I am concerned that some of the proposals are a cost cutting exercises.
3517.	It is all about cost cuts to local day services in the long run and it will end up in closures in the future.
3518.	Vibrant city, you have no money, you let us down with household rubbish collection, the council is not very good.
3519.	Budget is a key issue and it will be essential for the cabinet to consider the overall impact on the citizen of Birmingham and the need for equal consideration given to citizens from cradle to grave.
3520.	Could be a cost cutting exercise by the back door by 'encouraging' people to be independent when they really need organised support.
3521.	I agree, providing there is suitable funding/places and support for the citizens who are put into the three areas of the model.
3522.	I don't understand why you waste money on rubbish proposals. Why try fixing something that works? This is all about money, give the centres the funds & let them continue with their jobs.
3523.	Financial input required. I don't think it will work, many citizens with learning disabilities have little or no capacity to understand they need routine.
3524.	I feel the proposals have merit but would not work well without significant funding and I can't imagine there will be extra resources to help implement this model. I do not feel that those with brain injury will be well served as they are lumped under general disability, when in reality their issues are diverse and so much more than physical disability.
3525.	I think it's disgraceful that 3.4 million is spent on consultants when a service costs 7 million to keep open. I think if closures occur it will end up a NHS crisis as nothing is in place for those vulnerable and carers, on your heads be it.
3526.	I understand the constraints on the budget, year on year but it always affects the vulnerable individuals who cannot speak for themselves and never the rich.
3527.	None of this seems to fit into the budget as there are 2m savings for this year.
3528.	Concerns about the budget savings needed over the 3-year period.
3529.	It all comes down to money as changing signage would be expensive.
3530.	The budget at the moment is lowering. So it's an exercise that will shorten.
3531.	There are lots of ways of cutting costs without putting people in danger.
3532.	There is an issue re budgets, the cost of providing services and support.
3533.	It all comes down to funding. If the funding is not there the strategy won't happen. It (the strategy) is not about choice.
3534.	There should be no savings as all the money should be spent on services.
3535.	Haven't seen any changes in strategy over many years – wants to see money being put to use.
3536.	Need more funding for activities.
3537.	Invest in people with learning and physical disabilities. Your intentions to remove their day care are discriminatory. Stop daydreaming and use your common sense! Use the money from Aldridge Road centre to provide new accessible facilities instead of useless bicycle paths!
3538.	Need the budget to do this (enablement).
3539.	The council already have a tight budget, and this will cost a lot of money.

3540.	The proposed model does not fit in with the budget.
3541.	The Conservative Group believe that day centres should not be dismissed as outdated or too expensive; they need care and investment to continue to meet the needs of their users but the value of doing this and of getting it right, can have much wider benefits for the council and the whole health and social care economy, including benefits to the budget bottom line as well as the more important benefit to peoples' wellbeing. We believe that the Day Opportunities Strategy should be redrafted to show a clear commitment to the future of day centres and a plan to invest in and modernise these centres to enable wider community benefits and efficiencies, including maximising the use of the buildings to make them more visible within the community.
3542.	There have been failures over the years due to expense. This puts pressure on individuals and lack of confidence due to failure creates another problem.
3543.	Lots of services are no longer working due to cut backs, e.g. it took 3 months to get an advocate from the advocacy service.
3544.	BCC directs more funding towards computers, e.g. £375k per week to Capita.
3545.	It would be nice to know how day opportunities are going to be funded and implemented, also what is the council's plans for day controls.
3546.	No one is monitoring how day opportunities is funded and implemented or the future of the day centre.
3547.	Questioned the expense outlay by the city council in providing all this paperwork and throwing money at consultancy when the council in the past have been trying to save money.
3548.	Conflicting messages (reduce cost vs increase in quality). It is difficult to maintain levels of services when there are financial cuts.
3549.	Concerns were raised about cuts in services, e.g. no transport funding will make it difficult to deliver services.
3550.	Increase in minimum wage makes it harder on day services as this impacts on pension contributions.
3551.	Agree with the strategy, however difficult to maintain levels of services when financial cuts are being made.
3552.	Any money or funding should be used wisely and not wasted, as funding is limited. A more personalised service should be adopted to cater for individual's needs and support requirements. Communication is paramount in terms of assessments and funding, as this can take some time and budget applications need to reflect the actual needs of a particular person and any change in their circumstances.
3553.	For many years LD services were seen as a "Cinderella" service. Funding was not equally allocated in comparison with other services. BCC have been reactive rather than proactive. Need to establish standard practice across services.
3554.	There is no mention of finance within all documents.
3555.	There is no money for all of this extra stuff.
3556.	BCC are only interested in balancing the books, their budgets and politics. It's all about money not on providing facilities.
3557.	Needs to be a commitment from the top to invest money in day care so that these principles can be implemented.
3558.	Sound great in theory but will not be implemented as there is not enough money to do it.
3559.	Resources (lack of funding and support).
3560.	Money is being spent for support off Capita rather than a hands on service.
3561.	Some service users who are non-verbal face more challenges. Support workers who are on minimum wage find this challenging. Disability is a huge issue, especially when assessing a person's needs. It is particularly frustrating when there is a lack of funding or money available to meet the needs. Focus needs to be around the person.

3562.	You should not look at the budget as constraints.
3563.	Issues with decisions to fund day centres.
<b>G)Social Work</b>	
3564.	Social workers have been mentioned, I don't believe that they can make a clear judgement on someone they have only met for a very short time. Citizens should not be questioned on their own and whoever is with them should be allowed to make comments. My son would say "yes" one minute and "no" the next, he wouldn't understand what you were on about, he also only stays for a few minutes doing something and then moves onto something else
3565.	The person I care for has had changes in circumstances since last November and after a great deal of difficulty I got them a social worker. The situation has been LEFT - I have no faith in how the assessment system by social services works - this is a disgrace!!
3566.	Need to ensure the person assessing needs, fully understands the client's needs.
3567.	There are no social workers and if you do see one, they come out, say what you want to hear and bugger off until 12 months later!
3568.	Some people expect social workers to be the font of all knowledge. Social workers should admit when they are not able to answer a question but will go away and find out the answer and come back to the person/family.
3569.	There is an issue getting a social worker assessment. It was not made clear if I needed to have direct payment or not.
3570.	There would need to be a significant number of trained social workers to do reviews regularly and ensure that people don't fall through the net.
3571.	We've had horrendous experiences with social workers.
3572.	Money is not the point; the caring part is the important part. Social Worker would not know their background.
3573.	It was stressed that it was important to get the budget and the needs right at the initial assessment, this is key.
3574.	Have to repeat what we say because social workers don't take on board what carers are saying.
3575.	Need more social workers please.
3576.	Carers state that social workers are only offering direct payments and not giving people the option to go to a day centre.
3577.	We do not trust social workers.
3578.	Had to wait six months for the social worker to complete an assessment before my brother got a place here (at the day centre). We had to go to my MP.
3579.	Lack of social worker support, in terms of face to face reviews.
3580.	Cannot get social workers these days.
3581.	External day services providers felt they were not fully feeling the effect of the '3 conversations', due to an inconsistent approach. It was explained by a member of Birmingham City Council that the '3 conversations' was still being rolled out over the next 12 Months. The providers did feel that when the '3 conversations' assessment was being carried out it was beneficial to the citizens.
3582.	Social work is built on relationships. External providers would like to be able to pick up a phone and speak to named individuals.
3583.	The decision support tool should be used by social workers because it encourages social workers to involve everyone. Social workers do not have a structured way of approaching their reviews/assessments.
3584.	Social workers making decisions about our service users but have never met them.

3585.	My last social worker said he would check the budget to see if I could get an extra day at day centre as he identified that I needed it. He has never followed up on my review which shows me that the review was a waste of time as you don't care.
3586.	Social worker's assessments don't include the views of providers, families and other involved professionals.
3587.	Would like to see a change in the balance of the working relationship between social workers and providers. Reviews are too brief.
3588.	Where the 3 conversations programme is rolled out, we are seeing some real innovative work from social workers.
3589.	Providers were of the opinion that social workers are not using the "3 Conversations" effectively when assessing people, so opportunities, support needs and budget can be affected based on the outcome of any assessment.
3590.	The 'Three Conversations' would seem to me to be a return to old fashioned social work, based on community individual needs again. This is good, as social work assessments of people's needs for day services and in general, should be less criteria led.
3591.	Some members of the groups expressed concerns that social work approaches are not always non-biased.
3592.	It is very difficult for a young person to be allocated a social worker. The young person may have been allocated three/four different social workers before they meet their social worker.
3593.	Social workers are always changing, we don't get the same social worker.
3594.	A member of staff at the day centre explained that you don't need an allocated social worker once your package of care has been approved. You only require the services of a social worker if there is a change in need or a review taking place.
3595.	If you don't have a named social worker, it is upsetting.
3596.	No consistency, social worker changeover, lack of manager support, need to be better with the 3 conversations model.
3597.	Could be in a situation where overnight the day centre place and direct payment could be cut. This is wrong and very concerning if social workers can't get this right at this level.
3598.	Attending day centre for 9 years. Not once contacted by social workers.
3599.	Lack of assessments (annual reviews).
3600.	Telephone reviews are good and some of the group felt that they had been productive. There is some good work being done by some of the social work staff but unfortunately where there are agency social workers involved there is a lack of follow up and often what is promised in a review is never delivered.
3601.	8 clients to be reassessed because care needs had changed. Response Group Manager did not have capacity at the time.
3602.	The 3-conversation model to slow things down. No flexibility with jumping from level 1 to level 2. No consistency across social workers.
3603.	Assessment need should be accommodated.
3604.	Management and careful reflection.
3605.	There is a danger that people with disabilities will reach a "crisis point" if there are delays in funding, assessments being completed and change in need. This is unfair and needs to be tightened up to ensure the person concerned is not at a disadvantage.
3606.	Funding is confusing for parents, they cannot understand why when a young person is classed as an adult the funding reduces significantly.
3607.	In some cases, there is a 6-month backlog with assessments and social workers are not communicating very well with providers and information is not being "filtered" through. Social care facilitators are using the "3 Conversations" more than social work staff.

3608.	Would like social workers to take more note of the expertise and knowledge that services have of the clients, particularly in reviews. Also felt that reviews were seldom and too brief. Social workers need to have a balanced picture when recommending or pushing people towards employment. It was felt that social workers go for the cheapest option. There needs to be a cultural shift within social work in order to implement the strategy.
3609.	Providers commented that the health system is working much better than Birmingham City Council as their assessments produce exact funding and identify very clearly what package of support is needed. Social work assessments do not provide this level of support.
3610.	People need to know the client. Providers know their clients better than social workers.
3611.	Complaints system is rubbish, would like more clarity around the process. It takes too long to deal with complaints.
3612.	Concerns of social workers being too short term.
3613.	Find it difficult to get hold of social workers, needs to be improved.
3614.	My sister has been undergoing a review/reassessment since Dec 2018. Her living situation and circumstances changed when her elderly mother fell and ended up in hospital for 12 weeks. In the process, I have had to help care for my sister a lot more in order for her to live at home as independently as possible. I have reported the social worker to her manager after she kept cancelling meetings and was dismissive of our situation. Occupational therapy has now done an assessment, but we are still waiting on a result.
3615.	There has been an issue for decades, not being able to reach social workers.
3616.	Birmingham City Council are not exercising duty of care.
3617.	No response from local authority.
3618.	Carers comments such as they've exhausted the social workers.
3619.	The process for assessment and getting support can take months. Social workers do not know what services are out there. Social workers are not going out to look at the centres.

## I)Transitions

3620.	Please consider the transitions of young adults with complex needs and autism in to day-care settings. They need fun and fulfilling activities and not just to be left alone with their carers stuck indoors.
3621.	We have been working with young people coming into the centre (1000 young people) it's good working with them.
3622.	Think about the people coming out of schools. They are much more open. Think about their needs.
3623.	The transition for some young people who are now adults is extremely difficult. Some are "lost in the system" and the expectation is that training and employment is available.
3624.	It has been noticed that a lot of younger people are not having their referrals looked at in a timely manner – where are these people meant to go and what are they meant to do? They are stuck in a system that they can do nothing about unless someone actively acts on their behalf.
3625.	Some young people's expectations are high and expect "everything now". They have to be educated to understand that policies and procedures need to be followed during any transition.

3626.	It was suggested that a transition worker be allocated to a young person from the age of 15 until that young person reaches the age of 25. The worker would grow to understand the young person's needs, their family network and what might be required to meet the young person's needs. A robust plan could be drawn up, the family would get to know the worker and have a level of confidence in both the service and the worker.
3627.	There is a requirement for additional social workers/transitions workers. At the moment there are only two allocated to each school or college.
3628.	As part of the team's development each Social worker/Transition worker should cover placements in a school/college, enhancing their skills and knowledge across varying levels/types of disability.
3629.	From school to adulthood – not much support. Birmingham City Council should offer better support. All enjoyed Victoria school but in the move from child to adult, you lose a lot of support.
3630.	Compared to what services there are for children, there is nothing for adults. The gap in provision and support available is very large. Experience of transition was very poor.
3631.	Service users, after leaving school, are not being given the choice to have either Direct Payment or a Day Centre. Service users are not given the option to visit a Day Centre to see what it is like before agreeing to Direct Payments. People are not being given real choice when they leave school. They are being offered Direct Payment and not given all the information about the choice or given the choice to visit a Day Centre.
3632.	Pathway Plans are not completed until a young person reaches the age of 16, just as they are leaving school. Schools are asked to prepare 14 to 15 year olds well in advance of a Social Worker completing the Pathway Plan. School/College staff believes that the Pathway Plan should be completed at around the age of 14 to 15. Adult & Communities Access Point (ACAP) service is far too long winded.
3633.	In some cases, the Pathway Plan is not completed before the young person leaves school and it could take up to three years for a Social Worker to make contact with the young person.
3634.	Parents are overwhelmed by the referral form which can only be completed online.
3635.	There should be a more robust transition process. Social Care lose sight of where these young people are after leaving school or college, they don't know what they are doing and in many cases, they are sat at home.
3636.	QAC 106 leaves this year only 2 have applied to focus there will be a massive group of young people doing nothing. There is nowhere for them to go.
3637.	Left X at 19 and her mother couldn't find anywhere for her to go until she became 23, she is now 40.
3638.	As a parent I set up different things in the community for my daughter to access. Today about 12 other people also access those things and others have taken those ideas on but we do not inspire parents in transition. My daughter helps an old lady to go out for a walk, so our young people could help out with our elderly day provision.
3639.	Why are we still not sharing stories and possibilities for our young adults with learning disabilities in transition? We need to envision parents. Social workers are not always the most helpful when my son or daughter reaches eighteen.
3640.	People need to be given a real and genuine choice when they leave school.
3641.	Transferring young people, with disabilities, in to mainstream schools can work, however, a lot of the mainstream organisations don't have specialist staff to support/meet the needs of the young people e.g. not all schools have a nurse.

3642.	The group suggested a service, specifically for the 18 – 30 age group, should be considered as an option.
3643.	It is a continuous challenge to find the right opportunities and support for young people that have left/leaving school or college. Better networking is required across the different agencies to ensure the right level of support and activities are available to the young person.
<b>J) Miscellaneous</b>	
3644.	Wife settles costs on my behalf.
3645.	There will only be respite care and we do not trust respite care.
3646.	There is only sheltered accommodation and parents/carers have serious concerns about these places. Service users need to feel safe and secure in their environment.
3647.	Birmingham City Council is continuing to fail in their duty of care to vulnerable individuals, shame.
3648.	2017 this was mentioned in guidance documents.
3649.	There is no difference as I am not on the radar and have never been invited for any help. The real help I need is to get jobs done on my home, which I own. I don't need money but support to find builders and for someone to deal with them, in every aspect, as my anxiety is so severe, I can't cope with any interaction with strangers, but no one understands this or even wants to try. Just more box tickers who say, "we can't do that" and leave. So, you're on your own as usual, once again feeling even more depressed and suicidal.
3650.	I am not going to park, it's too wet.
3651.	Service user smiled when choosing between images and pictures of day centre and direct payment image.
3652.	I can't cook. I can't walk properly, and my legs hurt.
3653.	Change the time in Hockley day centre and change different class. Don't be late to pick me up from mini bus class. Change the timetable and change dinnertime. Change the teacher in my class.
3654.	This place needs investment.
3655.	Care is often escapism from reality.
3656.	Need a separate activity room for service users who do not want to participate in a specific activity.
3657.	Service users need to do more than just sit in a base room.
3658.	It is more important to spend time with the service user as opposed to completing paperwork.
3659.	Sometimes staff are busy with administration and are not spending enough time with the service user.
3660.	The Ebrook handover was not great for my daughter, a lack of understanding in terms of dietary needs. Ebrook uses transport during the day time to take citizens out of the centre.
3661.	The logistics of it is expensive. For example, recently there has been vehicle vandalism at Alderman Bowen and they have been off the road for approximately 2 weeks to date. A contingency plan needs to be put in place.
3662.	The process is ok when there is a light load but not so much when heavy. Something needs to be done to speed up the process.
3663.	Before the service user was born, we would have been in the same situation were with disability and needed the support.
3664.	It has been part of my life since I found out my son had a disability and before, I did not think or understood it.





## Appendix 7: - Draft Day Opportunities Strategy Consultation - Events Data

During the course of the consultation, events were held across the city at a number of venues. These venues were distributed throughout the constituencies to allow the maximum number of individuals to attend should they wish. Furthermore, events were arranged at differing times of the day in neighbouring areas and in the north and south of the city such that they were available to those individuals who had differing patterns of work or social responsibilities.

A list of the sites for the events is presented below.

**Fig 1: Locations and Map Key**

Map Key		Number of Events during Consultation Period
1	Elwood Day Centre	5
2	Moseley Day Centre	4
3	Heartlands Resource Centre	5
4	Harborne Day Centre	4
5	Fairways Day Centre	3
6	Hockley Day Centre	4
7	Alderman Bowen Day Centre	4
8	Ebrook Day Centre	2
9	Beeches Goldd Day Centre	2
10	Hollyfield Centre Club	3
11	Highbury Hall	2
12	Factory / Northfield	1
13	Quinborne /Edgbaston	1
14	The H Suite	1
15	Mere Green Community Centre & Library	1
16	St Barnabas Church Centre / Erdington	2
17	Signing Tree / Ladywood	3
18	Shard End Wellbeing Centre	1
19	Stirchley Baths	3
20	Kings Heath Community Centre	1
21	South Yardley Library	1
22	Alexander Stadium	1
23	The Pavilion	1
24	Sutton Coldfield YMCA	1
25	MonyHull Church	1
26	Collingwood Centre	1
27	Cerebral Palsy Midlands	2
27	Elizabeth Gunn Centre (Focus)	1
28	SDA Church	2
29	Sense (Touchbase Pairs)	1
30	Botanical Gardens	1
31	MIND (Hockley)	1
<b>TOTAL</b>		<b>66</b>

**Fig 2: Birmingham Constituency Map, showing meeting locations**



## Appendix 7: - Draft Day Opportunities Strategy Consultation - Events Data

**Fig 3: Open Public Events**

No	Event
1	PAN Disability job fair
2	National Carers Week Event – Botanical Gardens
3	St Barnabas – Summer FETE

**Fig 4: Specialist Focus Group Events**

No	Event	Number of Events
1	MIND	1
2	Black Carers Group	2
3	Dementia Focus Group	1
4	Shared Lives	2
5	Schools and Colleges	1
6	Carers and Service Users	2
Total		9

In addition to the above, meetings were arranged with external boards and partners, a list of which is supplied below.

**Fig 5: Boards and partners engaged**

- SEND Programme Board
- Mental Health Programme Board
- Transforming Care Programme (TCP) Advisory Board
- Health and Social Care Overview and Scrutiny Committee
- Co-production Steering Group (Mental Health Joint Commissioning Team) NHS BIRMINGHAM AND SOLIHULL CCG
- MIND
- Citizen Panel
- Autism Board
- People for Public Service Steering Group

## Appendix 7: - Consultation Events Data

### Consultation Events

**Fig 6: Numbers Participating in the Consultation 8<sup>th</sup> April 2019 to the 4<sup>th</sup> August 2019**

Event	Number of meetings	Attendees
<b>Provider Events</b>	<b>5</b>	<b>90</b>
<b>Public</b>	<b>14</b>	<b>83</b>
<b>Internal day centre</b>	<b>30</b>	<b>1048 (see fig 7)</b>
<b>External day centre</b>	<b>5</b>	<b>71</b>
<b>Meetings /Briefings/Programme Boards</b>	<b>9</b>	<b>-</b>
<b>Specialist Focus Group</b>	<b>9</b>	<b>95</b>
<b>Open public events</b> St Barnabas Summer Fete National Carers Week Event PAN Jobs Fair <b>These were drop-in events, so the number of attendees is an approximation of people we consulted with.</b>	<b>3</b>	<b>75</b>
<b>Total</b>	<b>75</b>	<b>1462</b>

**Fig 7: Service User/Carer Day Centre attendance at Consultation Event - 8<sup>th</sup> April to 4<sup>th</sup> August 2019**

Day centre	Carer	Service User	Total
Heartlands	47	71	118
Harborne	64	105	169
Ebrook	27	68	95
Beeches Goldd	18	40	58
Elwood	24	89	113
Moseley	58	77	135
Hockley	60	89	149
Alderman Bowen	94	65	159
Fairways	22	30	52
<b>Total</b>	<b>413</b>	<b>633</b>	<b>1048</b>

**Fig 8: Small Groups / Friendships groups for attendees at council run day centres - 8<sup>th</sup> April to 4<sup>th</sup> August 2019**

Day centre	Number of sessions	Carer	Service User	Total
Heartlands	32	78	122	200
Harborne	25	3	112	115
Ebrook	29	39	102	141
Beeches Goldd	9	6	37	43
Elwood	14	8	52	60
Moseley	14	29	124	153
Hockley	24	22	150	172
Alderman Bowen	20	9	77	86
Fairways	6	4	40	44
<b>Total</b>	<b>173</b>	<b>198</b>	<b>816</b>	<b>1014</b>



**Appendix 8: –**

**Draft Day Opportunities Strategy Consultation**

**Google Analytics (2019) –**

**Day Opportunities Consultation Webpage Traffic**



## Google Analytics (2019) – Day Opps Consultation Webpage Traffic

### Glossary of terms:

**Page views** – how many times the page was viewed during the period (this includes multiple viewings by a person)

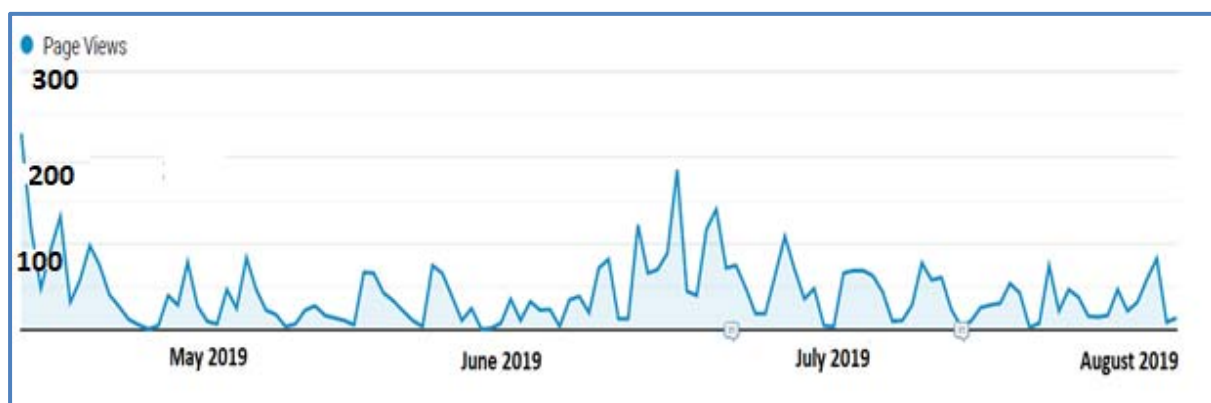
**Unique page views** – this counts each “session” (a session lasts 20 minutes, so an example person viewing a page 5 times during a session is only counted once)

**Average time on page** – the average time each person spends on that page

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A report was produced using Google Analytics toolkit to identify the web traffic trends within the Day Opportunities Consultation Webpage, during the period of 8<sup>th</sup> April 2019 to August 4<sup>th</sup> 2019.

**Graph 1: Demonstrates the throughput on the webpage during the Consultation Period.**



**Table 2:** Summary of Web traffic from the Adult Social Care Day Opportunities Consultation 2019.

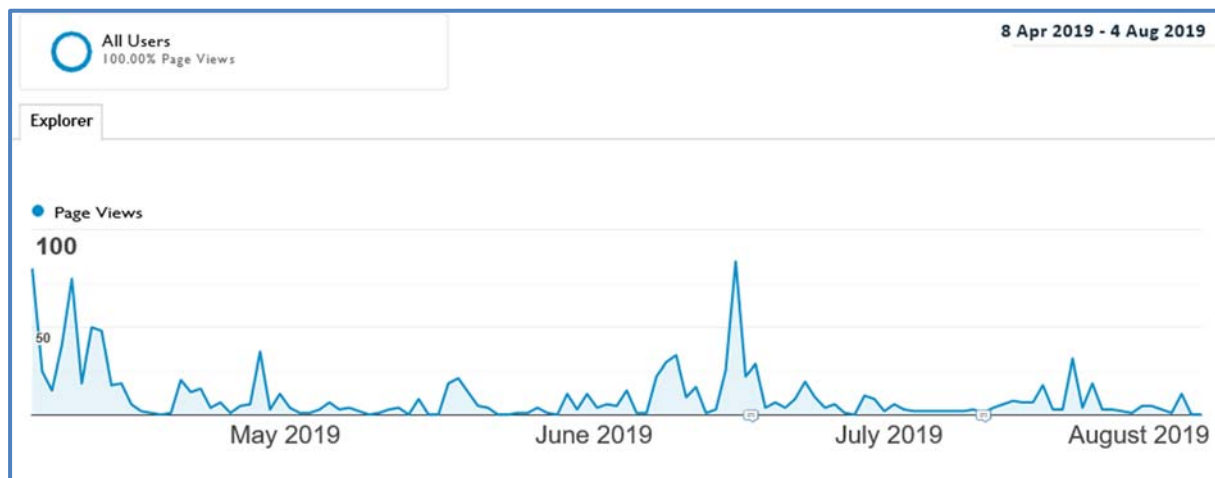
	Page Views	Unique Page Views	Avg. Time on Page
Summary	5,130	3,137	00:01:51

*From the 8<sup>th</sup> April – 4<sup>th</sup> August 2019, there was 5,130 total views to the Day Opportunities Consultation Webpage with an average timespan recorded as 00:01:51 minutes.*

**Table 3: Shows the breakdown of individual pages from the Day Opportunities Consultation Webpage 2019 throughout the consultation.**

<b>Page Title</b>	<b>Page Views</b>	<b>Unique Page Views</b>	<b>Avg. Time on Page</b>
Adult Social Care Day Opportunities Consultation 2019 , Birmingham City Council	<b>3,929 (76.59%)</b>	<b>2,309 (73.61%)</b>	<b>0:01:59</b>
Frequently asked questions and responses, Adult Social Care Day Opportunities Consultation 2019, Birmingham City Council	<b>303 (5.91%)</b>	<b>223 (7.11%)</b>	<b>0:02:49</b>
What happens next, Adult Social Care Day Opportunities Consultation 2019, Birmingham City Council	<b>300 (5.85%)</b>	<b>237 (7.55%)</b>	<b>0:00:26</b>
Adult Social Care Day Opportunities Consultation 2019, Birmingham City Council	<b>144 (2.81%)</b>	<b>71 (2.26%)</b>	<b>0:01:09</b>
Comments from events, Adult Social Care Day Opportunities Consultation 2019, Birmingham City Council	<b>115 (2.24%)</b>	<b>59 (1.88%)</b>	<b>0:01:14</b>
Amendment made to the introduction in the document: Consultation on the Draft Day Opportunities Strategy, Adult Social Care Day Opportunities Consultation, 2019, Birmingham City Council	<b>93 (1.81%)</b>	<b>60 (1.91%)</b>	<b>0:00:43</b>
Comments from provider events, Adult Social Care Day Opportunities Consultation, 2019, Birmingham City Council	<b>84 (1.64%)</b>	<b>64 (2.04%)</b>	<b>0:02:19</b>
Comments from public events, Adult Social Care Day Opportunities Consultation 2019, Birmingham City Council	<b>75 (1.46%)</b>	<b>57 (1.82%)</b>	<b>0:02:09</b>
Comments from internal events, Adult Social Care Day Opportunities Consultation 2019, Birmingham City Council	<b>72 (1.40%)</b>	<b>47 (1.50%)</b>	<b>0:01:51</b>
Comments from internal events - 28 May and 2 July 2019   Adults Social Care Day Opportunities Consultation 2019   Birmingham City Council	<b>8 (0.16%)</b>	<b>5 (0.16%)</b>	<b>0:01:01</b>
Comments from internal events - 15, 16 and 23 May 2019   Adults Social Care Day Opportunities Consultation 2019   Birmingham City Council	<b>7 (0.14%)</b>	<b>5 (0.16%)</b>	<b>0:00:34</b>

**Graph 2: Demonstrates the throughput on the website during the Consultation Period using the short web link referenced in the day opportunities consultation 2019 published documentation - <https://www.birmingham.gov.uk/day-opportunities-consultation2019>**



**Table 4: Summary of Web traffic from the Adult Social Care Day Opportunities Consultation 2019 using the Short Web link.**

	Page Views	Unique Page Views	Avg. Time on Page
<b>Summary</b>	<b>1,228</b>	<b>765</b>	<b>00:01:53</b>



**Table 5: Web Page Update History**

Date	Ref Number	Webpage / BeHeard Update History
04/04/2019	N/A	Day Opportunities Consultation 2019 website live
08/04/2019	N/A	BeHead Live
08/04/2019	N/A	Consultation Packs live on website (standard & easy read) / Rearrange
05/04/2019	N/A	Website update NDTi Report link added / content update
14/05/2019	N/A	Section 4 added (Comments from events)
01/05/2019	N/A	Website update – email address
08/05/2019	N/A	Website update
12/04/2019	N/A	Website / BeHeard update link added to page 1 para 7 Consultation on the draft day opportunities strategy
14/05/2019	N/A	Website update (Update Section 1 & 4)
13/05/2019	N/A	Website update (FAQ'S) / rearrange
10/06/2019	1366880	Rearrange design
07/06/2019	1363339	Website updates, Consultation Extended, Amendment to Cllr Hamilton Foreword and wider explanation of supporting documentation. General order of content updated.
10/06/2019	N/A	BeHeard Consultation update
14/06/2019	1373563	Update of FAQ's / rearrange
17/06/2019	1376609	Website update
17/06/2019	N/A	BeHeard update
20/06/2019	1381707	Update of FAQs - the questions
21/06/2019	1383243	Update comments
12/07/2019	1407354	Comments and FAQs
15/07/2019	1411121	Update of FAQ's
22/07/2019	1422117	Update to Consultation Amendment Presentation Standard and Consultation Amendment Presentation Easy Read
25/07/2019	1424740	Update changes re FAQ's
02/08/2019	1436153	Update of comments
02/08/2019		BeHeard Update
09/08/2019	1445675	Update to FAQ's
12/08/2019	1450096	Webpage update / rearrange content
15/08/2019	1457501	Web page maintenance
15/08/2019	1457674	FAQ's maintenance
15/08/2019	1457803	Further updates
15/08/2019	1457838	Update with new content
16/08/2019	1459570	FAQ's update
20/08/2019	1465579	Webpage general maintenance
21/08/2019	1465784	Updates re formatting
22/08/2019	1466426	Updates re formatting / New section Internal Comments
22/08/2019	1467578	Updates re formatting
09/09/2019	1516871	Webpage update
12/09/2019	1526234	General updates
17/09/2019	1537599	Updates -
26/09/2019	1564497	Webpage update
12/11/2019	1715772	Webpage update – rename section (November Update)
13/11/2019	1720648	Webpage update to section What Happens Next (Cabinet Meeting update)



7<sup>th</sup> June 2019

Dear Citizen,

### **Adult Social Care - Day Opportunities Consultation 2019**

Birmingham City Council is consulting on its draft Day Opportunities Strategy.

The consultation started on 8 April 2019 and was due to run until 6 July 2019. The consultation has now been extended, and will close on 4 August 2019.

The purpose of the consultation is to give people the opportunity to consider the proposals set out in the draft Day Opportunities Strategy.

Following feedback, the Council urges you to note:

1. That the text of Councillor Hamilton's introduction to the consultation has been amended
2. We ask you to read three key background documents, alongside the draft strategy

### **Key background documents**

We ask you to read three key background documents, alongside the draft strategy:

- Stage 1 Day Opportunities Engagement Report. The draft Strategy, which we are consulting on, refers to findings from 'early engagement' with service users. The draft Strategy does not include all of the feedback received. This report provides the full findings from that engagement, which may inform your view of the draft Strategy.
- Stage 2 Co-production Final report. This report sets out findings from focus groups held with service users and carers.
- NDTi Report.

These documents have been available from the start of the consultation, but we want to draw your attention to them.

Further background documents and information referenced are:

- Adult Social Care vision
- Shared Lives - Birmingham
- List of Day Centres
- A report of population and demographics
- Direct payments

All documents and supporting information can be accessed in the following ways:

- Via our website: <https://www.birmingham.gov.uk/day-opportunities-consultation2019>
- At consultation events (three key documents only)
- Request by email: [dayopportunitiesconsultation2019@birmingham.gov.uk](mailto:dayopportunitiesconsultation2019@birmingham.gov.uk)
- By telephone: 0121 303 5012

- By minicom: 18001 0121 303 1119

#### **Amendment made to document titled: Consultation on the Draft Day Opportunities Strategy**

There has been an amendment to the **Consultation on the Draft Day Opportunities Strategy** document. On page number 3, the introduction has been amended, following feedback received by the Council.

The specific amendments to the text are as follows:

Original text: "As well as providing support in exclusive buildings, we want to work towards people accessing a variety of day opportunities in the community with support.

Our proposals in this consultation are not about closing services. They are about doing things differently to better meet the needs of people now and in future."

Amended text (*in italics*): "As well as providing support in exclusive buildings, we want to work towards people *also* accessing a variety of day opportunities in the community with support.

*The proposed strategy would see us gradually move away from people exclusively attending day centres by supporting people to access a range of activities in the community. If the draft strategy were to achieve that aim, we may need fewer day centres and, in future, it might be proposed to close some centres. However, our proposals in this consultation are not about closing particular day centres; the proposals are about doing things differently to better meet the needs of people now and in future. "*

Even if you have already responded to the consultation, please take time to look at the amended document, and to read the key background papers. If you wish to submit a further response to the consultation, you are free to do so.

If you require any support in either taking part in the consultation or re-submitting a new response based on the changes described in this letter, please contact us:

- By email: [dayopportunitiesconsultation2019@birmingham.gov.uk](mailto:dayopportunitiesconsultation2019@birmingham.gov.uk)
- By telephone: 0121 303 5012
- By minicom: 18001 0121 303 1119
- If you or your loved one attends a day centre run by the Council, please speak to your Centre Manager

Following this amendment, we have planned additional consultation events as follows:

- 9 events in our Council run Day Centres
- 1 provider event
- 3 public events.

Thank you for your involvement to date in this consultation process.

Please see table of events below

Yours Sincerely

Linda Harper  
Interim Assistant Director,  
Adult Social Care and Health  
Birmingham City Council

## Internal Day Centre Events

Venue	Date	Time	Type of Event
Ebrook Day Centre Shooter Hill, Sutton Coldfield, Birmingham B72 1HX	Monday 8 <sup>th</sup> July	10.30 – 11.30	Focusing on amendments only
		13.30 – 15.00	Full consultation event
Beeches Gold Day Centre 174 Beeches Reservoir Rd, Birmingham B42 2HN	Tuesday 16 <sup>th</sup> July	10.30 – 11.30	Focusing on amendments only
		13.30 – 15.00	Full consultation event
Moseley Day Centre 1 Amesbury Rd, Birmingham B13 8LD	Wednesday 10 <sup>th</sup> July	10.30 – 11.30	Focusing on amendments only
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Heartlands Resource Centre 6 Inkerman St, Birmingham B7 4SB	Thursday 11 <sup>th</sup> July	10.30 – 11.30	Focusing on amendments only
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Harborne Day Centre 370 West Blvd, Quinton, Birmingham B32 2PG	Thursday 18 <sup>th</sup> July	10.30 – 11.30	Focusing on amendments only
		13.30 – 15.00	Full consultation event
Fairways Day Centre 2 The Fairway, Birmingham B38 8XJ	Tuesday 23 <sup>rd</sup> July	10.30 – 11.30	Focusing on amendments only
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Alderman Bowen Day Centre 125 Broadway Ave, Birmingham B9 5YD	Monday 22 <sup>nd</sup> July	10.30 – 11.30	Focusing on amendments only
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**Provider Event**

Hollyfield Centre Club Woodacre Rd, Birmingham B24 0JT	Tuesday 25 <sup>th</sup> June	10.00 – 11.00	<b>Focusing on amendments only</b>
		11.15 – 13.00	<b>Full consultation event</b>

**Public Events**

The Pavilion Moor Lane, Birmingham B6 7AA	Tuesday 9 <sup>th</sup> July	10.00 – 11.00	<b>Focusing on amendments only</b>
		11.15 – 13.00	<b>Full consultation event</b>
Signing Tree / Ladywood Deaf Cultural Centre, Ladywood Road, Birmingham B16 8SZ	Thursday 1st August	17.15 – 18.15	<b>Focusing on amendments only</b>
		18.30 – 20.15	<b>Full consultation event</b>
Stirchley Baths Community Hub 2-4 Bournville Lane, Birmingham B30 2JT	Wednesday 24 <sup>th</sup> July	13.00 – 14.00	<b>Focusing on amendments only</b>
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Dear Elected Member,

**Adult Social Care - Day Opportunities Consultation 2019**

Birmingham City Council is consulting on its draft Day Opportunities Strategy.

The consultation started on 8 April 2019 and was due to run until 6 July 2019. The consultation has now been extended, and will close on 4 August 2019.

The purpose of the consultation is to give people the opportunity to consider the proposals set out in the draft Day Opportunities Strategy.

Following feedback, the Council urges you to note:

1. That the text of Councillor Hamilton's introduction to the consultation has been amended
2. We ask you to read three key background documents, alongside the draft strategy

**Key background documents**

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Following this amendment, we have planned additional consultation events as follows:

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- 1 provider event
- 3 public events.

Please see the programme of additional events below

Yours Sincerely

Councillor Paulette Hamilton

Cabinet Member for Health and Social Care  
Birmingham City Council



## Internal Day Centre Events

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- Via our website: <https://www.birmingham.gov.uk/day-opportunities-consultation2019>
- At consultation events (three key documents only)
- Request by email: [dayopportunitiesconsultation2019@birmingham.gov.uk](mailto:dayopportunitiesconsultation2019@birmingham.gov.uk)
- By telephone: 0121 303 5012
- By minicom: 18001 0121 303 1119

## Amendment made to document titled: Consultation on the Draft Day Opportunities Strategy

There has been an amendment to the **Consultation on the Draft Day Opportunities Strategy** document. On page number 3, the introduction has been amended, following feedback received by the Council.

The specific amendments to the text are as follows:

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Our proposals in this consultation are not about closing services. They are about doing things differently to better meet the needs of people now and in future."

Amended text (*in italics*): "As well as providing support in exclusive buildings, we want to work towards people *also* accessing a variety of day opportunities in the community with support.

*The proposed strategy would see us gradually move away from people exclusively attending day centres by supporting people to access a range of activities in the community. If the draft strategy were to achieve that aim, we may need fewer day centres and, in future, it might be proposed to close some centres. However, our proposals in this consultation are not about closing particular day centres; the proposals are about doing things differently to better meet the needs of people now and in future. "*

Even if you have already responded to the consultation, please take time to look at the amended document, and to read the key background papers. If you wish to submit a further response to the consultation, you are free to do so.

If you require any support in either taking part in the consultation or re-submitting a new response based on the changes described in this letter, please contact us:

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- If you or your loved one attends a day centre run by the Council, please speak to your Centre Manager

Following this amendment, we have planned additional consultation events as follows:

- 9 events in our Council run Day Centres
- 1 provider event
- 3 public events.

Please see the programme of additional events below

Yours Sincerely

Sonia Mais-Rose

Head of Service  
Regulatory & Day Services  
Birmingham City Council

## Internal Day Centre Events

Venue	Date	Time	Type of Event
Ebrook Day Centre Shooter Hill, Sutton Coldfield, Birmingham B72 1HX	Monday 8 <sup>th</sup> July	10.30 – 11.30	<b>Focusing on amendments only</b>
		13.30 – 15.00	<b>Full consultation event</b>
Beeches Golddd Day Centre 174 Beeches Reservoir Rd, Birmingham B42 2HN	Tuesday 16 <sup>th</sup> July	10.30 – 11.30	<b>Focusing on amendments only</b>
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The Pavilion Moor Lane, Birmingham B6 7AA	Tuesday 9 <sup>th</sup> July	10.00 – 11.00	<b>Focusing on amendments only</b>
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Signing Tree / Ladywood Deaf Cultural Centre, Ladywood Road, Birmingham B16 8SZ	Thursday 1st August	17.15 – 18.15	<b>Focusing on amendments only</b>
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Dear Elected Member,

**Adult Social Care - Day Opportunities Consultation 2019**

Birmingham City Council is consulting on its draft Day Opportunities Strategy.

The consultation started on 8 April 2019 and was due to run until 6 July 2019. The consultation has now been extended, and will close on 4 August 2019.

The purpose of the consultation is to give people the opportunity to consider the proposals set out in the draft Day Opportunities Strategy.

Following feedback, the Council urges you to note:

1. That the text of Councillor Hamilton's introduction to the consultation has been amended
2. We ask you to read three key background documents, alongside the draft strategy

**Key background documents**

We ask you to read three key background documents, alongside the draft strategy:

- Stage 1 Day Opportunities Engagement Report. The draft Strategy, which we are consulting on, refers to findings from 'early engagement' with service users. The draft Strategy does not include all of the feedback received. This report provides the full findings from that engagement, which may inform your view of the draft Strategy.
- Stage 2 Co-production Final report. This report sets out findings from focus groups held with service users and carers.
- NDTi Report.

These documents have been available from the start of the consultation, but we want to draw your attention to them.

Further background documents and information referenced are:

- Adult Social Care vision
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Amended text (*in italics*): "As well as providing support in exclusive buildings, we want to work towards people *also* accessing a variety of day opportunities in the community with support.

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- By minicom: 18001 0121 303 1119
- If you or your loved one attends a day centre run by the Council, please speak to your Centre Manager

Following this amendment, we have planned additional consultation events as follows:

- 9 events in our Council run Day Centres
- 1 provider event
- 3 public events.

Please see the programme of additional events below

Yours Sincerely

Councillor Paulette Hamilton

Cabinet Member for Health and Social Care  
Birmingham City Council



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Dear Partner

**Adult Social Care - Day Opportunities Consultation 2019**

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The purpose of the consultation is to give people the opportunity to consider the proposals set out in the draft Day Opportunities Strategy.

Following feedback, the Council urges you to note:

1. That the text of Councillor Hamilton's introduction to the consultation has been amended
2. We ask you to read three key background documents, alongside the draft strategy

**Key background documents**

We ask you to read three key background documents, alongside the draft strategy:

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- 3 public events.

Please see the programme of additional events below

Yours Sincerely

Linda Harper  
Interim Assistant Director  
Adult Social Care and Health  
Birmingham City Council

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## Day Opportunities Consultation – additional meetings planned

Birmingham City Council is formally consulting on its draft Day Opportunities Strategy and proposed draft service model. The consultation commenced on 8 April 2019 and has been extended until 4<sup>th</sup> August 2019

There are two additional public consultation events planned:

Stirchley Baths Community Hub 2-4 Bournville Lane Birmingham B30 2JT	Wednesday 24 <sup>th</sup> July	14.15 – 16.00
Signing Tree Deaf Cultural Centre, Ladywood Road, Birmingham B16 8SZ	Thursday 1st August	18.30 – 20.30

Places can be booked on Eventbrite via the consultation web page or by telephone **0121 303 5012**.

If you have any question in relation to this consultation please email:  
**dayopportunitiesconsultation2019@birmingham.gov.uk** or telephone **0121 303 5012**

If you have a speech impairment, are deaf or hard of hearing you can contact Birmingham City Council by Next Generation Text (also known as Text Relay and TypeTalk).

Dial 18001 before the full national phone number.

Minicom: 0121 303 1119

<https://www.birmingham.gov.uk/day-opportunities-consultation2019>

# ***Day Opportunities proposed Strategy and Draft Service Model Consultation.***

## ***Have Your Say***

Birmingham City Council is consulting on its proposed Day Opportunities Strategy and draft Day Service Model.

Day Opportunities benefit older people, people with learning disabilities, autism, physical disability, and people with mental ill health across the city.

To find out more about the proposed Day Opportunities Strategy including the draft Service Model you are invited to attend one of the public meetings, you will need to book your place through our website.

<https://www.birmingham.gov.uk/day-opportunities-consultation2019>

There are a number of public meetings scheduled and are detailed overleaf:

If you are unable to reserve a place for a consultation event of your choice or require any additional assistance please contact us using the details below:



**Telephone:** 0121 303 5012



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**Email:** [dayopportunitiesconsultation2019@birmingham.gov.uk](mailto:dayopportunitiesconsultation2019@birmingham.gov.uk)





## Have your say on Birmingham City Council's proposed Day Opportunities Strategy and Draft Service Model.

### Public meeting schedule

Venue	Date	Time
<b>Factory / Northfield</b> 5 Devon Way, Birmingham B31 2TW	Tuesday 16th April	18.00-20.00
<b>Quinborne /Edgbaston</b> Ridgacre Rd, Quinton, Birmingham B32 2TW	Wednesday 24th April	14.00-16.00
<b>H Suite</b> 100 Icknield Port Rd, Birmingham B16 0AA	Thursday 2nd May	10.30-12.30
<b>Mere Green Community Centre &amp; Library /Sutton Coldfield</b> Mere Green Rd, Sutton Coldfield B75 5BT	Tuesday 7th May	10.00-12.00
<b>St Barnabas Church Centre / Erdington</b> 152-156 High St, Birmingham B23 6SY	Tuesday 7th May	18.00-20.00
<b>Signing Tree / Ladywood</b> Deaf Cultural Centre, Ladywood Road, Birmingham B16 8SZ	Tuesday 14th May	11.00-13.00
<b>Shard End Wellbeing Centre</b> 170 Packington Ave, Birmingham B34 7RD	Tuesday 21st May	10.00-12.00
<b>Stirchley Baths</b> Bournville Ln, Birmingham B30 2JT	Wednesday 29th May	10.00-12.00
<b>Kings Heath Community Centre</b> 8 Heathfield Rd, Birmingham B14 7DB	Tuesday 4th June	14.00-16.00
<b>South Yardley Library, Yardley Rd, Yardley, Birmingham B25 8LT</b>	Tuesday 11th June	14.45-16.45
<b>Alexander Stadium /Perry Barr</b> Walsall Rd, Birmingham, Perry Bar B42 2LR	Wednesday 12th June	14.00-16.00



## **Adult Social Care - Day Opportunities Consultation 2019**

### **Supporting Documentation and amendment made to the document: Consultation on the Draft Day Opportunities Strategy**

UPDATE: Following feedback, the Council urges you to note that:

1. There has been an amendment to the **Consultation on the Draft Day Opportunities Strategy** document on page number 3, text of Councillor Hamilton's introduction.
2. We ask you to read three key background documents, alongside the draft strategy:
  - Stage 1 Day Opportunities Engagement Report
  - Stage 2 Co-production Final report
  - NDTi Report

These changes are explained below.

Even if you have already responded to the consultation, please take time to look at the amended document, and to read the key background papers. If you wish to submit a further response to the consultation, you are free to do so.

The consultation is also being extended. The consultation will now close on 4 August 2019.

#### **1. Key background papers**

There are a number of documents which have been referenced in the Draft Day Opportunities Strategy. The following key documents should be read alongside the draft strategy.

- Stage 1 Day Opportunities Engagement Report. The draft Strategy, which we are consulting on, refers to findings from 'early engagement' with service users. The draft Strategy does not include all of the feedback received. This report provides the full findings from that engagement, which may inform your view of the draft Strategy.
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The Pavilion Moor Lane, Birmingham B6 7AA	Tuesday 9 <sup>th</sup> July	10.00 – 11.00	Focusing on amendments only
		11.15 – 13.00	Full consultation event
Stirchley Baths Community Hub 2-4 Bournville Lane, Birmingham B30 2JT	Wednesday 24 <sup>th</sup> July	13.00 – 14.00	Focusing on amendments only
		14.15 – 16.00	Full consultation event
Signing Tree / Ladywood Deaf Cultural Centre, Ladywood Road, Birmingham B16 8SZ	Thursday 1 <sup>st</sup> August	17.15 – 18.15	Focusing on amendments only
		18.30 – 20.30	Full consultation event

## **Adult Social Care - Day Opportunities Consultation 2019**

Frequently Asked Questions and Responses Update:

1. The consultation formally closed on Sunday 4<sup>th</sup> August 2019.

We are continuing to update the frequently asked questions and responses section of the Day Opportunities Consultation 2019 website, this will be finalised on Friday 16<sup>th</sup> August 2019.

2. There is still the opportunity to send in your views and comments which may be informed by the updated frequently asked questions and responses. The close date for any further views and comments is Friday 23<sup>rd</sup> August 2019.

Your views and comments can be returned in any of the following ways:

- By email: [dayopportunitiesconsultation2019@birmingham.gov.uk](mailto:dayopportunitiesconsultation2019@birmingham.gov.uk)
- By telephone: 0121 303 5012
- By minicom: 18001 0121 303 1119
- Free post envelope – should you require a free post envelope please telephone on one of the numbers listed above.

Frequently asked question and responses can be found under section 3 of the Day Opportunities Consultation 2019 website <https://www.birmingham.gov.uk/day-opportunities-consultation2019>.

If you would prefer a paper copy of the frequently asked questions and responses please call one of the telephone numbers above, alternatively ask a member of staff at the day centre who will provide you with a copy.



**Appendix 10: –**

**Draft Day Opportunities Strategy Consultation**

**Glossary of Terms.**



## Glossary of Terms

What follows is a Glossary of frequently used terms, these are the definitions as used within the context of this strategy and as such do not affect any meaning that a term may have under any relevant legislation.

<b>1.0 Glossary of Terms</b>	
Aspirations	Is an ambition or outcome that a person wishes to achieve This outcome may become achievable with support from Social Care.
Assessment	An assessment is simply a discussion between a person and a social work professional that helps to understand what help and support is needed for coping with life on a day to day basis and living independently at home.
Asset based	An Asset based approach focuses on a person's strengths and skills and helps with how support is identified.
Emerging Technology	Equipment or products designed to maintain, or improve the ability of individuals to communicate, learn, and live independent and fulfilling lives.
Citizen(s)	A citizen is a resident of Birmingham which includes service users and carers
Commissioning	Refers to the council's approach to planning and purchasing public services. The aim is to achieve best possible outcomes for individuals who require care and support and for the community as a whole.
Community Assets	Are a wide network of services which range from very small to much larger local services provided by faith groups, community groups, local and national charities, and private companies. They provide choice, enabling people to become involved in activities they enjoy doing with others, adding meaning to their lives.
Community Capacity Building	Supporting different communities to develop their own solution to problems and issues.
Contract	Refers to a formal agreement which Providers are required to agree to if they wish to deliver services for Birmingham City Council.
Co-Production	'Co-production' is when an individual influences the support and services received, or when groups of people get together to influence the way that services are designed, commissioned and delivered.
Day Care	A place where an individual can go to participate in activities and spend time with friends.



## Glossary of Terms

1.0 Glossary of Terms	
Day Opportunities	A day opportunity refers to a service which mainly operates during the daytime and provides activities, care, and support to those who access it.
Demographics	The number and characteristics of people who live in a particular area or form a particular group. Examples of characteristics include gender, age, ethnicity, types of services required, etc.
Direct Payment	Direct Payments are a way for citizens to have control over their care and support through a personal budget. Birmingham City Council will make payments directly to people so that they can buy the care and support they require rather than the council arranging it.
Draft Strategy	For the purposes of this document this refers to <u>proposed</u> local government document outlining a series of ideas or plan of action designed to achieve a long-term or overall aim. ( <i>see also Strategy</i> )
Enablement	Enablement is a period of short term intensive support giving an individual the opportunity and confidence to regain some of the skills they may have lost e.g. through ill health.
External (day opportunities) providers / provision	Those services commissioned by the Council and provided by the private or voluntary sector independently of the Council.
Internal (day opportunities) Services / Provision	Services that are provided directly by the council.
Neighbourhood Network Schemes	Neighbourhood Network Schemes enables people to connect to individuals, groups, organisations, and activities taking place in their local area.
Person Centred Planning	Focuses on what an individual wants to achieve and what support is required to help them achieve their aspirations. Person centred planning views people as equal partners in planning, developing, and monitoring their care.
Personalisation	This is the approach used by social care that empowers people to have more choice control and independence over what their support looks like.
Personal Assistant	A personal assistant helps support a person to live as independently as possible and assists them to take part in everyday activities where possible.
Personal Budget	An amount of money the local authority agrees to provide to meet your assessed needs.
Policy	Is a set of principles which helps staff make sound decisions and take actions which are legal, consistent with the aims of the day care setting, and in the best interests of the users.

## Glossary of Terms

1.0 Glossary of Terms	
Providers	Organisations which provide a given service be it Home Care, Internal or External Day care or the voluntary sector.
Quality Standards	A set of statements that are designed to ensure that services meet the minimum required standards to deliver safe, effective, and good quality services.
Respite	Short term care to enable an individual to have a break from normal routine, e.g. a holiday. This can be a carer or someone receiving social care support.
Self-Funder	Depending on a person's finances, a local authority may ask an individual to contribute towards the costs of their care (up to and including the full amount).
Service User	Refers to the individual directly in receipt of services.
Social Care Review	A review forms part of the assessment process. A discussion between the person receiving care and support and a member of social care staff is designed to identify any improvement or deterioration in that persons need. Together a plan will be put in place to meet that persons change in need.
Spot purchasing	The purchase of a service from an organisation as and when it is needed. Services are purchased on an individual basis for a single service user.
Stakeholder	Stakeholders are individuals, groups, or organisations that are affected by or have an interest in the activity of the service or business.
Strategy	Plan of action designed to achieve a long-term or overall aim. ( <i>see also Draft Strategy</i> )
Statutory	Refers to a duty or a service required by law to be delivered by the local authority.
Three Conversations	Through information, advice and guidance and structured three conversations, clarity on rights, responsibility and options. Allowing people to be co-designers of their own support.
Third Sector	This refers to charitable or voluntary organisations.

<b>Report to:</b>	<b>Birmingham Health and Social Care Overview and Scrutiny Committee</b>
<b>Date:</b>	<b>18 February 2020</b>
<b>TITLE:</b>	<b>SEXUAL AND REPRODUCTIVE HEALTH, CONTEXTUAL DATA</b>
<b>Presenting Officer</b>	<b>Elizabeth Griffiths, Assistant Director of Public Health</b>

<b>Report Type:</b>	<b>Information report</b>
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### **1. Purpose:**

To provide the Committee with a contextual briefing on sexual and reproductive health data.

### **2. Recommendation**

The Health and Social Care Overview and Scrutiny Committee is asked to note the contents of this report.

### **3. Context**

#### Sexually Transmitted Infections (STIs)

3.1 Sexually transmitted infections (STIs) are a major public health concern. If left undiagnosed and untreated common STIs may cause complications and long-term health problems, including:

- pelvic inflammatory disease, ectopic pregnancy, postpartum endometriosis, infertility, and chronic abdominal pain in women;
- adverse pregnancy outcomes - including abortion, intrauterine death, and premature delivery;
- neonatal and infant infections and blindness;
- urethral strictures and epididymitis in men;
- genital malignancies, proctitis, colitis, and enteritis in men who have sex with men (MSM); and
- cardiovascular and neurological damage.

3.2 The most commonly diagnosed STIs are chlamydia, first episode genital warts, gonorrhoea and first episode genital herpes.

3.3 The diagnosis rates of STIs remains greatest in young heterosexuals aged 15 to 24 years, black minority ethnic (BME) populations, MSM, and people residing in the most deprived areas in England.

## HIV

- 3.4 HIV testing is integral to the treatment and management of HIV. Knowledge of HIV status increases survival rates, improves quality of life and reduces the risk of HIV transmission.
- 3.5 Although HIV testing is increasing, the number of new HIV diagnoses has declined over the past decade, with a substantial decrease over the past 3 years. This recent reduction has been mostly driven by fewer HIV diagnoses among MSM, as a result of targeted HIV prevention, including:
- HIV testing - particularly repeat testing among higher-risk men
  - improvements in the initiation of anti-retroviral therapy
  - treatment as prevention (TasP)
  - Pre-exposure prophylaxis (PrEP)
- 3.6 Late HIV diagnosis is the most important predictor of morbidity and mortality among those with a HIV infection. Those diagnosed late have a 10-fold risk of death compared to those diagnosed promptly.
- 3.7 Prompt treatment initiation of antiretroviral therapy (ART) reduces the risk of onward HIV infection to partners. Successful ART decreases a person's viral load and HIV transmission does not occur when the viral load is undetectable. UK British HIV Association (BHIVA) treatment guidelines recommend that all people living with a diagnosed HIV infection should be offered treatment as soon as possible after diagnosis.
- 3.8 Prevention is central to achieving good sexual health outcomes and entails changes that reduce the risk of poor sexual health outcomes and activities that encourage healthy behaviours. Education, condom use, diagnosis and treatment are key interventions for prevention and control.

## Reproductive Health

- 3.9 Reproductive health is relevant for all populations regardless of gender, ethnicity, socioeconomic group or sexual preference. Public Health England's consensus statement on reproductive health aims for the population to have the ability and freedom to make choices about the aspects of their reproductive lives regardless of age, ethnicity, gender and sexuality. The consensus statement seeks for: reproductive health and access to reproductive healthcare to be free from stigma and embarrassment; the ability to make informed choices and exercise freedom of expression in all aspects of reproductive health; the ability to form enjoyable relationships whilst not fearing or experiencing any form of power imbalance or intimidation; the ability to optimize reproductive health, and social and psychological well-being through support and care that is proportionate to need; people to participate effectively and at every level in decisions that affect reproductive lives; and, the opportunity to experience good reproductive health and ability to access to reproductive healthcare when needed free from the wider factors that directly and indirectly impact on reproductive well-being.
- 3.10 Whilst there are many and varied reasons a woman may have an abortion, indicators such as total abortion rate and the proportion of repeat abortions may be used as proxy measures for lack of access to good quality contraception services and advice and of problems with individual use of

contraception. These indicators help identify maternity and contraception needs within the area.

- 3.11 The use of long acting reversible contraception (LARC) methods, such as contraceptive injections, implants, the intra-uterine system (IUS) or the intrauterine device (IUD), are highly effective as they do not rely on daily compliance and are more cost effective than condoms and the pill. Implants, IUS and IUD can remain in place for up to 3, 5 or 10 years depending on the type of product. An increase in the provision of LARC is a proxy measure for wider access to the range of possible contraceptive methods and should also lead to a reduction in rates of unintended pregnancy. It is important not to attribute 'worse'/'better' values to this indicator as the intention is to encourage choice rather than to promote LARC methods at the expense of other contraceptive methods.

#### Teenage Pregnancy

- 3.12 Most teenage pregnancies are unplanned and around half end in an abortion. As well as it being an avoidable experience for the young woman, abortions represent an avoidable cost to the NHS. While for some young women having a child when young can represent a positive turning point in their lives, for many more teenagers bringing up a child is extremely difficult and often results in poor outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and well-being and the likelihood of both the parent and child living in long-term poverty.
- 3.13 Research evidence, particularly from longitudinal studies, shows that teenage pregnancy is associated with poorer outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers have an increased risk of living in poverty and poor quality housing and are more likely to have accidents and behavioural problems.

#### **4. Birmingham Sexual Health data**

- 4.1 Public Health England produces a sexual and reproductive health profile for local authority areas; this data provides useful context for sexual and reproductive health need and services within the City. Full details can be accessed via <https://fingertips.phe.org.uk>
- 4.2 Appendix A sets out local summary statistics for sexually transmitted infections; HIV; reproductive health; and, teenage pregnancy.
- 4.3 Appendix B provides background information on the indicators included in the tables, this provides the rationale for each indicator, how the indicator is defined, how it was calculated and any caveats that need to be observed when scrutinising the data. It also provides context to the Birmingham rates, showing how Birmingham compares to the national and regional averages and against our CIPFA nearest neighbours (similar local authority areas identified for

comparative and benchmarking exercises).

#### Sexually Transmitted Infections (STIs) (Table 1)

- 4.4 Table 1 shows that Birmingham is consistently performing well against the England average and against its CIPFA nearest neighbours for Syphilis and Genital warts diagnoses.
- 4.5 The chlamydia diagnostic rate in Birmingham is consistently higher than the Regional and England average (489 per 100,000 compared to 320 and 384 per 100,000 respectively); however it is similar to the rates observed in our CIPFA neighbours. Whilst Birmingham rates are high, this could represent an under reporting as the Birmingham and Women's laboratory did not submit any data for Q4 in 2018. It is also worth noting that as most chlamydia infections are asymptomatic and coverage of the National Chlamydia Screening Programme (NCSP) varies, the diagnostic rates identified nationally are very likely to underestimate the true prevalence of chlamydia in the population.
- 4.6 There is limited sexual and reproductive health data available at smaller geographical levels, however Public Health England has produced a map of chlamydia detection rates in the 15-24y population at a middle super output area (MSOA). Appendix C shows this information overlaid with Birmingham's ward boundaries. Chlamydia detection rates are highest in Newtown, Nechells, Stockland Green, Erdington, Glebe Farm and Tile Cross, Kings Norton South and Frankley Great Park; and are lowest in the South East of the City.
- 4.7 Diagnoses for gonorrhoea in Birmingham are significantly higher than the regional and national averages (149.1 per 100,000 compared to 79.0 and 98.5 per 100,000 respectively) and are higher than the CIPFA neighbours (119.7 per 100,000). The gonorrhoea rate in Birmingham has been increasing since 2013. Unlike chlamydia, people with a gonorrhoea infection are more likely to be symptomatic and may therefore be more likely to seek and access sexual health services.

#### HIV (Table 2)

- 4.8 Birmingham's HIV testing coverage is 70.9%; this means that 70.9% of patients accessing at least one specialist sexual health service in a calendar year accepted a HIV test. Birmingham's HIV testing rates are significantly better than the national, regional and CIPFA nearest neighbour averages (whose rates are 64.5%, 64.2% and 62.7% respectively).
- 4.9 Whilst Birmingham's late diagnosis rates are statistically lower than the England average when viewed over the whole population and in MSM in particular. It is interesting to note that late HIV diagnosis rates in both heterosexual men and women are relatively worse than for MSM. Late HIV diagnosis rates can give us an indication of the populations where HIV infections are being left undiagnosed.
- 4.10 Prevalence of HIV in those aged 15-59 in Birmingham is 2.84 per 1,000; this is higher than both the regional and national values (1.86/1,000 and 2.37/1,000). Appendix 2 shows the diagnosed HIV prevalence by MSOA for all ages in Birmingham; this indicates that prevalence is highest in the MSOA area that borders Edgbaston, Balsall Health West, Bordesley and Highgate and

Ladywood.

- 4.11 Birmingham's antiretroviral therapy (ART) rates in people who are newly diagnosed with HIV is significantly better than national, regional and CIPFA neighbour averages (86.5% compared to 79.1%, 82.5% and 79.1% respectively).

Reproductive Health (Table 3)

- 4.12 The abortion rate in Birmingham (19.3/1,000) is slightly higher than the national average (18.1/1,000) but remains similar to the regional average and CIPFA neighbour averages (19.0/1,000 and 19.3/1,000 respectively). Repeat abortions in the under 25 population are significantly higher in Birmingham (29.1%) than the national (26.8%) and CIPFA neighbour (27.6%) averages but are slightly lower than the regional average (29.5%).
- 4.13 The proportion of long acting reversible contraception methods (LARC) prescribed in Birmingham (44.4/1,000) is lower than the national average (49.5/1,000). Given the long acting nature of LARC this measure only gives an indication of the number of new prescriptions for LARC made each year – it is therefore likely to be an underestimate of LARC use in the population. LARC use is a choice and therefore it is not appropriate to attribute a better/worse value to this indicator.
- 4.14 Attendance of females under 25 years old in specialist contraception services remains relatively low in Birmingham. Rates in Birmingham are lower than the national and regional values at 92.4/1,000 compared to 140.4/1,000 and 103.7/1,000 respectively. Reporting data from the last five years shows that this rate has steadily reduced. This suggests that there is scope to increase access of specialist contraception services in this age group.

Teenage pregnancy (Table 4)

- 4.15 In general conception rates for those under 16 and for those under 18 in Birmingham remain similar to the national and regional averages. Birmingham's under 16s conception rate is 3.0/1,000 compared to 3.1/1,000 in the West Midlands and 2.7/1,000 in England; this rises to 19.4/1,000 conceptions in under 18s in Birmingham, West Midlands (19.9/1,000) and England (17.8/1,000).
- 4.16 The number of births to women aged under 18 years and the proportion of teenage mothers in Birmingham is higher than the national and regional averages. 1.0% of mothers in Birmingham are aged between 12 and 17 compared to 0.9% in the West Midlands and 0.7% in England; this may be partially explained by the younger age profile of the City.

<b>Appendices</b>
<b>Appendix A: Birmingham Sexual and Reproductive Health Outcomes Framework summary tables</b>
<b>Appendix B: Sexual and Reproductive Health Profile Indicator Definitions</b>
<b>Appendix C: Birmingham Chlamydia and HIV maps</b>








## Appendix A: Birmingham Sexual and Reproductive Health Profile summary tables

Key:






Significance compared to England average:

	Significantly worse
	Not significantly different
	Significantly better

Change from previous:

	No significant change		
	Increasing / Getting better		Decreasing / Getting better
	Increasing / Getting worse		Decreasing / Getting worse

**Table 1: Sexually Transmitted Infections (STI), Birmingham, West Midlands and England averages (Reporting Period 2018)**

Indicator	Age	Reporting Period	Birmingham Value	Region Value	England Value	Change from previous
Syphilis diagnostic rate per 100,000	All ages	2018	8.7	7.2	13.1	
Gonorrhoea diagnostic rate / 100,000	All ages	2018	149.1	79.0	98.5	
Chlamydia diagnostic rate / 100,000	All ages	2018	489	320	384	
Genital warts diagnostic rate / 100,000	All ages	2018	93.4	82.0	100.1	
Genital herpes rate / 100,000	All ages	2018	56.1	48.2	59.0	

Source: Public Health England fingertips

**Table 2: HIV testing, diagnoses, treatment and care, Birmingham, West Midlands and England averages (Reporting Period 2016-2018)**

Indicator	Population	Reporting Period	Birmingham Value	Region Value	England Value	Change from previous
<b>Testing</b>						
HIV testing coverage, total (%)	All	2018	70.9	64.2	64.5	→
<b>Diagnoses</b>						
New HIV diagnosis rate / 100,000 aged 15+	Ages 15+	2018	12.9	6.8	8.7	↑
Late HIV diagnosis (%)		2016-18	41.0	46.0	42.5	↓
Late HIV diagnosis in MSM (%)		2016-18	31.6	37.5	32.5	N/A
Late HIV diagnosis in heterosexual men (%)		2016-18	57.1	61.9	59.4	N/A
Late HIV diagnosis in heterosexual women (%)		2016-18	42.7	45.6	49.4	N/A
HIV diagnosed prevalence rate / 1,000 aged 15-59		2018	2.84	1.86	2.37	→
<b>Treatment and care</b>						
Prompt ART initiation in people newly diagnosed with HIV (%)		2016-18	86.5	82.5	79.1	N/A

Source: Public Health England fingertips

**Table 3: Reproductive Health, Birmingham, West Midlands and England averages (Reporting Period 2018)**

Indicator	Age	Reporting Period	Birmingham Value	Region Value	England Value	Change from previous
Total abortion rate / 1000	15-44y	2018	19.3	19.0	18.1	↓
Under 25s repeat abortions (%)	<25y	2018	29.1	29.5	26.8	→
Total prescribed LARC excluding injections rate / 1,000		2018	44.4	43.2	49.5	→
Under 25s individuals attend specialist contraceptive services rate / 1000 - Females	<25y	2018	92.4	103.7	140.4	↓

Source: Public Health England fingertips

**Table 4: Teenage pregnancy, Birmingham, West Midlands and England averages (Reporting Period 2016-2018)**

Indicator	Age	Reporting Period	Birmingham Value	Region Value	England Value	Change from previous
Under 16s conception rate / 1,000	<16y	2017	3.0	3.1	2.7	↓
Under 18s conception rate / 1,000	<18y	2017	19.4	19.9	17.8	↓
Under 18s births rate / 1,000	<18y	2016	7.0	6.1	5.6	→
Teenage mothers (%)	12-17y	2017/18	1.0	0.9	0.7	→

Source: Public Health England fingertips

Public Health England. Public Health Profiles. [accessed 27/01/20] <https://fingertips.phe.org.uk> © Crown copyright 2020.



# **Sexual and Reproductive Health Profile Indicator Definitions**

**February 2020**

## Syphilis diagnostic rate

<i>Indicator</i>	Syphilis diagnostic rate / 100,000
<i>Source</i>	GUMCAD STI Surveillance System, Public Health England.  Data are reported via the GUMCAD STI Surveillance system, the mandatory STI surveillance system for commissioned sexual health services in England. GUMCAD returns are collected and collated by the Blood Safety, Hepatitis, STIs and HIV Service, PHE, Colindale.
<i>Numerator</i>	The number of syphilis diagnoses among people accessing sexual health services in England who are also residents in England.
<i>Denominator</i>	General population, ONS population estimates
<i>How is it calculated?</i>	Rate per 100,000 population. The numerator is divided by the denominator and multiplied by 100,000.
<i>Frequency</i>	Annual
<i>Latest data</i>	2018
<i>Macro/Micro</i>	City level data

### **Indicator rationale**

Syphilis is an important public health issue in men who have sex with men (MSM) among whom incidence has increased over the past decade.

### **Indicator definition:**

All syphilis diagnoses among people accessing specialist and non-specialist sexual health services in England who are also residents in England, expressed as a rate per 100,000 population. Data is presented by area of patient residence and exclude people accessing services located in England who are residents in Wales, Scotland, Northern Ireland or abroad.

### **Caveats**

Every effort is made to ensure accuracy and completeness of GUMCAD data, including web-based reporting with integrated checks on data quality. However, responsibility for the accuracy and completeness of data lies with the reporting service. Numbers have been adjusted to account for unavailable GUMCAD data.

Data are updated on an annual basis due to clinic/laboratory resubmissions and improvements to data cleaning. Data reported through GUMCAD are not representative of the general population because they only represent patients accessing sexual health services.

Numbers between 1 and 4 with a population <10,000 are suppressed.

### **Birmingham rates in context**

England Birmingham's rate (8.7 per 100,000) is significantly lower than the England average (13.1/100,000)

West Midlands Birmingham's rate is similar to the Regional average (7.2/100,000)

CIPFA neighbours Birmingham's rate is significantly better than CIPFA neighbours average (11.8/100,000); worst = Manchester 30.6/100,000

## Gonorrhoea diagnostic rate/100,000

<i>Indicator</i>	Gonorrhoea diagnostic rate / 100,000
<i>Source</i>	GUMCAD STI Surveillance System, Public Health England.  Data are reported via the GUMCAD STI Surveillance system, the mandatory STI surveillance system for commissioned sexual health services in England. GUMCAD returns are collected and collated by the Blood Safety, Hepatitis, STIs and HIV Service, PHE, Colindale.
<i>Numerator</i>	The number of gonorrhoea diagnoses among people accessing sexual health services in England who are also residents in England.
<i>Denominator</i>	General population, ONS population estimates
<i>How is it calculated?</i>	Rate per 100,000 population. The numerator is divided by the denominator and multiplied by 100,000.
<i>Frequency</i>	Annual
<i>Latest data</i>	2018
<i>Macro/Micro</i>	City level data

### **Indicator rationale**

Gonorrhoea causes avoidable sexual and reproductive ill-health. Gonorrhoea is used as a marker for rates of unsafe sexual activity. This is because the majority of cases are diagnosed in sexual health clinics, and consequently the number of cases may be a measure of access to sexually transmitted infection (STI) treatment. Infections with gonorrhoea are more likely than chlamydia to result in symptoms.

### **Indicator definition:**

All gonorrhoea diagnoses among people accessing sexual health services in England who are also residents in England, expressed as a rate per 100,000 population. Data is presented by area of patient residence, and exclude people accessing sexual health services located in England who are residents in Wales, Scotland, Northern Ireland or abroad.

### **Caveats**

Every effort is made to ensure accuracy and completeness of GUMCAD data, including web-based reporting with integrated checks on data quality. However, responsibility for the accuracy and completeness of data lies with the reporting service. Numbers have been adjusted to account for unavailable GUMCAD data.

Data are updated on an annual basis due to clinic/laboratory resubmissions and improvements to data cleaning. Data reported through GUMCAD are not representative of the general population because they only represent patients accessing sexual health services.

Numbers between 1 and 4 with a population <10,000 are suppressed.

### **Birmingham rates in context**

England	Birmingham's rate (149.1 per 100,000) is significantly worse than the England average (98.5/100,000)
West Midlands	Birmingham's rate is significantly worse than the Regional average (79.0/100,000)
CIPFA neighbours	Birmingham's rate is significantly worse than CIPFA neighbours average (119.7/100,000); worst = Manchester 226.8/100,000

## Chlamydia diagnostic rate

**Indicator** Chlamydia diagnostic rate / 100,000

**Source** Public Health England.

Data are reported via the CTAD Chlamydia Surveillance System, a mandatory laboratory based surveillance system for chlamydia tests, and the GUMCAD STI Surveillance System, the mandatory STI surveillance system for all commissioned sexual health services in England. Data are collected and collated by Blood Safety, Hepatitis, STIs and HIV Service, PHE, Colindale.

**Numerator** The number of chlamydia diagnoses among people accessing sexual health services in England. Includes those diagnosed through NHS and local authority commissioned testing and excludes those diagnosed through private testing.

A maximum of one chlamydia test or diagnosis per individual is counted within a six-week period.

**Denominator** General population, ONS population estimates

**How is it calculated?** Rate per 100,000 population. The numerator is divided by the denominator and multiplied by 100,000.

**Frequency** Annual

**Latest data** 2018

**Macro/Micro** City level data

### Indicator rationale

Chlamydia causes avoidable sexual and reproductive ill-health. While chlamydial infections are more commonly found among young adults aged <25 years, women and men aged 25 years and over are also at-risk of chlamydia.

### Indicator definition:

All chlamydia diagnoses among people accessing specialist and non-specialist sexual health services in England who are also residents in England, expressed as a rate per 100,000 population. Data is presented by area of patient residence, and exclude people accessing services located in England who are residents in Wales, Scotland, Northern Ireland or abroad.

### Caveats

Every effort is made to ensure accuracy and completeness of the data, including web-based reporting with integrated checks on data quality. However, responsibility for the accuracy and completeness of data lies with the data submitter and service providers. Numbers have been adjusted to account for unavailable GUMCAD data. CTAD data are based on tests with confirmed positive and negative results only.

**Missing data in CTAD: Birmingham Women's Laboratory did not submit data for Q4 (October - December) 2018. This will affect the data for the areas where these laboratories are commissioned for chlamydia testing.**

Data reported through GUMCAD are representative of the patients accessing specialist SHSs. The coverage of NCSP screening services varies between health service areas. The number of diagnoses detected depends on the coverage of testing, and is likely to be an underestimate of the true number of infections in the population.

### Birmingham rates in context

England Birmingham's rate (489 per 100,000) is significantly worse than the England average (384/100,000)

West Midlands Birmingham's rate is significantly worse than the Regional average (320/100,000)

CIPFA neighbours Birmingham's rate is similar to the CIPFA neighbours average (502/100,000); worst = Leeds 701/100,000



## Genital warts diagnostic rate

**Indicator** Genital warts diagnostic rate / 100,000

**Source** Public Health England.

Data are reported via the GUMCAD STI Surveillance System, the mandatory STI surveillance system for all commissioned sexual health services in England. GUMCAD returns are collected and collated by the Blood Safety, Hepatitis, STIs and HIV Service, PHE, Colindale..

**Numerator** The number of diagnoses of first episode genital warts among people accessing sexual health services in England who are also residents in England.

**Denominator** General population, ONS population estimates

**How is it calculated?** Rate per 100,000 population. The numerator is divided by the denominator and multiplied by 100,000.

**Frequency** Annual

**Latest data** 2018

**Macro/Micro** City level data

### Indicator rationale

Genital warts are the second most commonly diagnosed sexually transmitted infection (STI) in the UK and are caused by infection with specific subtypes of human papillomavirus (HPV). Recurrent infections are common with patients returning for treatment.

### Indicator definition:

All diagnoses of first episode genital warts among people accessing specialist and non-specialist sexual health services in England who are also residents in England, expressed as a rate per 100,000 population. Data is presented by area of patient residence, and exclude people accessing services located in England who are resident in Wales, Scotland, Northern Ireland or abroad.

### Caveats

Every effort is made to ensure accuracy and completeness of GUMCAD data, including web-based reporting with integrated checks on data quality. However, responsibility for the accuracy and completeness of data lies with the reporting service. Numbers have been adjusted to account for unavailable GUMCAD data.

Data are updated on an annual basis due to clinic/laboratory resubmissions and improvements to data cleaning.

Data reported through GUMCAD are not representative of the general population because they only represent patients accessing sexual health services.

Numbers between 1 and 4 with a population <10,000 are suppressed.

### Birmingham rates in context

England Birmingham's rate (93.4 per 100,000) is significantly better than the England average (100.1/100,000)

West Midlands Birmingham's rate is slightly worse than the Regional average (82.0/100,000)

CIPFA neighbours Birmingham's rate is significantly better than the CIPFA neighbours average (108.1/100,000); worst = 168.9/100,000

## Genital herpes diagnostic rate

<i>Indicator</i>	Genital herpes diagnostic rate / 100,000
<i>Source</i>	Public Health England.  Data are reported via the GUMCAD STI Surveillance System, the mandatory STI surveillance system for all commissioned sexual health services in England. GUMCAD returns are collected and collated by the Blood Safety, Hepatitis, STIs and HIV Service, PHE, Colindale..
<i>Numerator</i>	The number of diagnoses of genital herpes (first episode) among people accessing sexual health services in England who are also residents in England.
<i>Denominator</i>	General population, ONS population estimates
<i>How is it calculated?</i>	Rate per 100,000 population. The numerator is divided by the denominator and multiplied by 100,000.
<i>Frequency</i>	Annual
<i>Latest data</i>	2018
<i>Macro/Micro</i>	City level data

### **Indicator rationale**

Genital herpes is the most common ulcerative sexually transmitted infection seen in England. Infections are frequently due to herpes simplex virus (HSV) type 2, although HSV-1 infection is also seen. Recurrent infections are common with patients returning for treatment.

### **Indicator definition:**

All diagnoses of first episode genital herpes among people accessing specialist and non-specialist sexual health services\* in England who are also residents in England, expressed as a rate per 100,000 population. Data is presented by area of patient residence, and exclude people accessing services located in England who are resident in Wales, Scotland, Northern Ireland or abroad.

### **Caveats**

Every effort is made to ensure accuracy and completeness of GUMCAD data, including web-based reporting with integrated checks on data quality. However, responsibility for the accuracy and completeness of data lies with the reporting service. Numbers have been adjusted to account for unavailable GUMCAD data. (Data from enhanced GPs are not adjusted.)

Data are updated on an annual basis due to clinic/laboratory resubmissions and improvements to data cleaning. Data may differ from previous publications.

Data reported through GUMCAD are not representative of the general population because they only represent patients accessing sexual health services.

Numbers between 1 and 4 with a population <10,000 are suppressed.

### **Birmingham rates in context**

England Birmingham's rate (56.1 per 100,000) is similar to the England average (59.0/100,000)

West Midlands Birmingham's rate is slightly worse than the Regional average (48.2/100,000)

CIPFA neighbours Birmingham's rate is similar to the CIPFA neighbours average (55.2/100,000); worst = Manchester 88.4/100,000

## HIV testing coverage (%)

<i>Indicator</i>	HIV testing coverage, total (%)
<i>Source</i>	Public Health England.  Data are reported via the GUMCAD STI Surveillance System, the mandatory STI surveillance system for all commissioned sexual health services in England. GUMCAD returns are collected and collated by the Blood Safety, Hepatitis, STIs and HIV Service, PHE, Colindale..
<i>Numerator</i>	The number of 'Eligible new attendees' in whom (a maximum of) one HIV test was accepted, among those accessing specialist sexual health services.
<i>Denominator</i>	The number of 'Eligible new attendees', among those accessing specialist sexual health services.
<i>How is it calculated?</i>	Proportion expressed as a percentage. The numerator is divided by the denominator and multiplied by 100.
<i>Frequency</i>	Annual
<i>Latest data</i>	2018
<i>Macro/Micro</i>	City level data; also broken down by MSM, men and women

### **Indicator rationale**

HIV test coverage data represent the number of persons tested for HIV and not the number of tests reported. HIV testing is integral to the treatment and management of HIV. Knowledge of HIV status increases survival rates, improves quality of life and reduces the risk of HIV transmission.

### **Indicator definition:**

The proportion of 'Eligible new attendees' in whom a HIV test was accepted. This is defined as a patient attending a specialist sexual health service (SHS) at least once during a calendar year. Patients known to be HIV positive, or for whom a HIV test was not appropriate, or for whom the attendance was related to Sexual and Reproductive Health (SRH) care only are excluded. Data is presented by area of patient residence, and exclude people accessing services located in England who are residents in Wales, Scotland, N. Ireland or abroad.

Men who have sex with men (MSM) includes men who reported a homosexual or bisexual orientation. For uptake of HIV testing, MSM is defined based on a patient's entire clinic attendance history (i.e. a man is classified as MSM for all attendance years including and following the earliest year a man identifies as MSM).

### **Caveats**

Every effort is made to ensure accuracy and completeness of GUMCAD data, including web-based reporting with integrated checks on data quality. However, responsibility for the accuracy and completeness of data lies with the reporting service. Numbers have been adjusted to account for unavailable GUMCAD data. (Data from enhanced GPs are not adjusted.) Data are updated on an annual basis due to clinic/laboratory resubmissions and improvements to data cleaning. Data may differ from previous publications. Data reported through GUMCAD are not representative of the general population because they only represent patients accessing sexual health services.

HIV test coverage may be underestimated, as some ineligible patients may be included in the denominator (due to e.g. the patient not disclosing that they are HIV positive or clinicians not reporting that the patient attended for contraception only).

### **Birmingham rates in context**

England Birmingham's rate (70.9%) is significantly better than the England average (64.5%)

West Midlands Birmingham's rate is significantly better than the Regional average (64.2%)

CIPFA neighbours Birmingham's rate is significantly better than the CIPFA neighbours average (62.7%); worst = Bolton 41.6%

## New HIV diagnosis rate / 100,000 aged 15+

<i>Indicator</i>	New HIV diagnosis rate / 100,000 aged 15+
<i>Source</i>	Public Health England.  Data from all those newly diagnosed with HIV and those accessing HIV care in England, Wales and Northern Ireland are collected, validated, de-duplicated and collated using the HIV and AIDS Reporting System (HARS) by the Blood Safety, Hepatitis, STIs and HIV Service, PHE, Colindale.
<i>Numerator</i>	The number of adults (aged 15 years or more) newly diagnosed with HIV infection who are resident in England
<i>Denominator</i>	Resident population aged 15 and over; ONS mid-year population estimates
<i>How is it calculated?</i>	Rate per 100,000 population. The numerator is divided by the denominator and multiplied by 100,000.
<i>Frequency</i>	Annual
<i>Latest data</i>	2018
<i>Macro/Micro</i>	City level data

### **Indicator rationale**

New HIV diagnosis provides a timely insight into the onward HIV transmission in a country and consequently allows targeting efforts to reduce transmission. Although the majority of HIV diagnoses are made in genitourinary medicine (GUM) services, HIV testing has been introduced in a variety of different medical services and non-medical settings, including the expansion of self-sampling/self-testing.

### **Indicator definition:**

All new HIV diagnoses among adults (aged 15 years or more) in the UK, expressed as a rate per 100,000 population. Data are presented by area of residence, and exclude children and adults diagnosed with HIV in England who are resident in Wales, Scotland, Northern Ireland or abroad.

### **Caveats**

Data are presented by geographical area of residence. Where data on residence were unavailable, diagnoses have been assigned to the diagnosing area.

Every effort is made to ensure accuracy and completeness of the data, including web-based reporting with integrated checks in data quality. However, responsibility for the accuracy and completeness of data lies with the data service.

Data are as reported but rely on 'record linkage' to integrate data and 'de-duplication' to prevent double counting of the same individual. The data may not be representative in areas where residence information is not known for a significant proportion of new HIV diagnoses.

Data supplied for previous years are updated on an annual basis due to clinic/laboratory resubmissions and improvements to data cleaning. Data may therefore differ from previous publications.

### **Birmingham rates in context**

England	Birmingham's rate (12.9 per 100,000) is significantly worse than the England average (8.7/100,000)
West Midlands	Birmingham's rate is significantly worse than the Regional average (6.8/100,000)
CIPFA neighbours	Birmingham's rate is the same as the CIPFA neighbours average (12.9/100,000); worst = Nottingham 25.7/100,000

## Late HIV diagnosis

<i>Indicator</i>	HIV late diagnosis (%)
<i>Source</i>	The HIV and AIDS Reporting System (HARS), Public Health England.
<i>Numerator</i>	Number of adults (aged 15 years or more) newly diagnosed with HIV infection with a CD4 count less than 350 cells per mm <sup>3</sup> within 91 days and who are resident in England. Three-year combined data.
<i>Denominator</i>	Number of adults (aged 15 years or more) newly diagnosed with HIV infection with CD4 count available within 91 days and who are resident in England. Three-year combined data.
<i>How is it calculated?</i>	Percentage: The numerator is divided by the denominator and multiplied by 100.
<i>Frequency</i>	Annual
<i>Latest data</i>	2016-2018
<i>Macro/Micro</i>	City level data; also available broken down to MSM, heterosexual men and heterosexual women.

### **Indicator rationale**

Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection. Those diagnosed late have a 10-fold risk of death compared to those diagnosed promptly and is essential to evaluate the success of expanded HIV testing. This indicator directly measures late diagnoses and indirectly informs our understanding of the proportion of HIV infections undiagnosed.

### **Indicator definition:**

Percentage of adults (aged 15 years or more) diagnosed with a CD4 cell count less than 350 cells per mm<sup>3</sup> among all newly diagnosed adults with CD4 cell count available within 91 days of diagnosis. Data are presented by area of residence, and exclude children and adults diagnosed with HIV in England who are resident in Wales, Scotland, Northern Ireland or abroad.

### **Caveats**

Data are presented by geographical area of residence. Where data on residence were unavailable, diagnoses have been assigned to the diagnosing area.

Data are small when presented by local health service area and therefore data should be interpreted cautiously and with explicit reference to the confidence intervals. Where a small number of cases have been reported, the proportions diagnosed late could be due to chance. The proportion will also be in part influenced by the composition of the local population. Some health service areas may be unable to improve the proportion as many of their late diagnoses are among people who acquired their infection years before arriving in the UK.

Every effort is made to ensure accuracy and completeness of the data, including web-based reporting with integrated checks on data quality. However, responsibility for the accuracy and completeness of data lies with the services that provide the data.

### **Birmingham rates in context**

England	Birmingham's rate (41.0%) is similar to the England average (42.5%)
West Midlands	Birmingham's rate is slightly lower but not significantly different from the Regional average (46%)
CIPFA neighbours	Birmingham's rate is similar to the CIPFA neighbours average (44.8%); worst = Sandwell 54.3%

## Prompt ART initiation in people newly diagnosed with HIV (%)

<i>Indicator</i>	Prompt ART initiation in people newly diagnosed with HIV (%)
<i>Source</i>	The HIV and AIDS Reporting System (HARS), Public Health England.
<i>Numerator</i>	Number of adults (aged 15 years or more) newly diagnosed with HIV and attended HIV care who have started ART within 91 days of the diagnosis date and who are resident in England. Three-year combined data.
<i>Denominator</i>	Number of adults (aged 15 years or more) newly diagnosed with HIV and attended for HIV care and who are resident in England. Three-year combined data.
<i>How is it calculated?</i>	Percentage: The numerator is divided by the denominator and the resulting value is multiplied by 100.
<i>Frequency</i>	Annual
<i>Latest data</i>	2016-2018 N.B. Three-year combined data are shown due to small numbers in an individual year by local health area.
<i>Macro/Micro</i>	City level data

### **Indicator rationale**

This indicator presents the proportion of adults newly diagnosed with HIV who start antiretroviral therapy (ART) within 91 days of their diagnosis. The indicator measures prompt treatment initiation which reduces the risk of onward HIV infection to partners. Successful ART decreases a person's viral load; HIV transmission does not occur when the viral load is undetectable.

### **Indicator definition:**

Proportion of adults who started antiretroviral therapy (ART) within 91 days of their HIV diagnosis.

### **Caveats**

Data are presented by geographical area of residence. Where data on residence were unavailable, diagnoses have been assigned to the diagnosing area. Responsibility for the accuracy and completeness of data lies with the services that provide the data.

Data are as reported but rely on 'record linkage' to integrate data and 'de-duplication' to prevent double counting of the same individual.

The data may not be representative in areas where residence information is not known for a significant proportion of new HIV diagnoses or where ART initiation date is not reported.

All figures where the denominator is below 5 are suppressed. This is because of the unreliability of percentages calculated from a small base. It also ensures that any numbers between 1 and 4 in areas with a population <10,000 are masked.

### **Birmingham rates in context**

England	Birmingham's rate (86.5%) is significantly better than the England average (79.1%)
West Midlands	Birmingham's rate is higher than the Regional average (82.5%)
CIPFA neighbours	Birmingham's rate is significantly higher than the CIPFA neighbours average (79.1%); worst = Derby 68.4%

## Total abortion rate

<i>Indicator</i>	Total abortion rate / 1000
<i>Source</i>	Department of Health based on data from abortion clinics.
<i>Numerator</i>	Number of women having an abortion.
<i>Denominator</i>	Number of women aged 15-44 living in the area.
<i>How is it calculated?</i>	Crude rate: numerator is divided by denominator and then multiplied by 1,000.
<i>Frequency</i>	Annual
<i>Latest data</i>	2018
<i>Macro/Micro</i>	City level data

### **Indicator rationale**

Whilst there are many and varied reasons a woman may have an abortion, this is an indicator may be used as a proxy measure for lack of access to good quality contraception services and advice, as well as problems with individual use of contraceptive method.

### **Indicator definition:**

Crude rate of abortions per 1,000 female population aged 15-44 years.

### **Caveats**

Trend data is available for this 'crude rate' indicator. Values will differ slightly from the total abortion rates published by the Department of Health which are now age-standardised.

Abortion data quality is good. Data relating to legal abortions is collated by the Department of Health through mandatory reporting processes. The Department of Health use a thorough process for inspecting and recording the information received on the forms in order to monitor compliance with the legislation and the extent to which best practice guidance from the Department of Health is followed. The methods used ensure good quality, accurate statistics can be derived from the data.

### **Birmingham rates in context**

England	Birmingham's rate (19.3 per 1,000) is higher than the England average (18.1/1,000)
West Midlands	Birmingham's rate is similar to the Regional average (19.0/1,000)
CIPFA neighbours	Birmingham's rate is the same as the CIPFA neighbours average (19.3/1,000); highest = Sandwell 25.6/1,000

## Under 25s repeat abortions

<i>Indicator</i>	Under 25s repeat abortions (%)
<i>Source</i>	Department of Health
<i>Numerator</i>	Number of females aged under 25 years having an abortion in the year and who have had a previous abortion in any year.
<i>Denominator</i>	Total number of females aged under 25 years having an abortion in the year.
<i>How is it calculated?</i>	Percentage: numerator divided by the denominator, multiplied by 100.
<i>Frequency</i>	Annual
<i>Latest data</i>	2018
<i>Macro/Micro</i>	City level data

### **Indicator rationale**

Over a quarter of England abortions in this age group are repeat abortions. Whilst there are many and varied reasons a woman may have an abortion, this is an indicator may be used as a proxy measure for lack of access to good quality contraception services and advice as well as problems with individual use of contraceptive method.

### **Indicator definition:**

Percentage of abortions in women aged under 25 years that involve a woman who has had a previous abortion in any year.

### **Caveats**

Abortion data quality is good. Data relating to legal abortions is collated by the Department of Health through mandatory reporting processes. The Department of Health use a thorough process for inspecting and recording the information received on the forms in order to monitor compliance with the legislation and the extent to which best practice guidance from the Department of Health is followed. The methods used ensure good quality, accurate statistics can be derived from the data.

Late abortion notifications are not included but these are small in number.

Records with missing ages are assigned to the 20-24 age group. Missing gestations are imputed as 6, 7, 8, 9 or 10 weeks in equal distribution unless the method of abortion or diagnosis suggests otherwise. Missing postcodes are imputed with a random postcode from within the main locality of other residents attending the same hospital or clinic.

### **Birmingham rates in context**

England Birmingham's rate (29.1%) is higher than the England average (26.8%)

West Midlands Birmingham's rate is similar to the Regional average (29.5%)

CIPFA neighbours Birmingham's rate is slightly higher than the CIPFA neighbours average (27.6%); worst = Sandwell 32.6%



## Total prescribed LARC excluding injections rate

<i>Indicator</i>	Total prescribed LARC excluding injections rate / 1,000
<i>Source</i>	NHS Digital, NHS Business Services Authority and Office for National Statistics.
<i>Numerator</i>	Total number of implants, IUS and IUDs prescribed in the calendar year (January to December) for women in all age groups.
<i>Denominator</i>	Local authority resident female population aged 15-44 years - relevant mid-year estimate.
<i>How is it calculated?</i>	Crude rate: numerator is divided by denominator and then multiplied by 1,000.
<i>Frequency</i>	Annual
<i>Latest data</i>	2018
<i>Macro/Micro</i>	City level data

### **Indicator rationale**

The National Institute for Health and Clinical Excellence (NICE) advises that LARC methods, such as contraceptive injections, implants, the intra-uterine system (IUS) or the intrauterine device (IUD), are highly effective as they do not rely on daily compliance and are more cost effective than condoms and the pill. Implants, IUS and IUD can remain in place for up to 3, 5 or 10 years depending on the type of product.

A strategic priority is to ensure access to the full range of contraception is available to all. An increase in the provision of LARC is a proxy measure for wider access to the range of possible contraceptive methods and should also lead to a reduction in rates of unintended pregnancy.

### **Indicator definition:**

Crude rate of long acting reversible contraception (LARC) excluding injections prescribed by GP and Sexual and Reproductive Health Services per 1,000 resident female population aged 15-44 years.

### **Caveats**

LARC prescriptions in abortion and maternity/gynaecology settings are not included. Women may seek removal of LARC after a short time of use. In some cases LARC may be prescribed for menorrhagia, rather than for contraceptive purposes. As LARC products can be in place for a number of years, a prescriptions view will be an undercount of the number of women actually using LARC in any year.

GP prescribing data is prescription-item rather than person-based thus: i) it is not possible to use this data to derive an exact measure of the number of women prescribed LARC in general practice. ii) it is not possible to derive area of residence for this component of the indicator - GP activity is assigned instead to the host local authority of the GP practice main base.

The denominator population has been restricted to age 15-44 to allow direct comparison with the total abortion rate which is constructed on this basis. However, it should be noted that there is increasing use of contraception in older age groups. The numerator includes all age groups.

### **Birmingham rates in context**

England Birmingham's rate (44.4 per 1,000) is lower than the England average (49.5/1,000)

West Midlands Birmingham's rate is slightly higher than the Regional average (43.2/1,000)

CIPFA neighbours Birmingham's rate is similar to the CIPFA neighbours average (43.7/1,000); highest = Bristol 70.2/1,000

## Under 18s conception rate / 1,000

<i>Indicator</i>	Under 18s conception rate / 1,000
<i>Source</i>	Office for National Statistics (ONS)
<i>Numerator</i>	Number of pregnancies that occur in women aged under 18 and result in either one or more live or still births or a legal abortion under the Abortion Act 1967.
<i>Denominator</i>	Number of women aged 15-17 living in the area.
<i>How is it calculated?</i>	Crude rate: numerator is divided by denominator and then multiplied by 1,000.
<i>Frequency</i>	Annual
<i>Latest data</i>	2017
<i>Macro/Micro</i>	City level data

### **Indicator rationale**

Most teenage pregnancies are unplanned and around half end in an abortion. As well as it being an avoidable experience for the young woman, abortions represent an avoidable cost to the NHS. While for some young women having a child when young can represent a positive turning point in their lives, for many more teenagers bringing up a child is extremely difficult and often results in poor outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and well-being and the likelihood of both the parent and child living in long-term poverty.

Research evidence, particularly from longitudinal studies, shows that teenage pregnancy is associated with poorer outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers have an increased risk of living in poverty and poor quality housing and are more likely to have accidents and behavioural problems.

### **Indicator definition:**

Conceptions in women aged under 18 per 1,000 females aged 15-17.

### **Caveats**

The date of conception is estimated using recorded gestation for abortions and stillbirths, and assuming 38 weeks gestation for live births. A woman's age at conception is calculated as the number of complete years between her date of birth and the date she conceived. The postcode of the woman's address at time of birth or abortion is used to determine geographical area of residence at time of conception.

Only about 5% of under 18 conceptions are to girls aged 14 or under and to include younger age groups in the base population would produce misleading results. The 15-17 age group is effectively treated as population at risk.

### **Birmingham rates in context**

England Birmingham's rate (19.4 per 1,000) is higher than the England average (17.8/1,000)

West Midlands Birmingham's rate is similar to the Regional average (19.9/1,000)

CIPFA neighbours Birmingham's rate is higher than the CIPFA neighbours average (17.8/1,000); worst = Salford 30.7/1,000

## Under 18s births rate

<i>Indicator</i>	Under 18s births rate / 1,000
<i>Source</i>	Office for National Statistics (ONS)
<i>Numerator</i>	Number of live births registered in women aged under 18 years by area of usual residence.
<i>Denominator</i>	Number of women aged 15-17 living in the area.
<i>How is it calculated?</i>	Crude rate: numerator is divided by denominator and then multiplied by 1,000.
<i>Frequency</i>	Annual
<i>Latest data</i>	2016
<i>Macro/Micro</i>	City level data

### **Indicator rationale**

Teenage parents are at increased risk of postnatal depression and poor mental health in the 3 years following birth. They are more likely than older mothers to have low educational attainment, experience adult unemployment and be living in poverty at age 30. Their children experience higher rates of infant mortality and low birth weight, A&E admissions for accidents and have a much higher risk of being born into poverty.

### **Indicator definition:**

Live births in women aged under 18 per 1,000 females aged 15-17.

### **Caveats**

2009 and 2010 rates won't match earlier ONS published figures as the latest data uses re-based populations based on the 2011 census.

Deprivation deciles and ONS group calculations exclude any local authority values that have been suppressed.

This indicator is based on year of birth. This replaces an earlier indicator that was based on year of conception.

2015 data onwards excludes display of the rates for numbers of births under 3 in line with the ONS policy that these are 'susceptible to inaccurate interpretation'. However, the numerator & denominator counts for the relevant local authorities have been uploaded and contribute to aggregate values depending on these.

### **Birmingham rates in context**

England	Birmingham's rate (7.0 per 1,000) is significantly worse than the England average (5.6/1,000)
West Midlands	Birmingham's rate is higher than the Regional average (6.1/1,000)
CIPFA neighbours	Birmingham's rate is the same as the CIPFA neighbours average (7.6/1,000); worst = Nottingham

## Teenage mothers

<i>Indicator</i>	Teenage mothers
<i>Source</i>	Hospital Episode Statistics (HES)
<i>Numerator</i>	Total number of maternal episodes, mother aged between 12 and 17 years, where the episode type is '2' (delivery episode) or '5' (other delivery event), and where the actual place of delivery is not '1' (at a domestic address), '5' (in a private hospital) or '6' (in another hospital or institution)
<i>Denominator</i>	Total number of maternal episodes where the episode type is '2' (delivery episode) or '5' (other delivery event), and where the actual place of delivery is not '1' (at a domestic address), '5' (in a private hospital) or '6' (in another hospital or institution).
<i>How is it calculated?</i>	Percentage: numerator divided by the denominator, multiplied by 100
<i>Frequency</i>	Annual
<i>Latest data</i>	2017/2018
<i>Macro/Micro</i>	City level data

### **Indicator rationale**

Children born to teenage mothers have 60% higher rates of infant mortality and are at increased risk of low birthweight which impacts on the child's long-term health.

Teenage mothers are three times more likely to suffer from post-natal depression and experience poor mental health for up to three years after the birth.

Teenage parents and their children are at increased risk of living in poverty.

### **Indicator definition:**

Percentage of delivery episodes, where the mother is aged under 18 years.

### **Caveats**

Data allocated to local authority directly by using postcode of residence, and to CCG based on registered GP practice.

Deliveries at home or in a private hospital are not included.

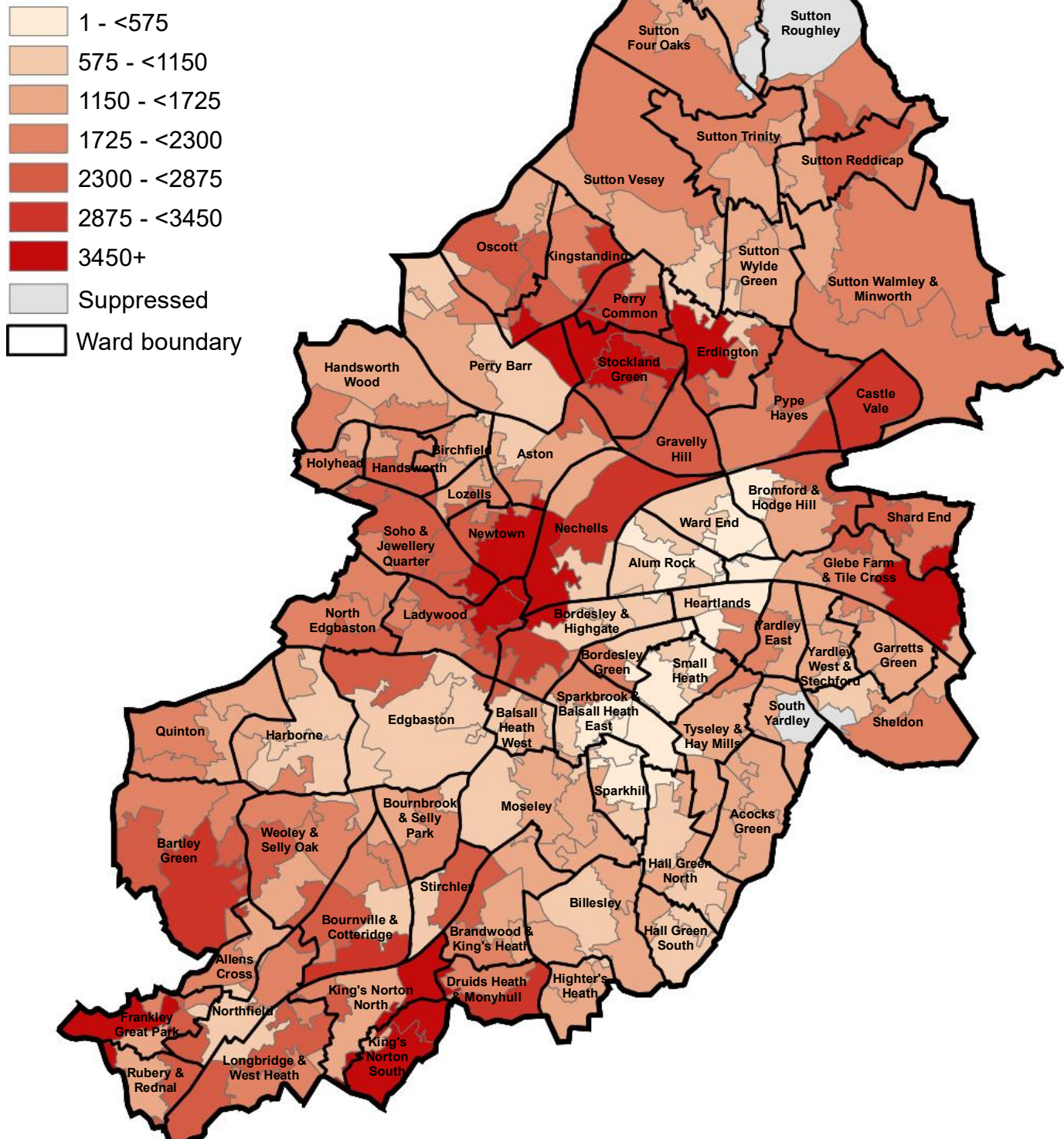
### **Birmingham rates in context**

England	Birmingham's rate (1.0%) is significantly worse than the England average (0.7%)
West Midlands	Birmingham's rate is similar to the Regional average (0.9%)
CIPFA neighbours	Birmingham's rate is the same as the CIPFA neighbours average (1.0%); worst = Nottingham 1.5%



**Chlamydia detection rate per 100,000 population aged 15-24 years by middle super output area (MSOA) of residence, Birmingham, 2018**

### Chlamydia detection rate per 100,000 population aged 15-24 years

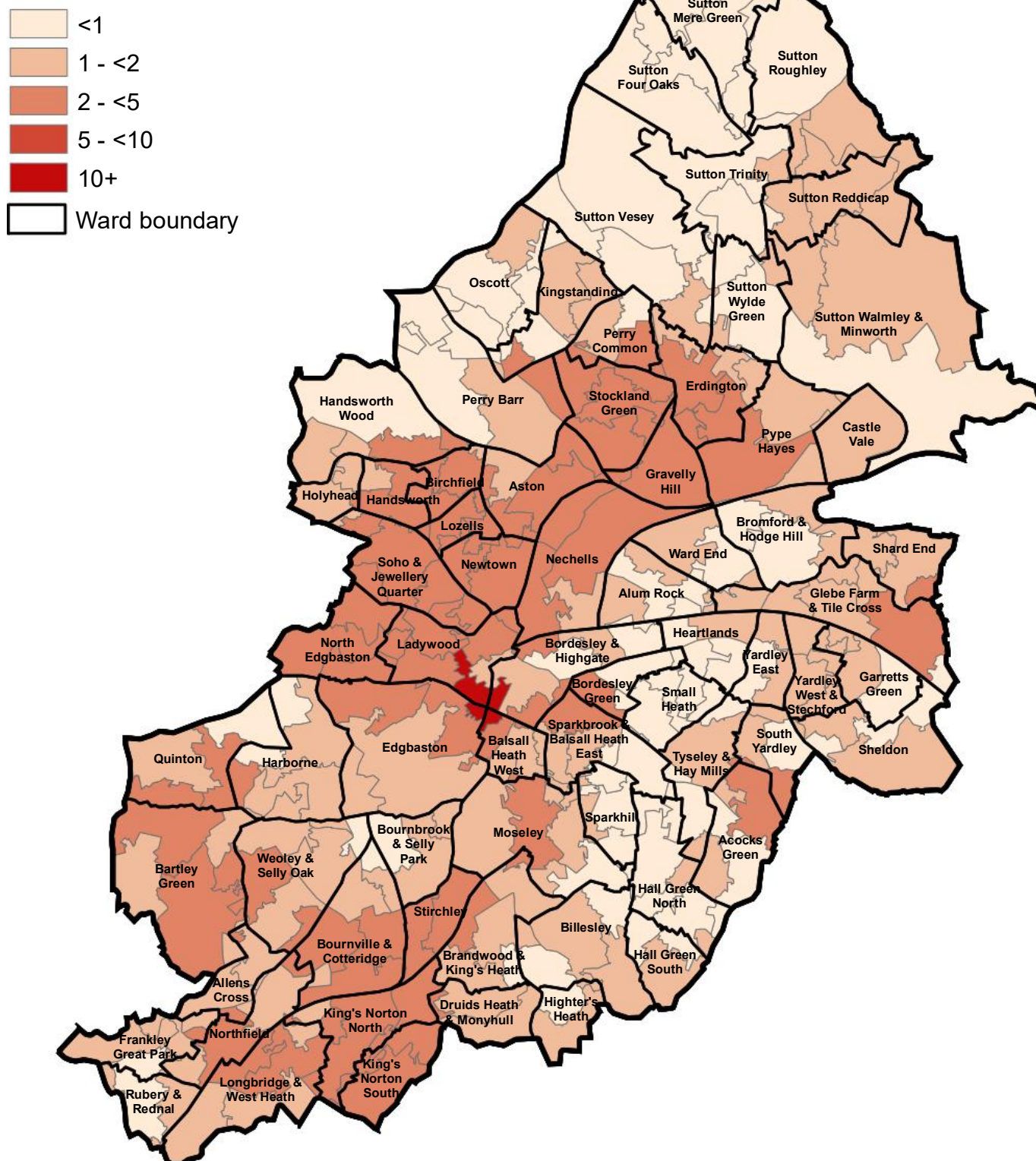


Source: Public Health England, GUMCAD STI Surveillance System and CTAD Chlamydia Surveillance System.  
Contains Ordnance Survey data © Crown copyright and database right 2020.  
Contains National Statistics data © Crown copyright and database right 2020.



**Diagnosed HIV prevalence by middle super output area (MSOA) of residence (all ages), Birmingham, 2018**

### Diagnosed HIV prevalence per 1,000 population



# **Sexual Health: Testing & Treatment Service in Birmingham**

Overview & Scrutiny Committee

18<sup>th</sup> February 2020

Max Vaughan – Head of Service,  
Adult Public Health Commissioning, Birmingham City Council

# Sexual Health Service Requirement

Statutory service mandated to commission:

- Open access sexual health services
- Sexually transmitted infection testing (STI) and treatment
- Advice and access to a broad range of contraception
- Advice on preventing unplanned pregnancy



# Commissioning Arrangements

- Delivered by Umbrella, led by University Hospitals Birmingham NHS Foundation Trust (UHB), since August 2015
- From April 2013, the Local Authority became the statutory responsible authority for commissioning
- Jointly commissioned with Solihull Metropolitan Borough Council

# Key Outcomes

Public Health Outcome Framework and locally agreed outcomes:

- Increasing the use of good quality contraception to reduce under-18 conceptions and abortions for all ages (PHOF)
  - Reducing the late diagnosis of HIV and transmission of Sexually Transmitted Infections and Blood Borne Viruses to prevent reinfection by ensuring prompt access for earlier diagnosis and treatment (PHOF)
  - Providing better access to services for high risk priority groups
  - Improved support for people vulnerable to, and victims of, sexual coercion, sexual violence and exploitation
  - Increasing the chlamydia screened diagnostic rate in the 15 - 24 age group (PHOF)
-

# Contract

- Five-year contract with Umbrella Sexual Health comes to an end on 9<sup>th</sup> August 2020
- Contract extension agreed for a further two years to 9<sup>th</sup> August 2022

# Contract Value

- Contract value 2019/20: £14.8m
- 2-year contract extension period - yearly value of £14.0m
- 5% reduction due to the decreasing value of the Public Health grant

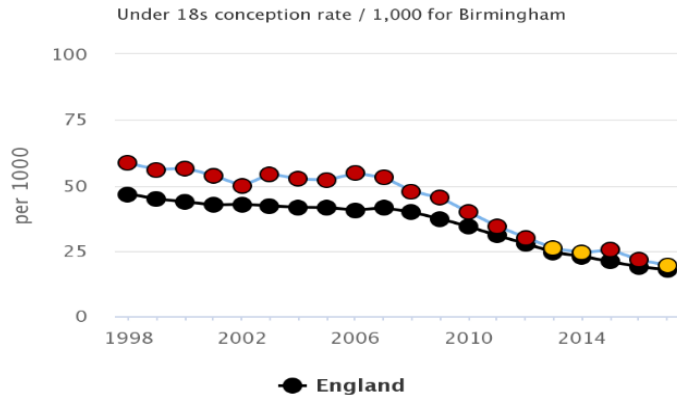
# Core City Comparison

Contract spend per head of population benchmarked against 8 core cities 2017/18:

- Birmingham £15.51 per head of population
- 3<sup>rd</sup> highest spend out of 8 core cities
- Highest spend in Newcastle at £16.90 per head
- Lowest spend in Sheffield at £9.03 per head
- Average spend of £14.19 per head

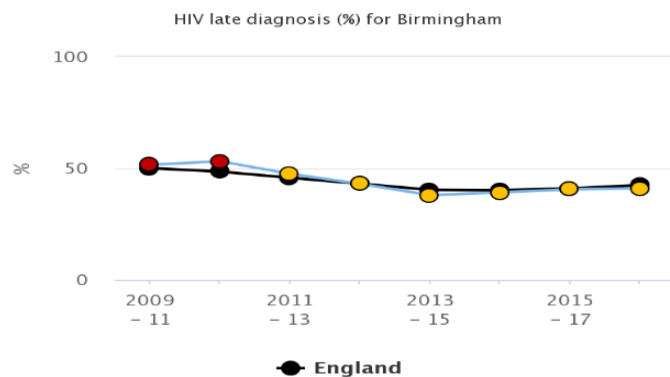
# Performance

## Reducing Under 18 Conceptions



The under 18 Conceptions rate per 1,000 women aged 15-17 continues to decline in line with England rates: in 2017, the rate in Birmingham was 19.4 compared to 17.8 for England

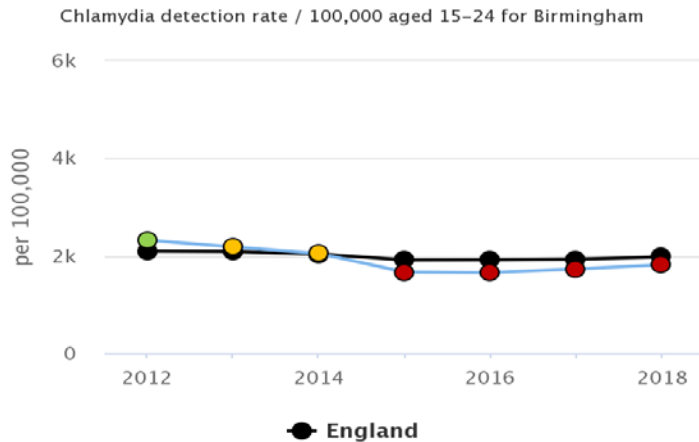
## Reducing the Late Diagnosis of HIV



Between 2016 – 18, the percentage of late HIV diagnoses in Birmingham was below the England average (41% compared to 42.5%)

# Performance

## Increasing Chlamydia Diagnosis in 15-24 year-olds



Whilst Birmingham is below the national target of 2,300 diagnoses per 100,000 of 15-24 year-olds, the rate has been steadily increasing since 2015 (1,816 in 2018) and with more testing in this age group. A consultation on the National Chlamydia Screening Programme is currently underway.

# Future Plans

- Current KPIs are being reviewed by BCC/SMBC Commissioning in order to prepare a contract variation
- HIV/BBV Fast Track City: Initial workshop with key partners took place on 20<sup>th</sup> November and a further workshop to be scheduled
- A scoping and planning group has been established between BCC, SMBC, PHE, NHSE and other key partners to focus on post-August 2022 contract procurement





umbrella

## Sexual health clinics in England see record demand amid budget cuts

Councils say they could struggle to respond to unforeseen STI outbreaks if cuts aren't reversed

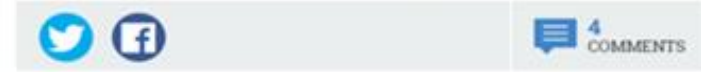


A record number of visits were made to sexual health clinics in England last year, as councils warn the services are 'stretched to the limit'.

## HOOK-UP CULTURE Sex clinics 'at breaking point' with MILLIONS of randy Brits visiting every year for STD treatment after one-night stands

Increasing use of online dating apps such as Tinder and Grindr have allegedly increased sexual activity among Brits

By Sun Reporter  
1st September 2018, 3:57 pm Updated: 9th September 2018, 2:43 pm



SEXUAL health clinics in England saw a record 3.3million visits last year, as local councils warn the services are 'stretched to the limit'.

The reason for the demand is due to public health service budgets being slashed by hundreds of millions of pounds, the Local Government Association (LGA) said.

## The Tinder effect? Sexual health services are at 'breaking point' after 3.3million people visit clinics in one year, councils warn

Sexual health services in England are 'stretched to the limit' as 3.3million people visited clinics last year, council leaders are warning. Tinder and Grindr are fuelling a rise in sexual activity.

DAVID HARGREAVES FOR THE DAILY MAIL  
PUBLISHED: 01:28, 1 September 2018 | UPDATED: 20:16, 1 September 2018



Health services in England are 'stretched to the limit' as a record 3.3million people visited clinics last year, council leaders are warning.

The demand comes as local public health service budgets are slashed by hundreds of millions of pounds, the Local Government Association (LGA) said. It fears that online dating apps such as Tinder and Grindr are fuelling a rise in sexual activity.

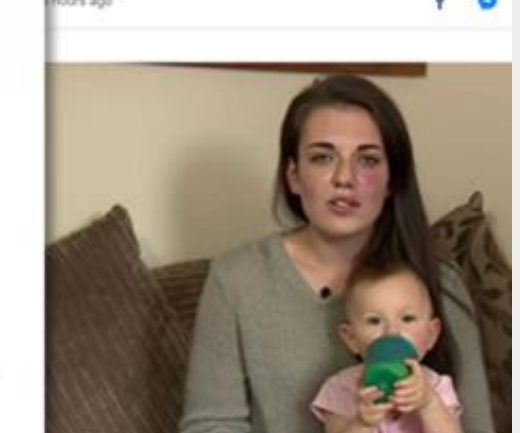


## NEWS

## Women 'struggling to access contraception'

By George Bevan, BBC East & Caroline Parkinson  
News

Hours ago



## Record demand for sexual health services amid spending cuts

1 September 2018



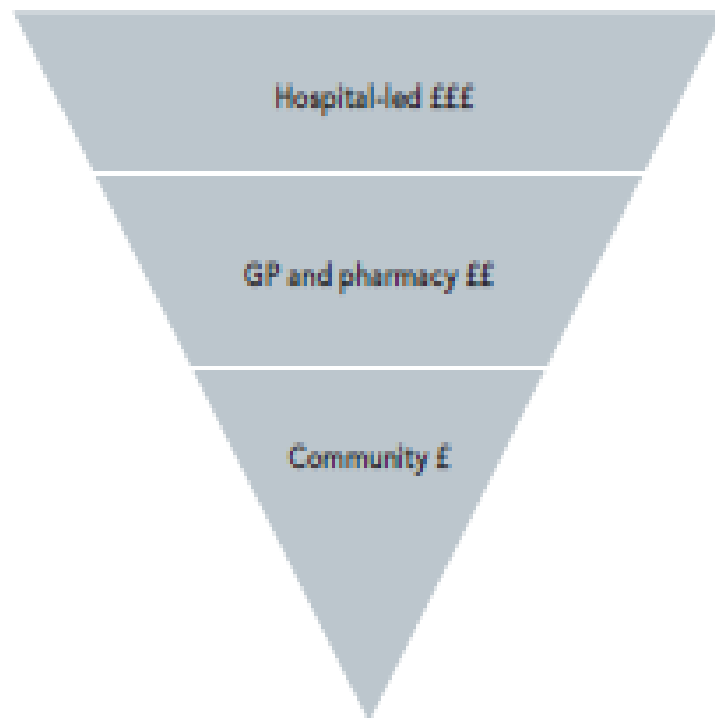
A record 3.3 million visits were made to sexual health clinics in England last year, as councils warn over funding cuts and stretched resources across the country in 2017.

## Sexual health clinics turning patients away amid record demand as government cuts bite, councils warn

Local Government Association says 3.3 million attendances at clinics last year could become unsustainable and make outbreaks more likely. Government continues with £600m in cuts.

Alex Matthews-King Health Correspondent | Saturday 1 September 2018 00:01 | 45 comments

## Traditional service



## Umbrella service



# Umbrella Network

10 Clinic sites

9 Delivery Partners

169 pharmacies

50 Community Partners

132 GP Practices

## Sexual Health is a Partnership

Umbrella is a collaboration of...



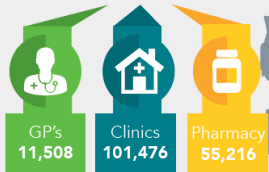
300

full time equivalent  
employed staff

10

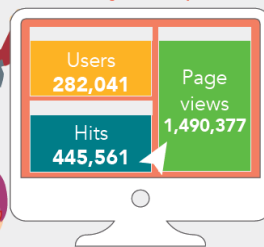
city wide  
umbrella clinics

### Service user contacts



### Umbrella Online

Year 4 (1 Aug 2018 – 31 July 2019)



### In year 4 Umbrella carried out



Over 100k service users

through our clinics

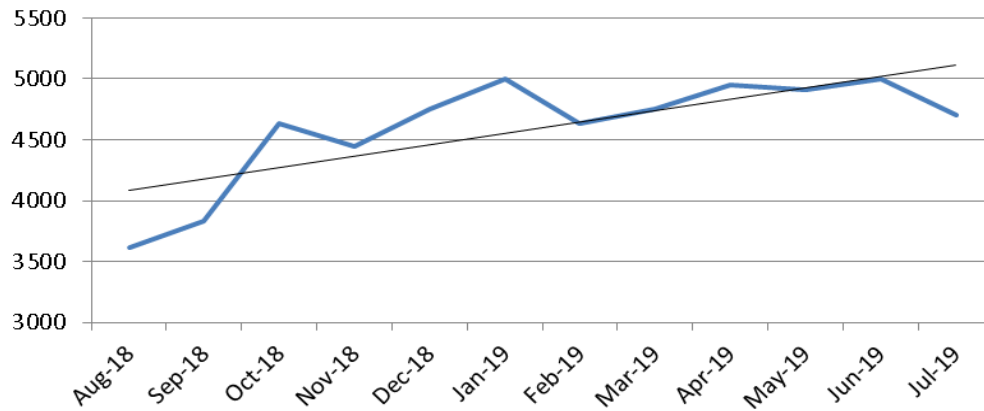
Around 70k services delivered

through the community network

— and growing!



## Overall Pharmacy Activity Aug 18-July19



Over 55k people seen in a  
community pharmacy setting in  
Year 4. Estimate Year 5 will be  
closer to 70k





# GP Activity for Umbrella Year 4

- 3,453 IUCs fitted
- 2,917 SDIs fitted
- 2,173 chlamydia screens returned, with 132 positive diagnoses

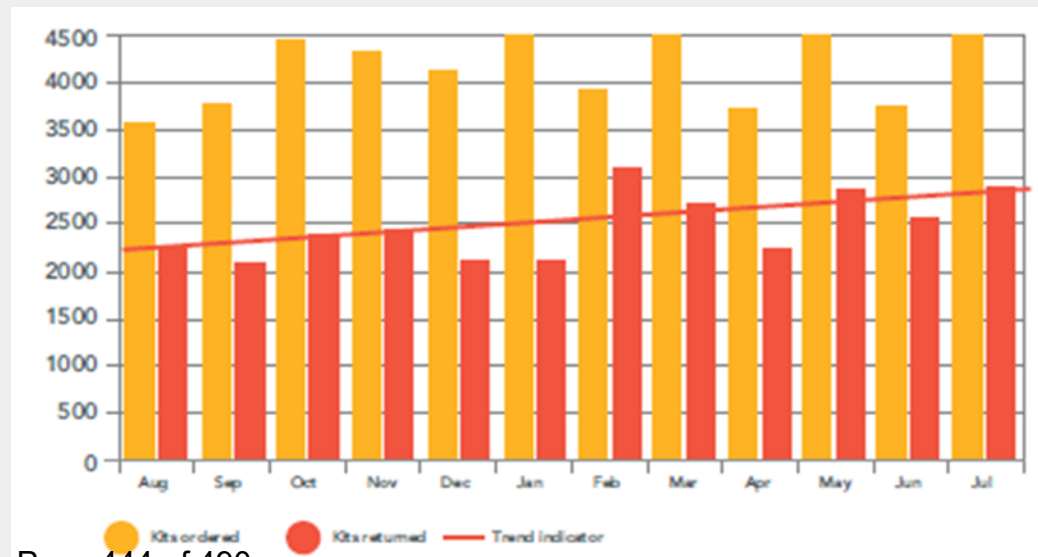






	Year 4	Year 3
STI Kits Issued	52,191	38,860
STI Kits Returned	30,544	22,788
Avg Issued/Month	4,349	3,238
Avg Returned/Month	2,545	1,899

34% year-on-year  
increase whilst maintaining  
59% return rate





# Freshers: Year 4 Campaign

- Distribution of 250,000 condoms at Freshers events
- Extensive distribution of posters and information cards to partners
- Holloway Circus billboard
- Digital screens – in shopping centres and nightlife venues
- Google adwords
- Boosted Facebook, Twitter and Instagram



The poster is divided into two main sections. The left section has a dark grey background and features eight stylized footprints in white and orange, arranged in a circular pattern. The right section has an orange background. At the top right of the orange section is a cluster of small white circles. The text 'Freshers.' is written in a large, white, sans-serif font. Below it, the question 'What's your position on safe sex?' is written in a smaller, dark blue, sans-serif font. Further down, the text 'Free and confidential sexual health support and advice across Birmingham and Solihull.' is written in a small, dark blue, sans-serif font. At the bottom left of the orange section, the website 'umbrellahealth.co.uk/freshers' is written in a small, dark blue, sans-serif font. At the bottom right, the 'umbrella' logo is displayed, consisting of a white umbrella icon and the word 'umbrella' in a dark blue, sans-serif font, with 'Birmingham and Solihull Sexual Health' written in a very small font below it.

Freshers.

What's your position on safe sex?

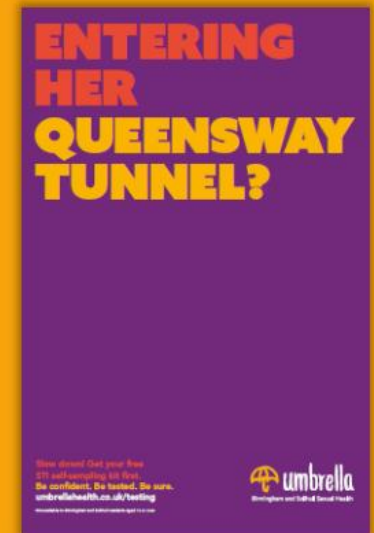
Free and confidential sexual health support and advice across Birmingham and Solihull.

[umbrellahealth.co.uk/freshers](http://umbrellahealth.co.uk/freshers)

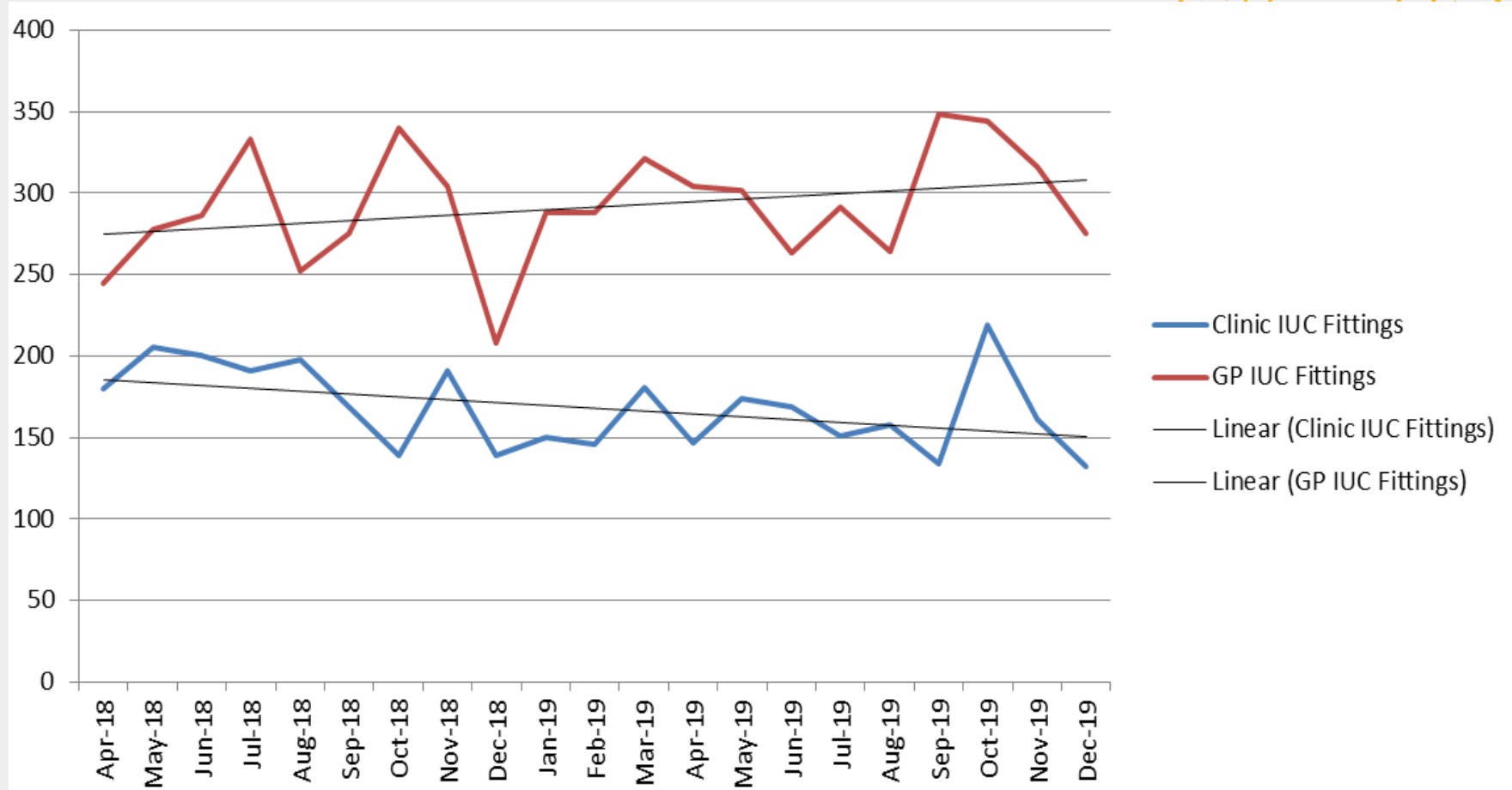
 **umbrella**  
Birmingham and Solihull Sexual Health

# STI kit: Year 4 Campaign

- Campaign tested by UoB
- Local landmarks coupled with innuendo word play
- Increase in STI kit requested went from 4,500 up to 7,000+
- New colour palette used to enhance campaigns



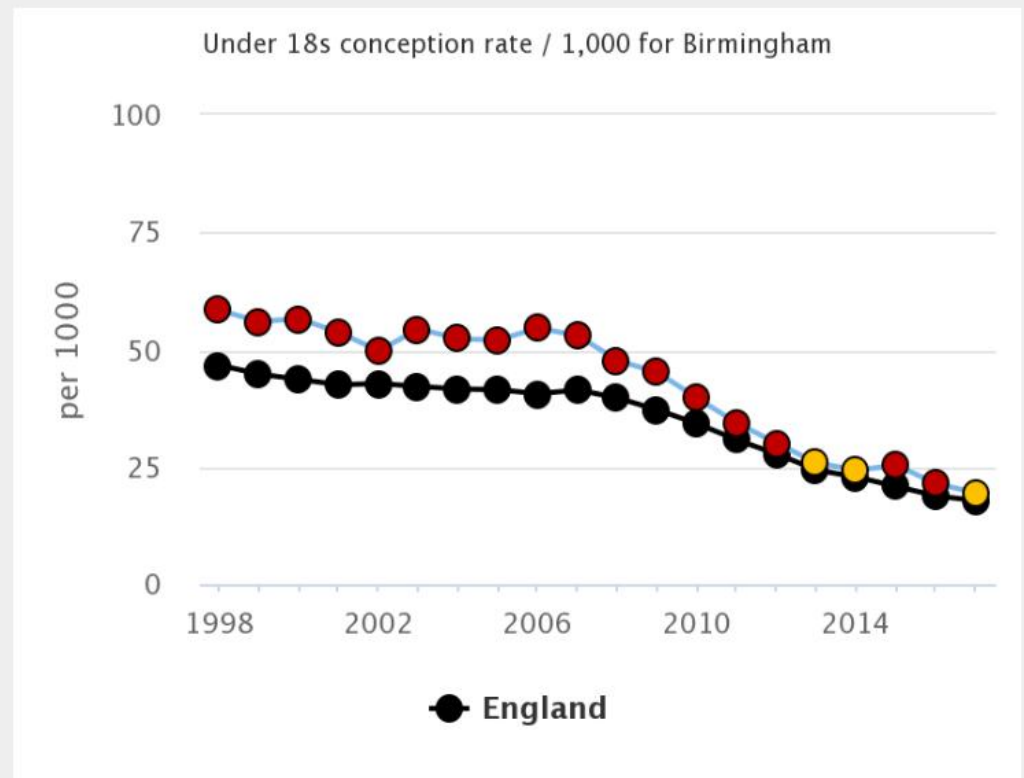
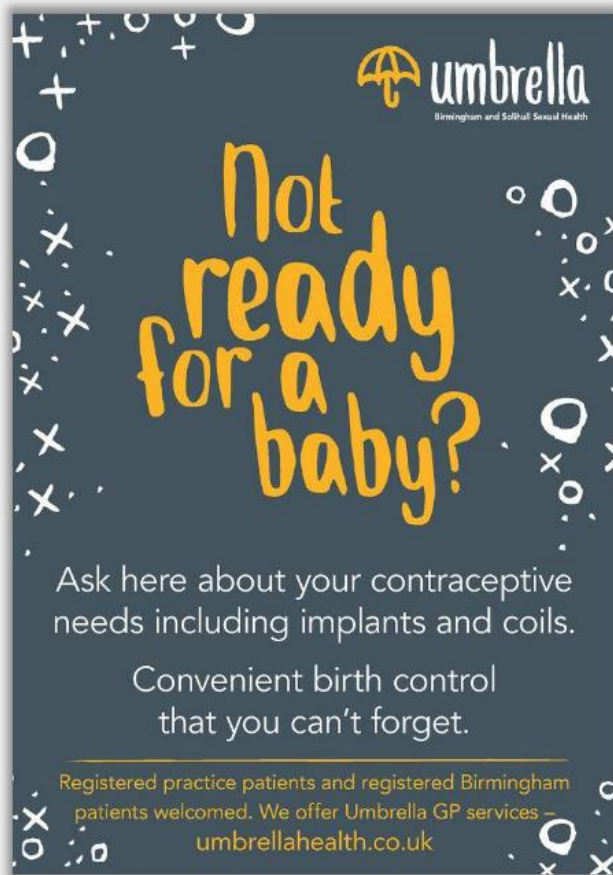
# Clinic v. GP IUC Fittings



# Under-18 Conception Rates 2018

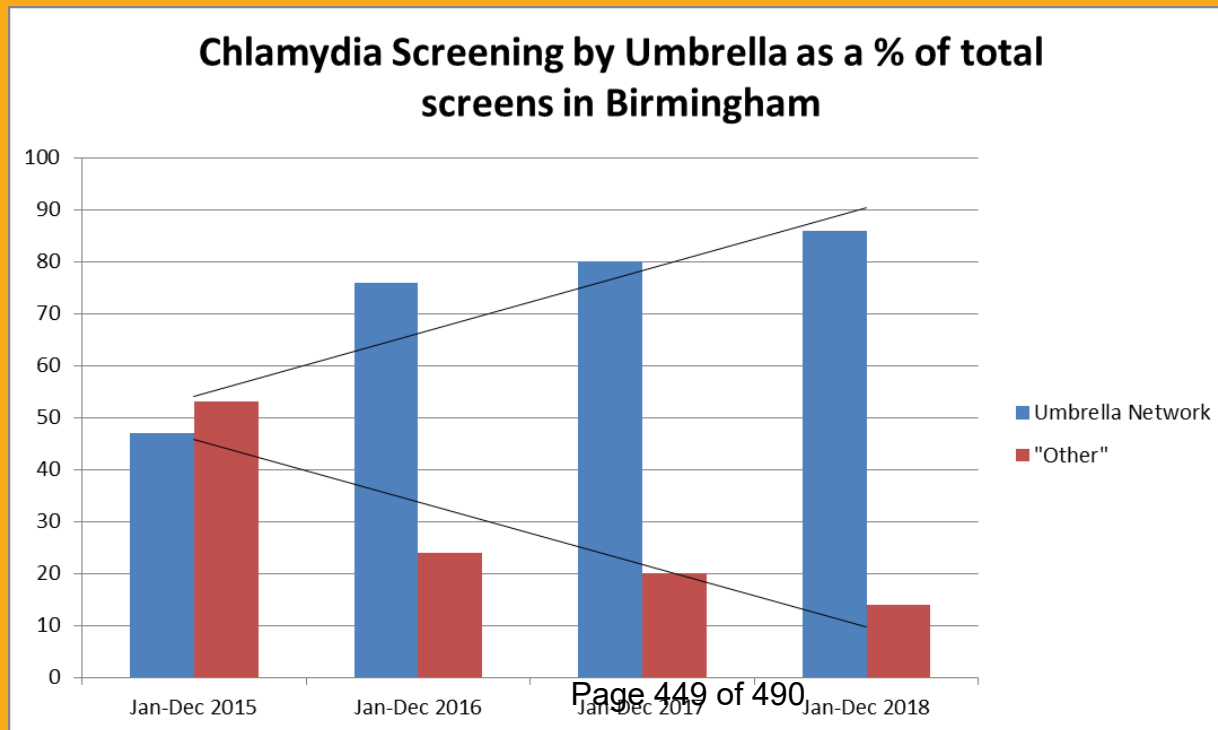
Rate of decline nationally — 18%

Rate of decline in Birmingham — 26%



## Chlamydia Diagnoses

- Continued year-on-year increase
- Accessible screening across the city-wide network
- In Year 4, service was within 1% of the national average
- Over half the screens were completed via online testing



## HIV:

- Birmingham's late HIV diagnosis rates now around the national average and 2<sup>nd</sup> lowest in the region
- 88 confirmed cases of HIV in Year 4 (73 last year)
- Supporting efforts to implement NICE guidance in Birmingham
- HIV Outbreak Strategy developed with guidance from Umbrella





# Umbrella — the Wider Influence

**HAVING A FEW DRINKS?**

**MAKE SURE LOSING YOUR  
VOICE IS THE ONLY THING  
YOU'LL REGRET TOMORROW**



**STAY SAFE AROUND THE RAILWAY OR YOU MIGHT REGRET IT**



# Public Health England

Protecting and improving the nation's health

## The Pharmacy Offer for Sexual Health, Reproductive Health and HIV

A resource for commissioners and  
providers



## Health and Social Care Committee

House of Commons London SW1A 0AA

Tel: 020 7219 6182 Fax 020 7219 5171 Email: [hsccom@parliament.uk](mailto:hsccom@parliament.uk)

Website: [www.parliament.uk/healthcom](http://www.parliament.uk/healthcom) Twitter: [@CommonsHealth](https://twitter.com/CommonsHealth)

From Dr Sarah Wollaston MP, Chair

**NICE** National Institute for  
Health and Care Excellence

Search NICE...



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NICE Pathways

NICE guidance

Standards and indicators

Evidence search

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BNFC

CKS

Journals and databases

Home > NICE Guidance > Population groups > Children and young people

## Collaborating with community pharmacists to deliver sexual health services

GOV.UK

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Consultations Statistics News and communications

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Case study

### The role of community pharmacies in sexual health services

A central component of Umbrella Sexual Health in  
Birmingham is the work being undertaken by a formally  
contracted network of 174 community pharmacies.



## Plans for 2020 include:

- Upgrading T1 pharmacies to T2
- Create Centre of Excellence for Training
- Support the Council with Fast Track City Plans
- Develop more referral pathways from clinic to community

Umbrella is a service  
to be proud of!

## Delayed Transfers of Care (see also pages 2 and 3)

Daily average delay beds per 100,000 population (Social Care delays and joint NHS and social care delays)

**Target:** 7.95      **M8 performance:** 11.09      **RED** (October data due to release schedule)

### **What happened:**

-Delays began to drop from their peak in September

### **What were the challenges:**

-We received an increase in referrals in the period

### **What we are doing:**

-We continued to make improvements to Early Intervention, which has reduced patient lengths of stay  
 -Our hub at the QE has reduced delays due to patients waiting to be assessed  
 -And at Good Hope and Heartlands, weekly "Themes" meetings look at specific delay reasons, identifying solutions jointly with partners  
 -The Group Manager chairs meetings with the managers of our partners at the discharge hubs to address causes of delays  
 -We are holding regular conference calls with the CCG to address specific delays as we move into Winter

## Clients reviewed in the last 12 months (see also page 4)

The proportion of clients receiving a long-term service who have been reviewed, reassessed or assessed in the last 12 months

**Target:** 85.0%      **M8 performance:** 75.9%      **RED**

### **What happened:**

-Performance improved slightly

### **What we are doing:**

-The project group has examined the feasibility of meeting our target by the end of the year, and Group Managers have been tasked to come up with action plans for their teams  
 -The project group are continuing to progress their actions, including  
     - redesigning our approach to reviews within the 3 Conversations model of social work  
     - developing a "trusted provider" model for reviews  
 -We continue to track performance against local targets.

## Direct Payments (see also pages 5 and 6)

The proportion of eligible clients in receipt of a Direct Payment

**Target:** 33.8%      **M8 performance:** 34.4%      **Green**

### **What happened:**

-We have increased the number of people receiving direct payments and are comfortably on track to meet our end-of-year target.  
 -Based on 2018-19 Ascof, we are now in the top quartile of councils for this measure.

### **What we are doing:**

-We are continuing to work with social workers to promote Direct Payments  
 -We are encouraging teams to share good practice

## Shared Lives (see also page 7)

The number of people who have shared lives

Target: 140 M8 performance: 79 **RED**

### What happened:

We have continued to increase the number of people receiving Shared Lives  
This is the highest number we've had in at least two years.

### What we are doing:

- We are now working to an internal aim of setting up at least two new long-term placements per month
- We have aligned members of the team with constituencies to link them directly with social work teams. This has increased referrals.
- We have contacted social work managers to encourage them to refer suitable people,
- We have started sharing successful outcomes in the directorate newsletter
- We are holding workshops with carers who have no current placement to explore any blockages.

## People with Learning Disabilities in employment (see also pages 8 and 9)

The percentage of service users aged 18-64 with learning disabilities in employment

Target: 2.00% M8 performance: 1.50% **RED**

### What happened:

The proportion of people with a learning disability, and who we support with long-term care, that are in employment dropped slightly this month

### What we are doing:

- We have met with the people who use our daycentres that expressed interest in employment opportunities, and have a small cohort of people we can support through person-centred planning towards work placements.
- We continue to work with the PURE Project and will be asking them to track any people we refer to them through their system.
- We are hoping to apply some lessons from the recent Day Opportunities consultation to the way we support people into employment.

## Cabinet Scorecard - November 2019

Produced by ASC Information and Analysis Team (data from various sources)

Please note that due to changes in the cabinet reporting timescale, this report is for the month before the quarter. As a result, quarterly measures are reported an additional quarter in arrears.

### 1. Use of Resources

Measure	Status	Target	Last Month	This Month	D o T	Constit- uencies	Bench- markable
1 Daily Average Delay beds per day per 100,000 18+ population – combined figure (Social Care only and Joint NHS and Social Care)	RED	7.95	11.54	11.09	Down (Green)		✓
2 The proportion of clients receiving Residential, Nursing or Home Care or Care and Support (supported living) from a provider that is rated as Silver or Gold (Quarterly)	GREEN	75%	86.1% (Q1)	78.9% (Q2)	Down (Red)		
3 Proportion of clients reviewed, reassessed or assessed within 12 months	RED	85% (EoY 85%)	75.6%	75.9%	Up (Green)	✓	
4 The number of long-term admissions to residential or nursing care per 100,000 over 65s	GREEN	560	556 (Q4)	504.2 (Q1)	Down (Green)		

### 2. Personalised Support

Measure	Status	Target	Last Month	This Month	D o T	Const.	B/mark
5 Social work client satisfaction - postcard questionnaire.	GREEN	70%	97% (Q1)	96% (Q2)	Down (Red)		
6 Percentage of concluded Safeguarding enquiries where the individual or representative was asked what their desired outcomes were	GREEN	85%	94%	94%	Static (Amber)	✓	
7 Uptake of Direct Payments	GREEN	33.3% (EoY 35%)	33.8%	34.4%	Up (Green)	✓	✓
8 The percentage of people who receive Adult Social Care in their own home	AMBER	DoT Only	69.2%	69%	Down (Red)		✓
9 The number of people who have Shared Lives	RED	140 (EoY 140)	84	88	Up (Green)		

## Cabinet Scorecard - November 2019

Produced by ASC Information and Analysis Team (data from various sources)

Please note that due to changes in the cabinet reporting timescale, this report is for the month before the quarter. As a result, quarterly measures are reported an additional quarter in arrears.

### 3. Prevention and Early Help

Measure	Status	Target	Last Month	This Month	D o T	Const.	B/mark
10 Number of completed safeguarding enquiries which involved concerns about domestic abuse	GREEN	N/A	19	6	Down (Red)		
11 Percentage of completed safeguarding enquiries which involved concerns about domestic abuse	GREEN	N/A	16.8%	6.3%	Down (Red)		✓

### 4. Community Assets

Measure	Status	Target	Last Month	This Month	D o T	Const.	B/mark
12 The percentage of service users aged 18-64 with learning disabilities in employment	RED	2% (EoY 2%)	1.56%	1.5%	Down (Red)		✓
13 The percentage of adults in contact with secondary mental health services in employment	GREEN	DoT Only	4% (2017/18)	4% (2018/19)	Static (Amber)		✓
14 The proportion of people who use services who reported that they had as much social contact as they like	RED	DoT Only	46.5% (2017/18)	44% (2018/19)	Down (Red)		✓
15 The proportion of carers who reported that they had as much social contact as they like	RED	DoT Only	28.3% (2016/17)	25.1% (2018/19)	Down (Red)		✓

## Theme: Use of Resources

Daily Average Delay beds per day per 100,000 18+ population – combined figure (Social Care only and Joint NHS and Social Care)

RED

Change:

Down  
(Green) 3.9%

Last Month

11.54

This Month

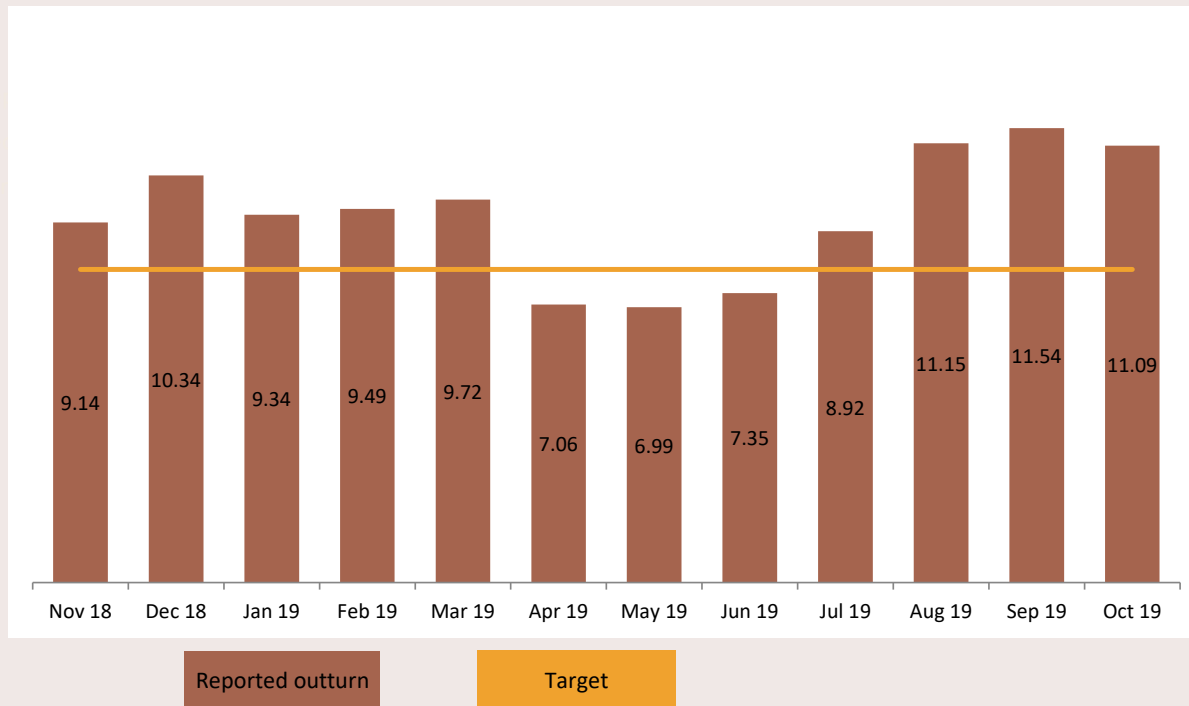
11.09

Target

7.95

Source:

UNIFY data as issued by NHS Digital. Data collated by health, available a month in arrears



### Commentary:

In October, we reduced delays in being discharged from hospital for our citizens. This is despite an increase in the number of referrals we received.

We continued to make improvements to the Early Intervention work in the discharge hubs, which has helped to reduce the lengths of patients' stays in hospital. Our Group Manager now chairs a meeting with the managers of our partners at the hubs, including the Clinical Commissioning Group (CCG) and the NHS, where they look at possible improvements to the service, and ways in which senior management can address problems preventing patients' discharge.

The hub at the Queen Elizabeth hospital has successfully reduced the number of delays that are due to patients waiting to be assessed, and have been using the Early Intervention Community Team (EICT) in Northfield and Edgbaston to support patients in returning home as soon as possible. Our teams at Heartlands and Good Hope Hospitals have started using weekly "Themes" meetings to look at what things are preventing patients from being discharged, and are identifying solutions jointly with our partners to solve them.

We are also holding a weekly conference call with the CCG to address specific delays now that we are moving into the winter, which is a period of increased pressure for hospitals.

Measure Owner:  
Balwinder Kaur

Responsible Officer:  
Natalie McFall

### Frequently asked questions:

Please advised that there has been a change to the target for this measure which was imposed by the Better Care Fund. This target remains externally set and has changed because the National Better Care Fund Team has now revised the provisional DToC figures following the recent period allowed for baseline challenges. There were 3 accepted challenges nationally of which one was in Birmingham, following counting adjustments by the former Heart of England Foundation Trust. This challenge has been factored in to the revised DToC expectations. This means that the year-end target is now slightly higher, with profiled monthly targets revised in line with this change. The change also affects targets for months which have been previously reported and this has been reflected in the Adult Social Care and Health scorecard.

[< Previous: MH Employment quartiles](#)

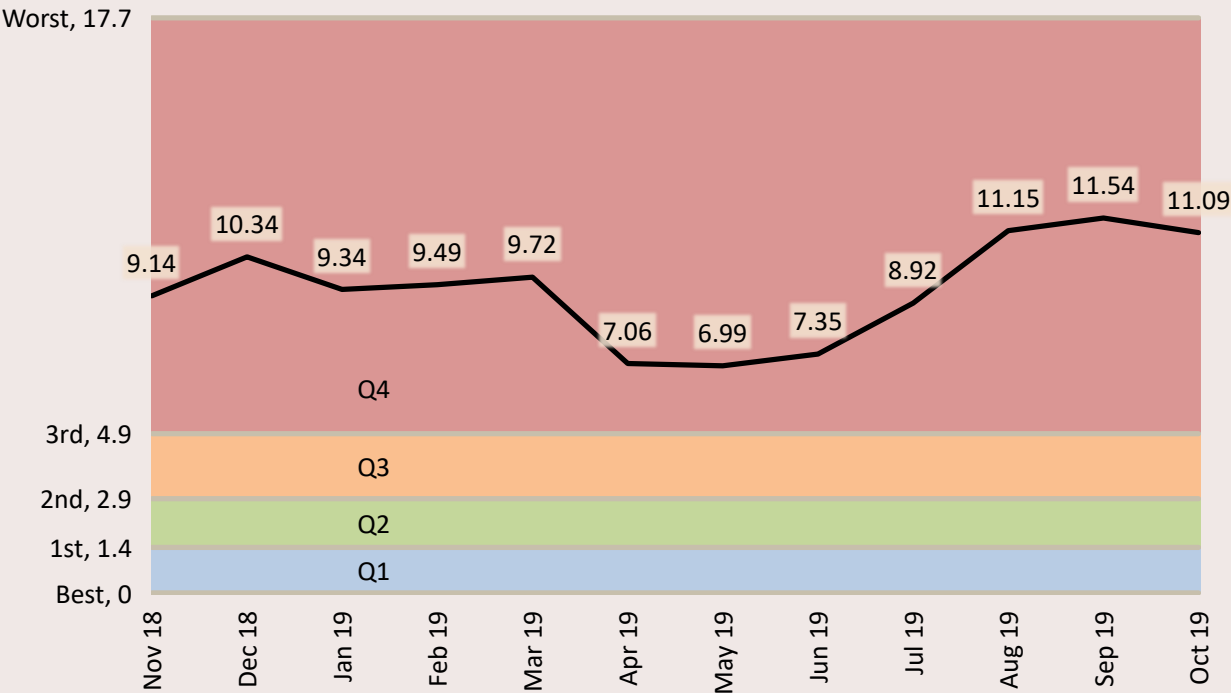
[Return to Scorecard](#)

[Next: DTOC Total quartiles >](#)

Theme: Use of Resources

Daily Average Delay beds per day per 100,000 18+ population – combined figure (Social Care only and Joint NHS and Social Care)

Performance against national quartiles



Benchmarking data is taken from 2018/19 Ascof  
This benchmarking is against historical results- current performance by other local authorities may differ from this.

Quartile	Score	Difference		Beds/day Difference
		Figure	%	
Worst	17.70	6.61	60%	56
Birmingham	11.09			
3rd	4.90	-6.19	-56%	-53
2nd	2.90	-8.19	-74%	-70
1st	1.40	-9.69	-87%	-83
Best	0.00	-11.09	-100%	-95

Current Quartile	4th
Distance to next quartile	53 Beds/day
Distance to top quartile	83 Beds/day

Please advised that there has been a change to the target for this measure which was imposed by the Better Care Fund. This target remains externally set and has changed because the National Better Care Fund Team has now revised the provisional DToC figures following the recent period allowed for baseline challenges. There were 3 accepted challenges nationally of which one was in Birmingham, following counting adjustments by the former Heart of England Foundation Trust. This challenge has been factored in to the revised DToC expectations. This means that the year-end target is now slightly higher, with profiled monthly targets revised in line with this change. The change also affects targets for months which have been previously reported and this has been reflected in the Adult Social Care and Health scorecard.

[< Previous: DTOC Total](#)

[Return to Scorecard](#)

[Next: Good provider all >](#)



## Theme: Use of Resources

The proportion of clients receiving Residential, Nursing or Home Care or Care and Support (supported living) from a provider that is rated as Silver or Gold (Quarterly)

Source:

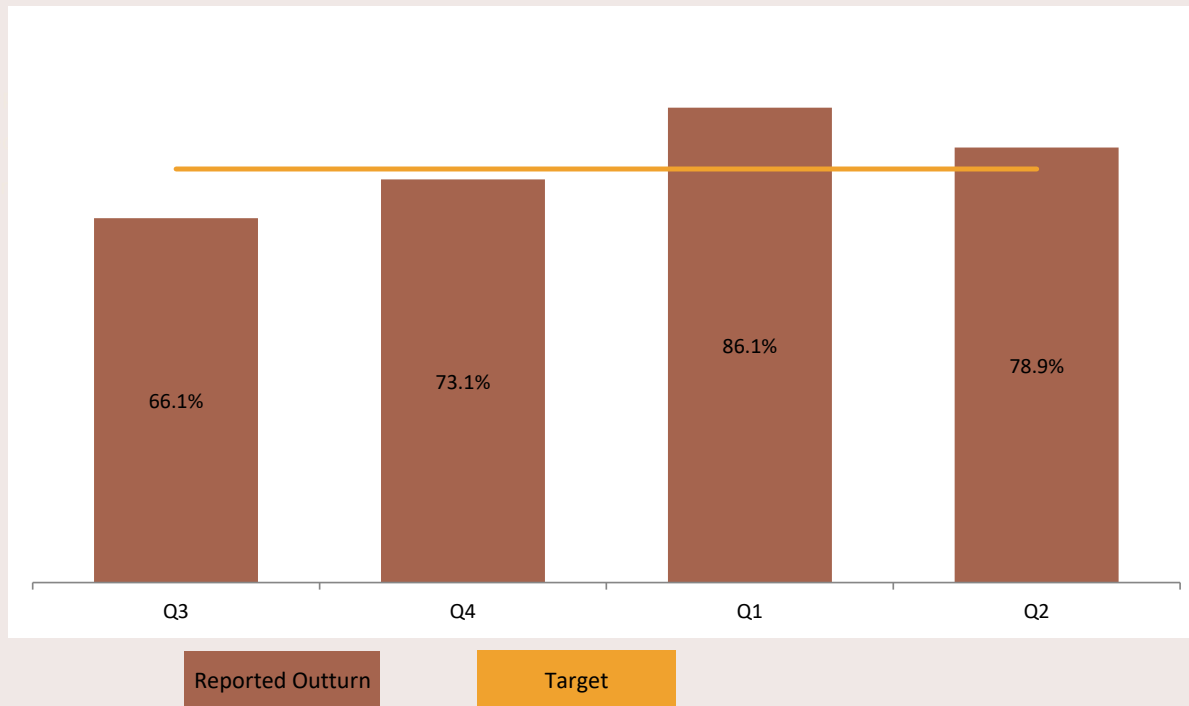
Carefirst service agreements and commissioning provider assessment data

**GREEN**

Change:

**Down  
(Red)** 7.2 pp

Prev. Quarter	Latest Quarter	Target
86.1%	78.9%	75%



### Commentary:

Our performance on this measure has dropped slightly, although it is still above target. Our provider ratings are based on a rigorous, evidence-based process that includes periodic visits from our commissioning officers and inspections by the Care Quality Commission (CQC). As a result, we expect there to be fluctuations in this measure when providers who support a large number of people are inspected, particularly as the CQC are taking a harder line against poor providers. This is part of our drive to improve overall quality, and we work with providers who are rated as inadequate to help them improve.

This quarter, among the providers who dropped from a Silver rating were two large homecare providers, which contributed to the fall in performance. Overall, 85.1% of our citizens who receive home support from us are with a provider rated as silver or gold, as are 75.2% of citizens receiving residential or supported living services.

We are working hard with inadequate providers, and in particular the larger ones, in order to improve the overall quality of support available, and to increase the available capacity for new services ready for the higher levels of demand that we see over winter. Since May 2018, we have worked with 25 such providers, 5 of which we decommissioned, but the remaining 20 improved. This work has also shown us that it takes around 6 months to turn around and improve an inadequate provider.

We have started analysing the data gathered from our annual quality reviews and the areas where providers face challenges in delivering high-quality care, and we are now putting together support packages to help improve areas of concern. We hope to have these in place by the end of the year.

Measure Owner:  
Alison Malik

Responsible Officer:

### Frequently asked questions:

[< Previous: DTOC Total quartiles](#)

[Return to Scorecard](#)

[Next: Reviews >](#)

Theme: Use of Resources

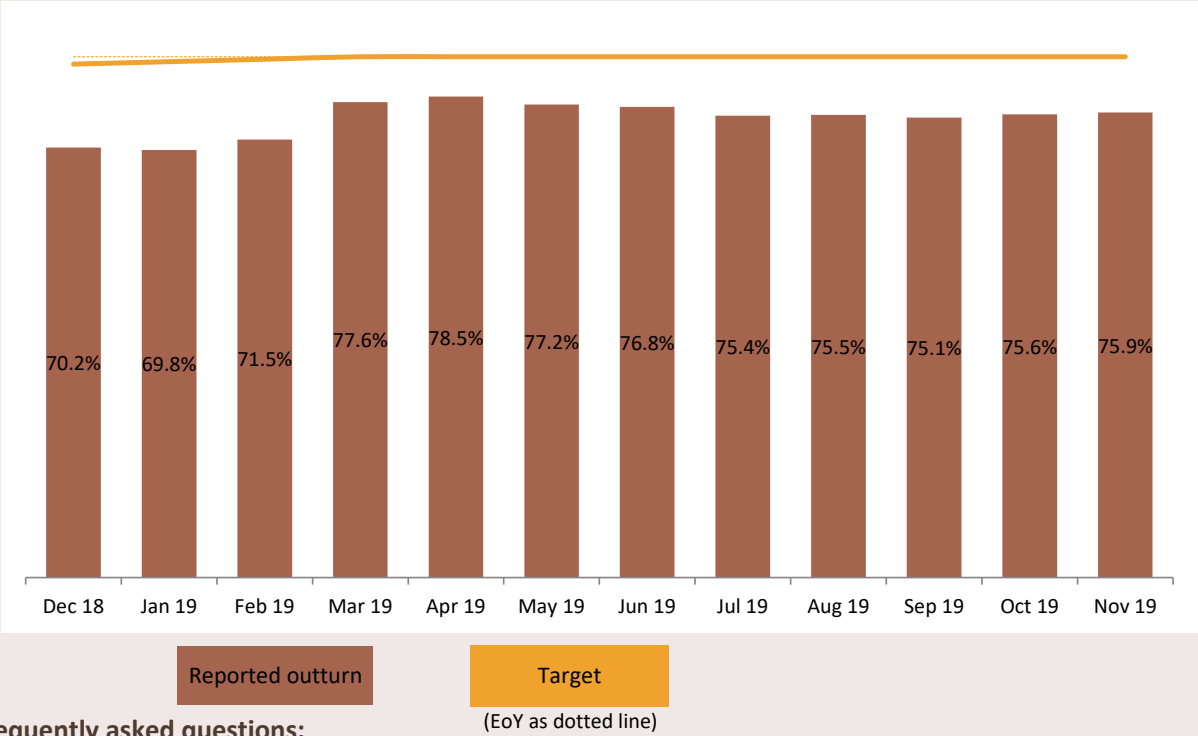
Proportion of clients reviewed, reassessed or assessed within 12 months

RED

Change:  
Up  
(Green) 0.3 pp

Last Month	This Month	Target
75.6%	75.9%	85% (EoY 85%)

Source:  
Carefirst snapshot. The proportion of people receiving a reviewable service who have had a recorded review, assessment or reassessment in the last 12 months



**Commentary:**

The proportion of people who we have reviewed, reassessed or assessed in the last year has increased again this month.

The Project Group has examined the feasibility of meeting our target for reviews by the end of the year to avoid unallocated reviews at the end of the year without enough time to address our performance. Following this, our Assistant Directors have tasked the Social Work Group Mangers to come up with an action plan for each of their teams.

The Project Group are continuing to progress through their actions under the Project Plan. These include: redesigning our approach to reviews and their function in the Three Conversations model of social work, and developing a “trusted provider” model for reviews, linked to our internally-provided day services. In addition to this, our performance management tracking of reviews against local targets continues.

Measure Owner: John Williams  
Responsible Officer:

Frequently asked questions:

## Theme: Use of Resources

The number of long-term admissions to residential or nursing care per 100,000 over 65s

**GREEN**

Change:

**Down  
(Green)** 9.3%

Prev. Quarter

556

Recalculated:

0

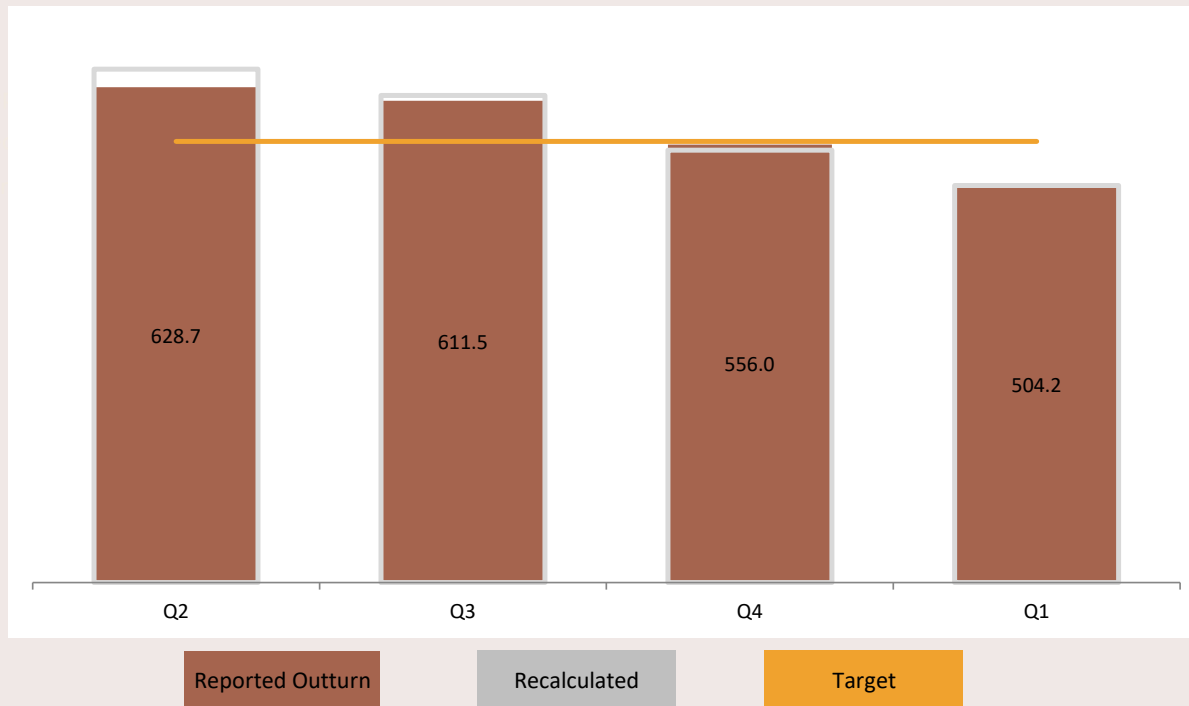
Latest Quarter

504.2

Target

560

Source:  
Carefirst



### Commentary:

We have significantly decreased the number of people who we placed permanently in care homes over the last reported quarter (June 2019). The figure of 504.2 represents 735 new admissions between July 2018 and June 2019, down from 811 in the period between April 2018 and March 2019. In hospitals, we follow a Home First policy. We aim to avoid placing people permanently in care homes when they are discharged from hospital, and support them to remain in their own home whenever this is possible. In the community, our social work teams have adopted a “Three Conversations” model of working. Under this model, social workers focus on connecting people with their communities as a source of support, and actively seek out opportunities and assets in the community that can help to meet people’s needs.

Measure Owner:  
Balwinder Kaur

Responsible Officer:  
Pauline Mugridge

### Frequently asked questions:

[< Previous: Reviews](#)

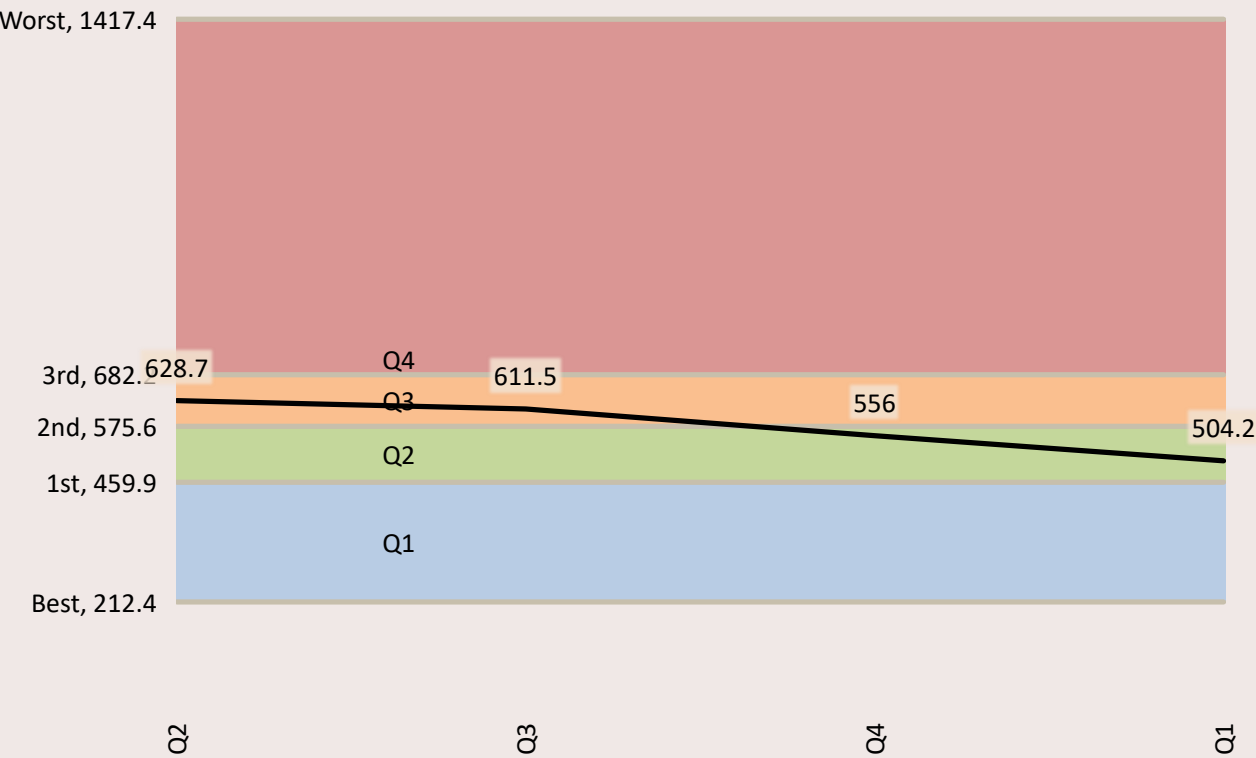
[Return to Scorecard](#)

[Next: Long term admissions quartiles >](#)

Theme: Use of Resources

The number of long-term admissions to residential or nursing care per 100,000 over 65s

Performance against national quartiles



Benchmarking data is taken from 2018/19 Ascof  
This benchmarking is against historical results- current performance by other local authorities may differ from this.

Quartile	Score	Difference		Admissions Difference
		Figure	%	
Worst	1417.4	913.2	181%	1351
3rd	682.2	178.0	35%	263
2nd	575.6	71.4	14%	106
Birmingham	504.2			
1st	459.9	-44.3	-9%	-66
Best	212.4	-291.8	-58%	-432

Current Quartile	2nd
Distance to next quartile	66 Admissions
Distance to top quartile	66 Admissions

Theme: Personalised Support

Social work client satisfaction - postcard questionnaire.

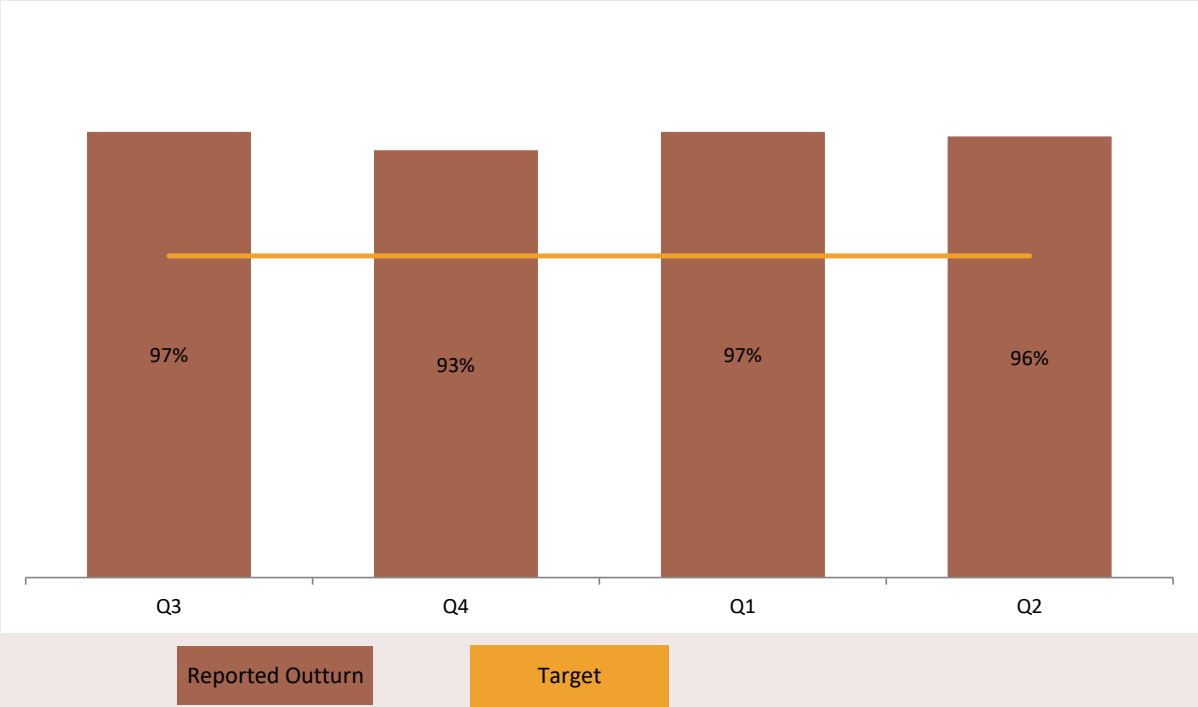
GREEN

Change:

Down  
(Red) 1 pp

Prev. Quarter	Latest Quarter	Target
97%	96%	70%

Source:  
Postcard survey- given to people by their social worker following an assessment



**Commentary:**

Our performance has been similarly high this quarter (July to September) as last quarter (April to June). This reflects a generally positive set of responses, and in particular, the proportion of people saying that they felt they were treated with respect has remained high at 100%.

While our response rate has dropped from the previous quarter (68, down from 100), this is still relatively high. We are hoping to build on this success by further encouraging social workers to make use of it, and embedding it into the day-to-day work of our teams. We will also be looking at boosting our response rate by opening up other methods, such as an online questionnaire, and emailed invitations, in order to build a fuller picture of our citizens’ experiences of our service.

Measure Owner: Fiona Mould  
Responsible Officer:

Frequently asked questions:

## Theme: Personalised Support

Percentage of concluded Safeguarding enquiries where the individual or representative was asked what their desired outcomes were

GREEN

Change:

Static  
(Amber) 0 pp

Last Month

94%

Recalculated:  
93%

This Month

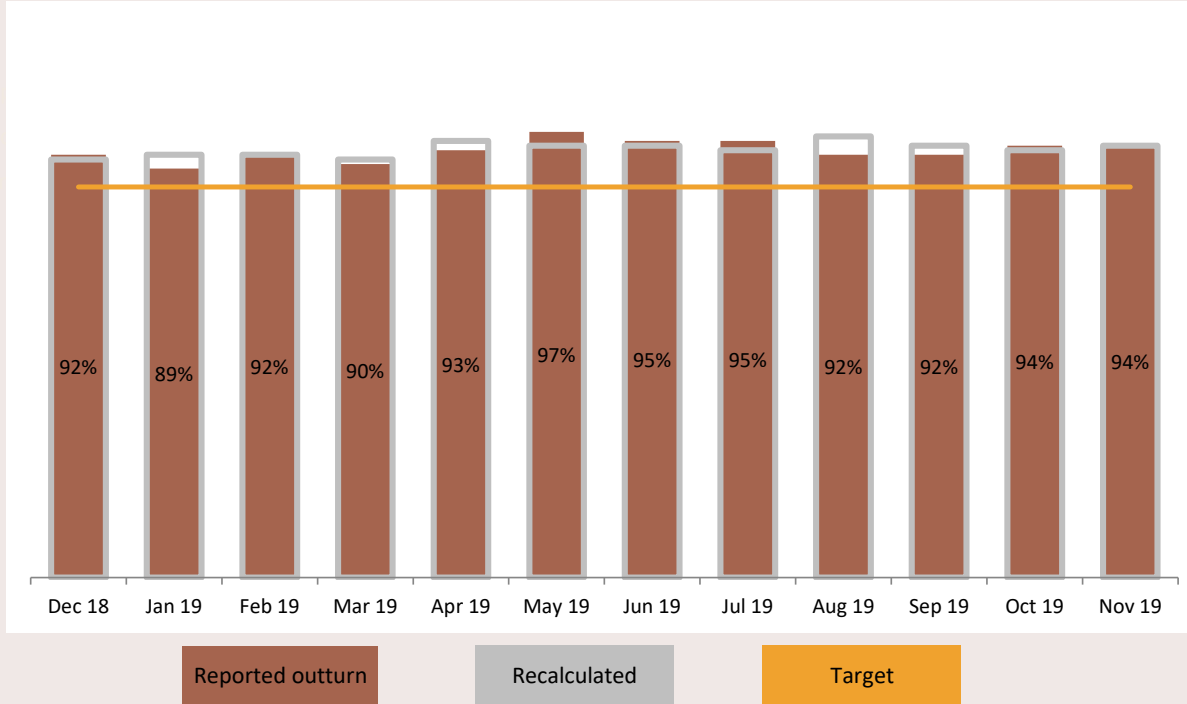
94%

Target

85%

Source:

Carefirst. Proportion of qualifying closed Safeguarding Enquiry forms where the question "Was the adult asked about their Making Safeguarding Personal Outcomes" was answered "Yes"



### Commentary:

We have continued to exceed the target for this measure in October, and our overall performance over the last 12 months is 93.1%. As we have noted previously, this measure is based on relatively small numbers, so we expect variations in the result from month to month. However, the consistently high performance indicates that social work staff are making efforts to include vulnerable people in their safeguarding enquiries.

Measure Owner:  
David Gray

Responsible Officer:

### Frequently asked questions:

[< Previous: General satisfaction](#)

[Return to Scorecard](#)

[Next: Direct payments uptake >](#)

## Theme: Personalised Support

### Uptake of Direct Payments

**GREEN**

Change:

Up  
(Green) 0.6 pp

Last Month

**33.8%**

Recalculated:  
33.9%

This Month

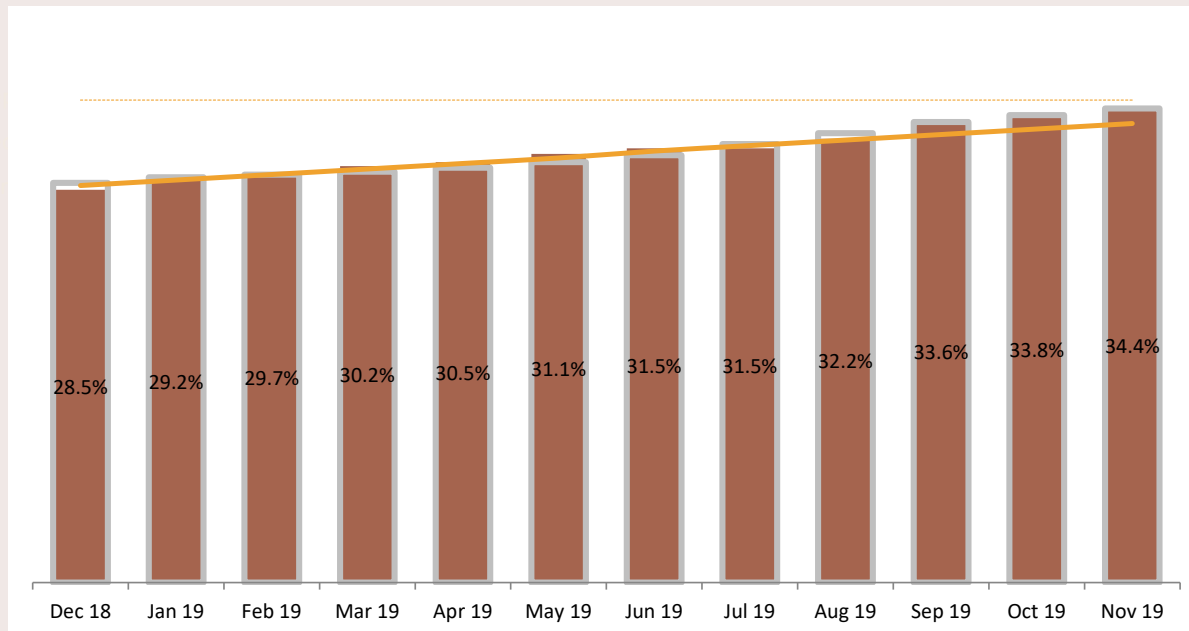
**34.4%**

Target

**33.3%**

(EoY 35%)

Source:  
Carefirst service agreements. The proportion of clients receiving an eligible care package who have at least part of it delivered via direct payment.



Reported outcome

Recalculated

Target

(EoY as dotted line)

#### Commentary:

We have increased the number of people receiving direct payments again this month, and we are comfortably on track to meet our end-of-year target. Based on the positions in the 2018-19 ASCOF measures, we are now in the top quartile of all councils for this measure. We are continuing to work with social workers to promote direct payments as a way for people to access social care support, and we are encouraging the teams to share good practice.

Measure Owner:  
Balwinder Kaur

Responsible Officer:  
Julia Parfitt

#### Frequently asked questions:

[< Previous: Safeguarding MSP](#)

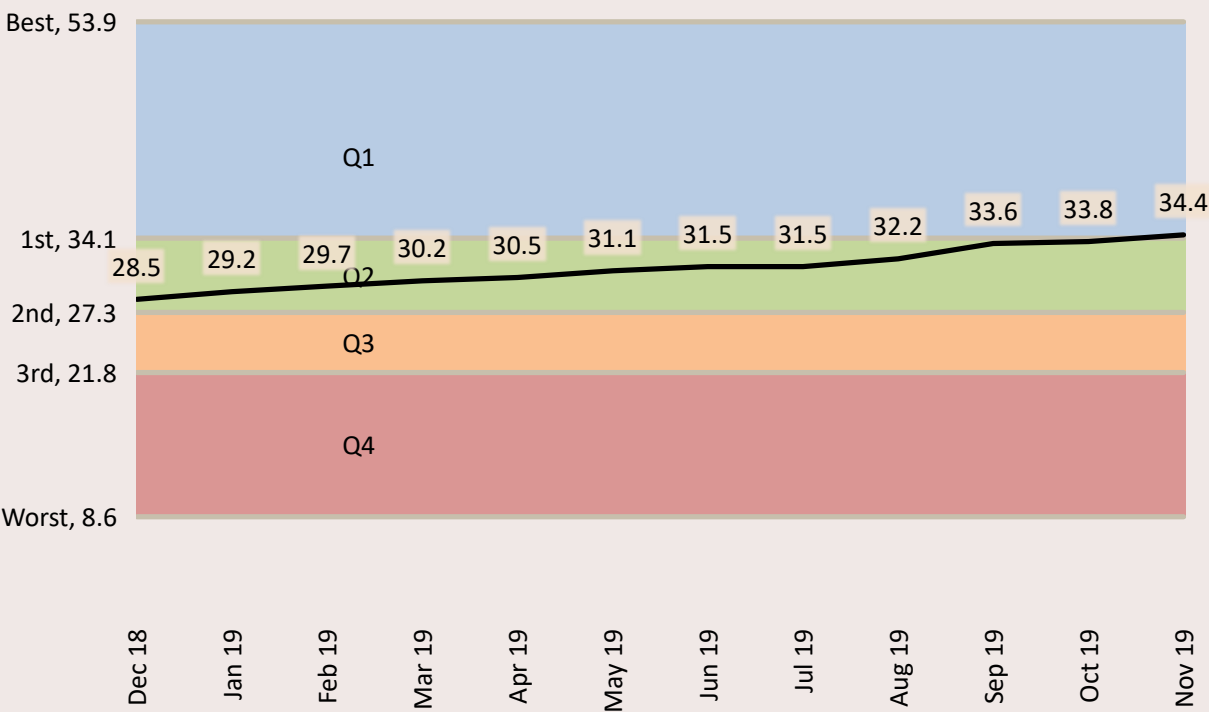
[Return to Scorecard](#)

[Next: Direct payments quartiles >](#)

Theme: Personalised Support

Uptake of Direct Payments

Performance against national quartiles



Benchmarking data is taken from 2018/19 Ascof  
This benchmarking is against historical results- current performance by other local authorities may differ from this.

Quartile	Score	Difference		Packages Difference
		Figure	%	
Worst	8.6%	-25.8	-75%	-2086
3rd	21.8%	-12.6	-37%	-1019
2nd	27.3%	-7.1	-21%	-574
1st	34.1%	-0.3	-1%	-24
Birmingham	34.4%			
Best	53.9%	19.5	57%	1576

Current Quartile	1st
Distance to next quartile	N/A
Distance to top quartile	N/A



Theme: Personalised Support

The percentage of people who receive Adult Social Care in their own home

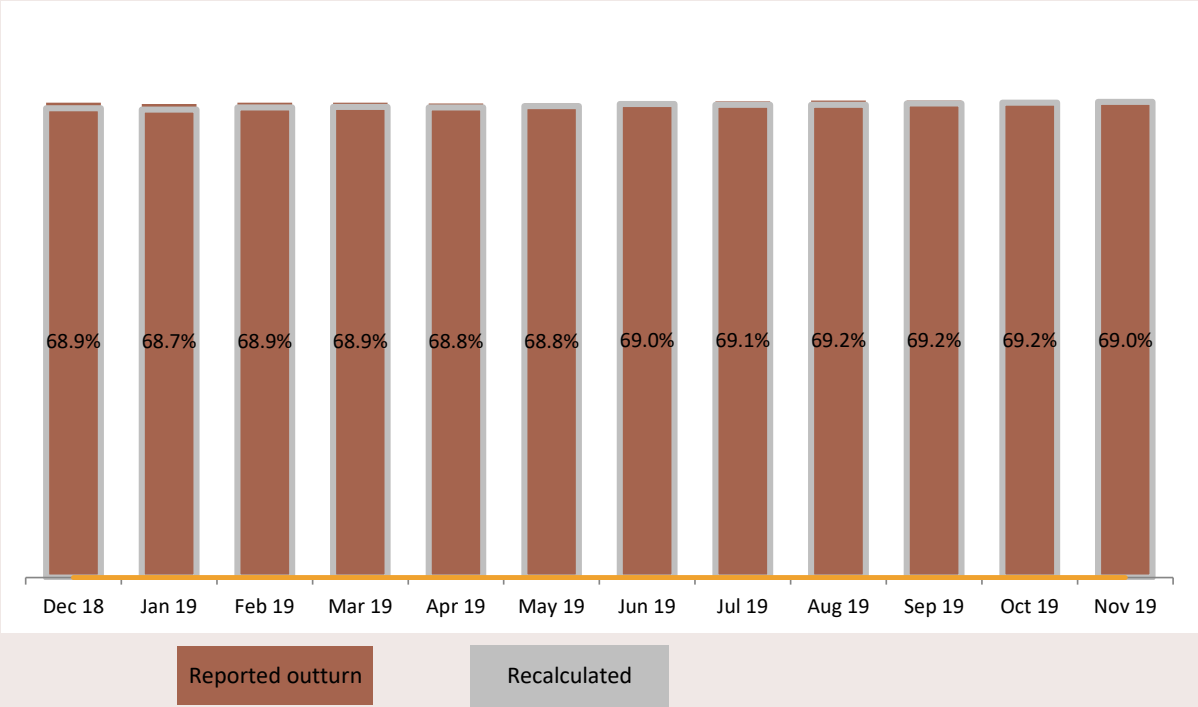
AMBER

Change:

Down  
(Red) 0.2 pp

Last Month	This Month	Preferred
69.2%	69%	Travel: Upwards
Recalculated: 68.9%		

Source:  
Carefirst via finance team. Snapshot proportion of people receiving long-term services who do not receive residential or nursing care



Commentary:

The proportion of people receiving support from us in their own homes has dropped slightly since last month. However, over the longer term, we have seen an incremental improvement in this measure.

We are continuing to help people to remain living in their communities for as long as possible, so long as it meets their care needs and does not place them at risk. We have a variety of policies and initiatives in place to support this aim. These include our Home First policy, which aims to prevent discharging people from hospital into a care home wherever we can avoid it. As part of Home First we are running a pilot of an intensive home care service to assist people to return home when previously they would have needed to move to a nursing home. Our Occupational Therapists continue to support our Social Workers to use equipment and assistive technology effectively so that people can remain in their homes for longer.

We have adopted a new model for social work across a large part of our service, the Three Conversations model, and we are in the process of rolling it out to the remaining teams. As part of the Three Conversation model, we focus on reconnecting people with their local communities as a source of support, and this should prevent, or at least delay, them needing to move into a care home. In some cases, it can even prevent people needing support at all.

Our Early Intervention project is helping to keep people at home following discharge from hospital. With it, we aim to prevent people being admitted to care homes by providing them with an intensive period of support that helps them be as independent as possible.

Measure Owner:  
Balwinder Kaur

Responsible Officer:  
Gian Saini

Frequently asked questions:

Theme: Personalised Support

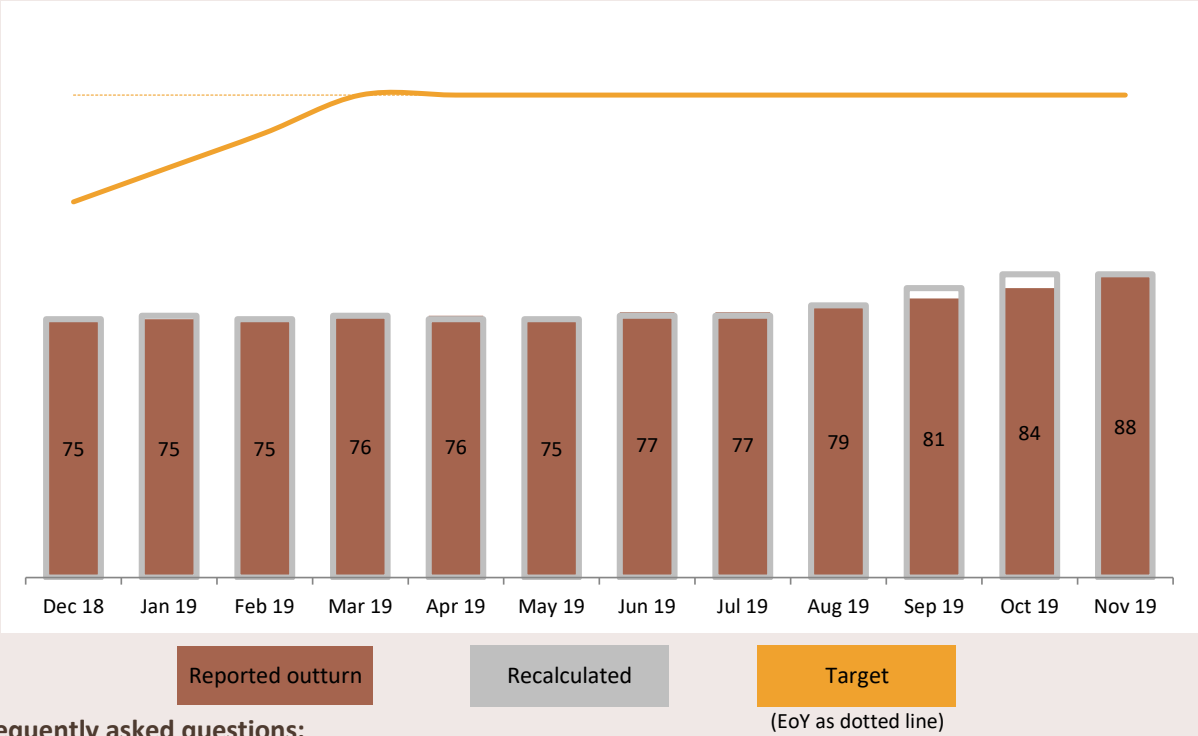
The number of people who have Shared Lives

RED

Change:  
Up  
(Green) 4.8%

Last Month	This Month	Target
84	88	140
Recalculated: 88		(EoY 140)

Source:  
Carefirst service agreements



Frequently asked questions:

Commentary:

The number of people receiving a Shared Lives service from us has increased for the fourth month running, and it is now higher than it has been in at least two years. We are now working to an internal aim of setting up at least two new long-term placements every month. We have also organised an increased number of respite services over the last 3 months.

Since we aligned individual members of the Shared Lives team with constituencies to link them more directly with social worker teams, social workers have made an increased number of enquiries and referrals to us. We have also contacted social work managers to encourage them to refer suitable people to us. Our team is now working to place the people who have been referred to us with carers.

We are have started recording successful outcomes and sharing these success stories as part of the directorate newsletter.

In order to increase the number of successful placements we make, we have started holding workshops with carers who have no-one placed with them. This is so that we can explore any blockages preventing them from being matched to people who need care. We have also strengthened our links with the Occupational Therapy service so that they can support these carers to take placements where possible.

Measure Owner:  
John Williams

Responsible Officer:  
Zakia Loughead

[< Previous: Care in own home](#)

[Return to Scorecard](#)

[Next: DV safeguarding count >](#)

## Theme: Prevention and Early Help

Number of completed safeguarding enquiries which involved concerns about domestic abuse

**GREEN**

Change:

**Down  
(Red)** 68.4%

Last Month

**19**

Recalculated:  
23

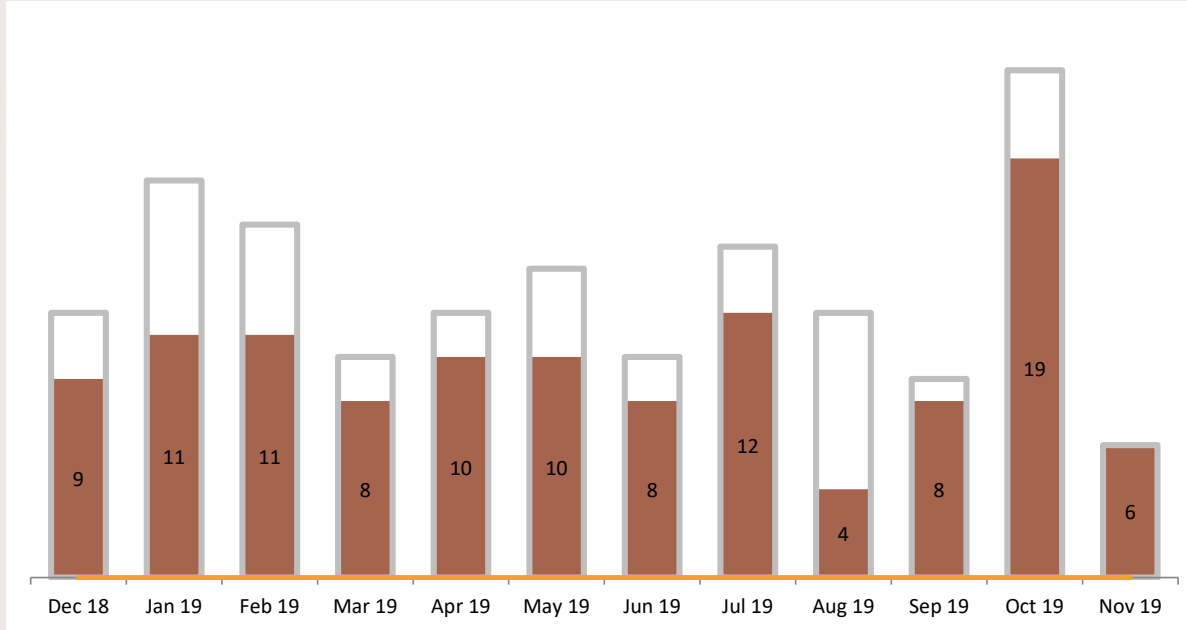
This Month

**6**

Target

**N/A**

Source:  
Carefirst



Reported outturn

Recalculated

Target

### Commentary:

96 Safeguarding Enquiries were completed in November, of which 6 involved allegations of domestic abuse - 6.3%  
In the last 12 months there have been 157 completed enquiries relating to this. Of these 92% achieved their expressed outcomes, 92% felt that they were involved, 90% felt that they had been listened to, 90% felt we had acted on their wishes, 83% felt safer and 80% felt happier as a result of our intervention.

Measure Owner:  
David Gray

Responsible Officer:

### Frequently asked questions:

[< Previous: Shared lives uptake](#)

[Return to Scorecard](#)

[Next: DV safeguarding proportion >](#)

## Theme: Prevention and Early Help

Percentage of completed safeguarding enquiries which involved concerns about domestic abuse

**GREEN**

Change:

**Down  
(Red)** 10.6 pp

Last Month

**16.8%**

Recalculated:  
15.5%

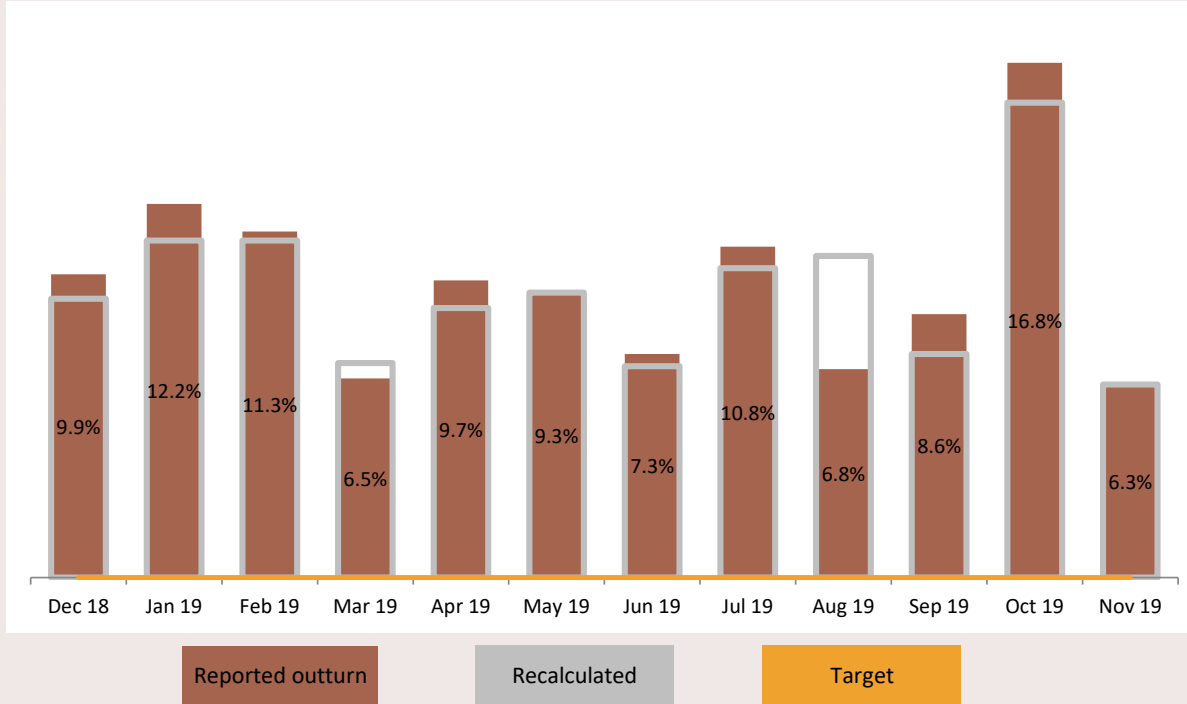
This Month

**6.3%**

Target

**N/A**

Source:  
Carefirst



### Commentary:

96 Safeguarding Enquiries were completed in November, of which 6 involved allegations of domestic abuse - 6.3%  
In the last 12 months there have been 157 completed enquiries relating to this. Of these 92% achieved their expressed outcomes, 92% felt that they were involved, 90% felt that they had been listened to, 90% felt we had acted on their wishes, 83% felt safer and 80% felt happier as a result of our intervention.

Measure Owner:  
David Gray

Responsible Officer:

### Frequently asked questions:

[< Previous: DV safeguarding count](#)

[Return to Scorecard](#)

[Next: LD Employment >](#)

## Theme: Community Assets

The percentage of service users aged 18-64 with learning disabilities in employment

RED

Change:

Down  
(Red) 0.05 pp

Last Month

1.56%

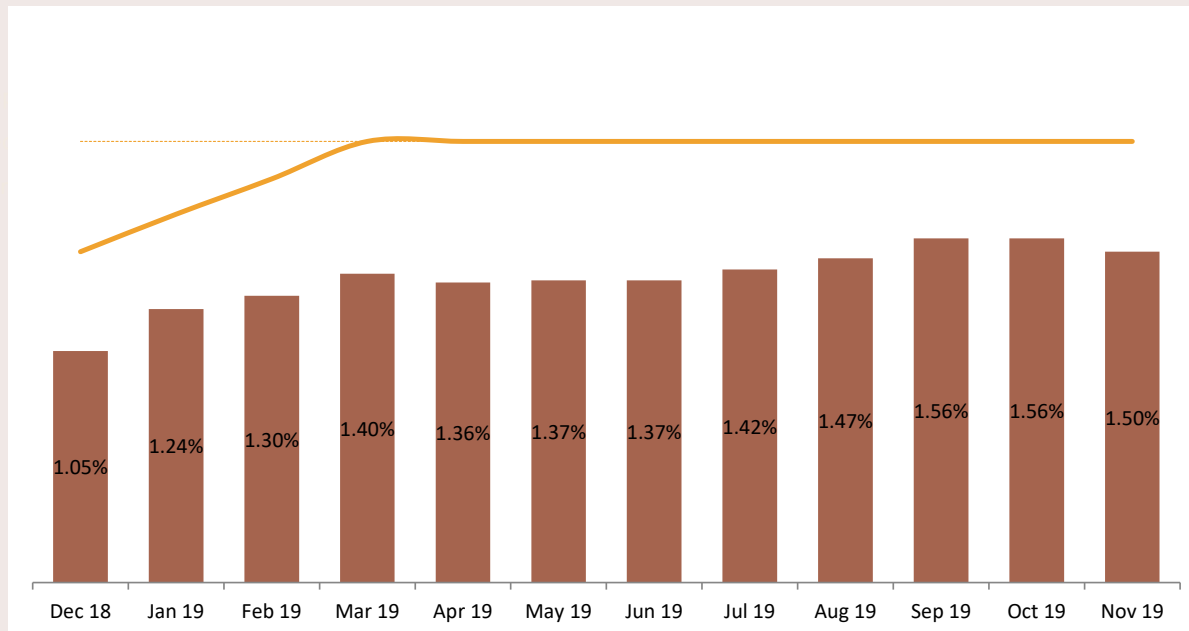
This Month

1.5%

Target

2%  
(EoY 2%)

Source:  
Carefirst classifications



Reported outturn

Target

(EoY as dotted line)

Frequently asked questions:

### Commentary:

The proportion of people with a learning disability, and who we support with long-term care, that are recorded as being in employment has dropped slightly since last month. This drop represents one person.

We have now met with the group of people who use our day centres and expressed an interest in employment opportunities. Following in-depth conversations with them, we now have a small cohort of people we can help through person-centred planning towards work placements and employment opportunities.

We are continuing to work with the PURE Project (Placing vulnerable Urban Residents into Employment) following their launch in July, and will be asking them to specifically track any people we refer to them through their system.

We are also hoping to apply some of the lessons that are coming out of the recent Day Opportunities consultation to the way we support people into employment.

This measure only looks at people with Learning Disabilities who receive care services from us, which is in line with national reporting. This means that it deals with people who have particularly high levels of need. As a result, our potential to improve, and the speed at which we can do it, is limited.

Measure Owner:  
John Williams

Responsible Officer:  
Sonia Mais-Rose

[< Previous: DV safeguarding proportion](#)

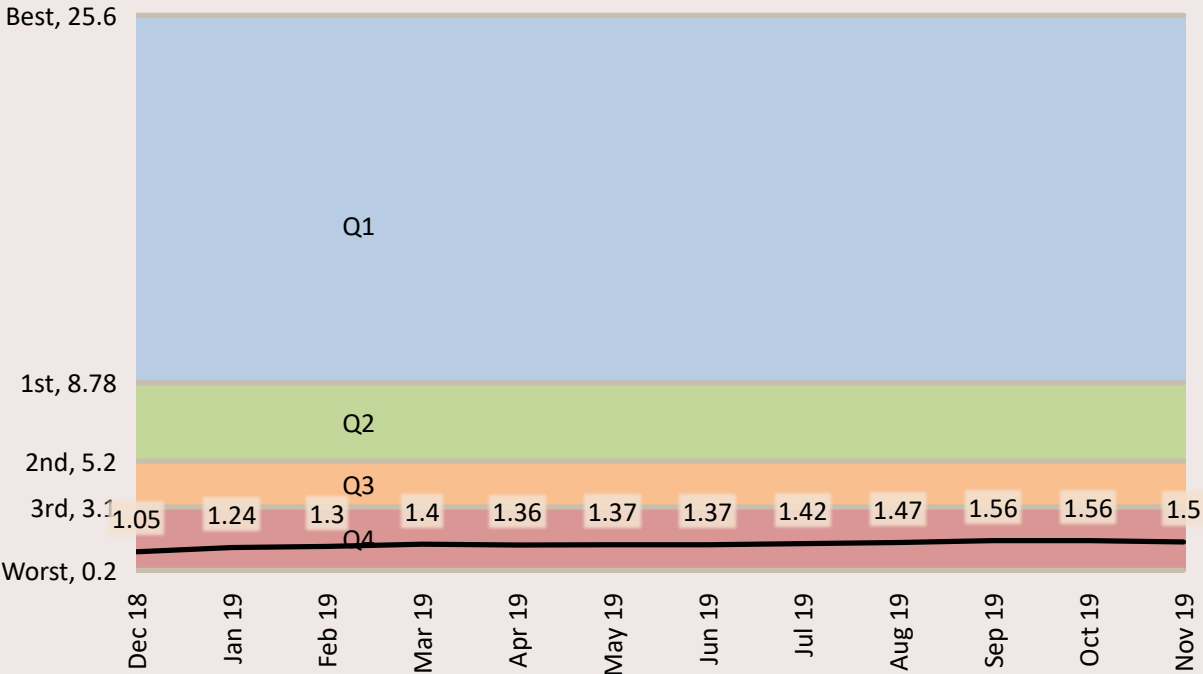
[Return to Scorecard](#)

[Next: LD Employment quartiles >](#)

Theme: Community Assets

The percentage of service users aged 18-64 with learning disabilities in employment

Performance against national quartiles



Benchmarking data is taken from 2018/19 Ascof  
This benchmarking is against historical results- current performance by other local authorities may differ from this.

Quartile	Score	Difference		People Difference
		Figure	%	
Worst	0.20%	-1.30	-87%	-28
Birmingham	1.50%			
3rd	3.10%	1.60	106%	35
2nd	5.20%	3.70	246%	81
1st	8.78%	7.28	484%	159
Best	25.60%	24.10	1604%	527

Current Quartile	4th
Distance to next quartile	35 People
Distance to top quartile	159 People

## Theme: Community Assets

The percentage of adults in contact with secondary mental health services in employment

GREEN

Change:

Static  
(Amber) 0 pp

Prev. Quarter

4%

Latest Quarter

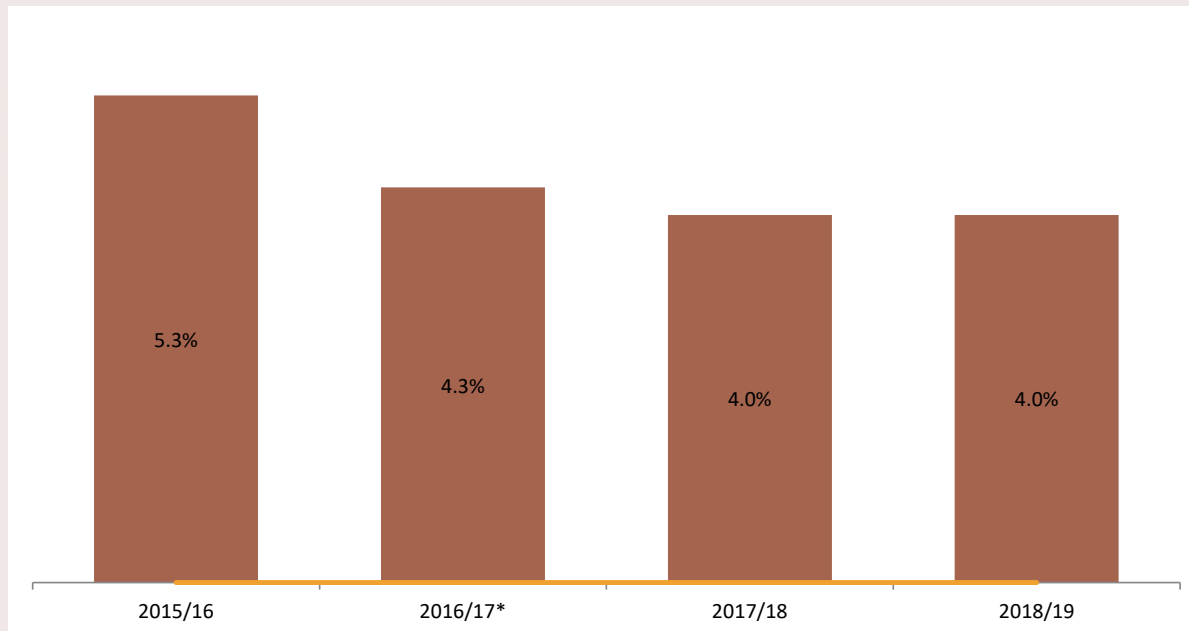
4%

Preferred

Travel:  
Upwards

Source:

NHS Digital



Reported Outturn

### Commentary:

This measure is taken from the 2018/19 Adult Social Care Outcomes Framework (ASCOF) measures, and it relates to a group of people who are known to NHS mental health services. This means that we can't measure this directly, and do not know for certain who the individual people are. Our performance on this measure has remained steady since last year, and we remain in the 4th quartile of local authorities for it.

The data for this measure covers the period between April 2018 and March 2019. Since then, in July, we helped launch the PURE project (Placing vulnerable Urban Residents into Employment), which is aimed at supporting vulnerable people, including those who experience problems with mental help, to access employment. The PURE project will be assisting people in these groups through things like one-to-one support and action planning, and in-work support.

We will also be addressing this particular measure through our work with our partners in the NHS.

Measure Owner:  
John Williams

Responsible Officer:  
John Williams

### Frequently asked questions:

This is issued annually as part of the Ascof set of measures.

\*Please note that due to national data quality issues, NHS Digital did not release this as an official Ascof measure for this year, and this figure should be viewed as a guide only.

[< Previous: LD Employment quartiles](#)

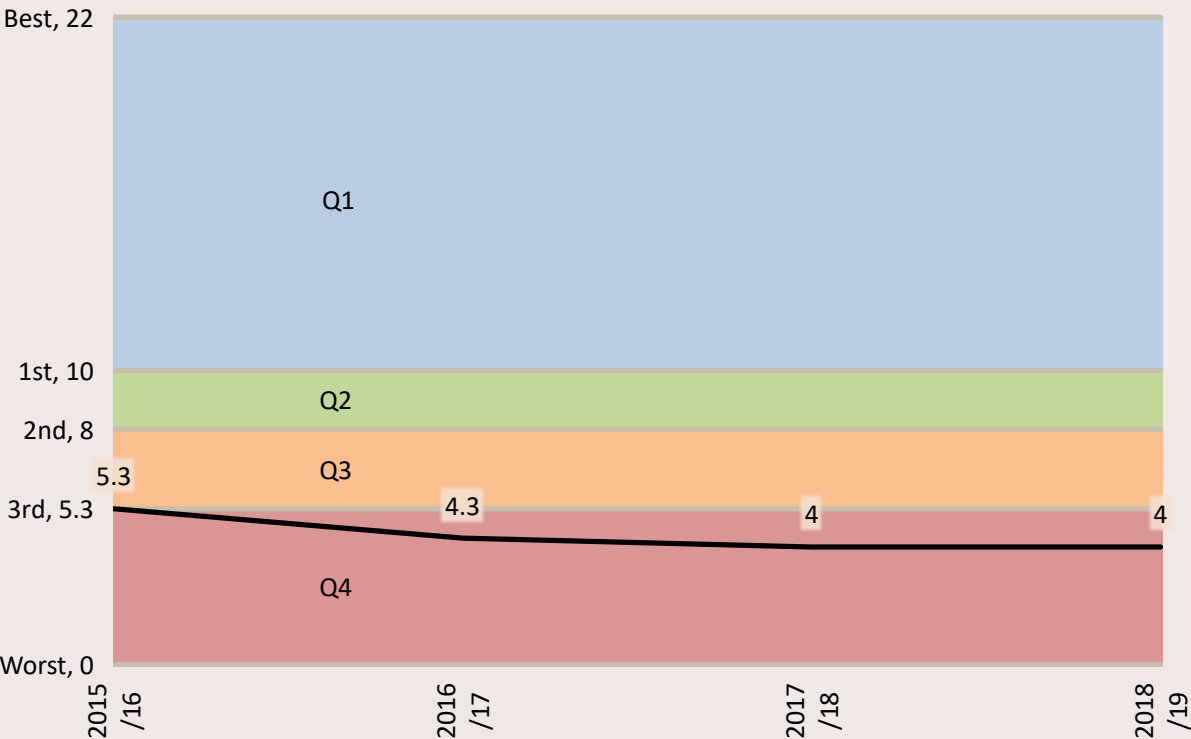
[Return to Scorecard](#)

[Next: MH Employment quartiles >](#)

Theme: Community Assets

The percentage of adults in contact with secondary mental health services in employment

Performance against national quartiles



This is issued annually as part of the Ascof set of measures.

\*This is external data, and no numerator or denominator were given, so it is not possible to calculate the difference in terms of individuals in employment.

Benchmarking data is taken from 2018/19 Ascof

This benchmarking is against historical results- current performance by other local authorities may differ from this.

Quartile	Score	Difference		People* Difference
		Figure	%	
Worst	0.0%	-4.0	-100%	
Birmingham	4.0%			
3rd	5.3%	1.3	33%	
2nd	8.0%	4.0	100%	
1st	10.0%	6.0	150%	
Best	22.0%	18.0	450%	

Current Quartile	4th
Distance to next quartile	
Distance to top quartile	

[< Previous: MH Employment](#)

[Return to Scorecard](#)

[Next: Client social contact >](#)



## Theme: Community Assets

The proportion of people who use services who reported that they had as much social contact as they like

RED

Change:

Down  
(Red) 2.5 pp

Prev. Quarter

46.5%

Latest Quarter

44%

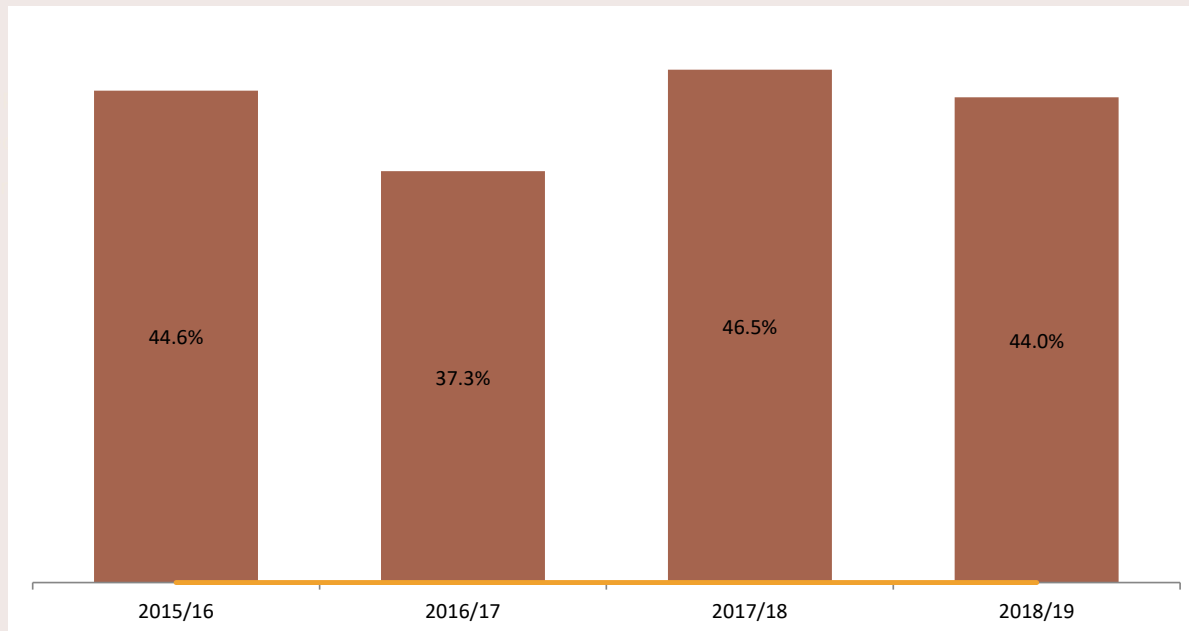
Preferred

Travel:

Upwards

Source:

NHS Digital



Reported Outturn

### Commentary:

This measure is taken from the 2018/19 Adult Social Care Survey, which we run annually on behalf of NHS Digital. Our performance on this measure has dropped since the survey was previously run. However, our performance was particularly high on all measures from the 2017/18 survey and it is likely that it was an anomaly, and compared to our performance in 2016/17, we have improved. Our performance is fairly typical nationally- we are currently among the 3rd quartile of local authorities for this measure, only 2 percentage points short of the median, and less than 5 short of the top quartile.

Our social work teams have recently adopted a “three conversations” model for their work, which is aimed at linking people with their communities as much as possible. As part of this work we are encouraging the development of the voluntary sector and neighbourhood networks so that they are better able to support people’s needs. One benefit of this approach to social work is that it helps to tackle loneliness among vulnerable people, and we would expect to see our performance improve in future as a result.

Measure Owner:

Responsible Officer:

### Frequently asked questions:

This is issued annually as part of the Ascof set of measures

[< Previous: MH Employment quartiles](#)

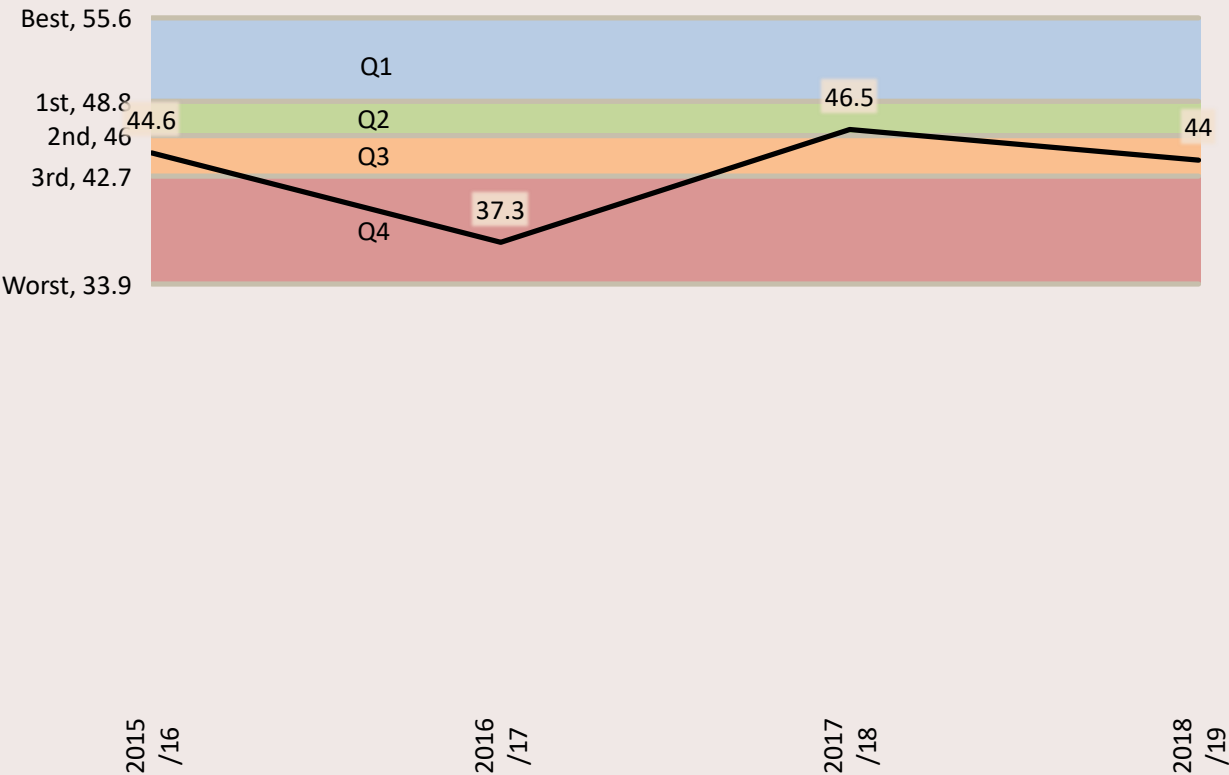
[Return to Scorecard](#)

[Next: Client social contact quartiles >](#)

Theme: Community Assets

The proportion of people who use services who reported that they had as much social contact as they like

Performance against national quartiles



This is issued annually as part of the Ascof set of measures

Benchmarking data is taken from 2018/19 Ascof  
This benchmarking is against historical results- current performance by other local authorities may differ from this.

Quartile	Score	Difference		Est. people Difference
		Figure	%	
Worst	33.9%	-10.1	-23%	-1125
3rd	42.7%	-1.3	-3%	-145
Birmingham	44.0%			
2nd	46.0%	2.0	5%	223
1st	48.8%	4.8	11%	534
Best	55.6%	11.6	26%	1292

Current Quartile	3rd
Distance to next quartile	223 Est. people
Distance to top quartile	534 Est. people

[< Previous: Client social contact](#)

[Return to Scorecard](#)

[Next: Carer social contact >](#)

## Theme: Community Assets

The proportion of carers who reported that they had as much social contact as they like

RED

Change:

Down  
(Red) 3.2 pp

Prev. Quarter

28.3%

Latest Quarter

25.1%

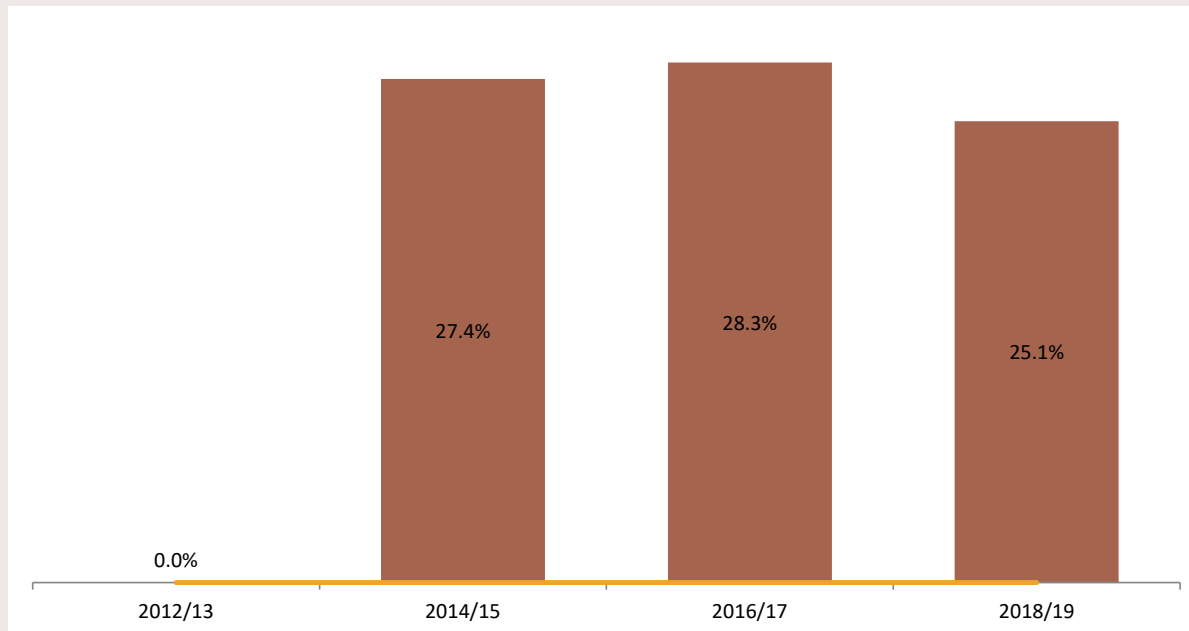
Preferred

Travel:

Upwards

Source:

NHS Digital



Reported Outturn

### Commentary:

This measure is taken from the 2018/19 Survey of Adult Carers in England, which we run biennially on behalf of NHS Digital. Our performance on this measure has dropped slightly since the survey was previously run, two years ago. This now puts us just inside the third quartile of local authorities for this measure, however it remains fairly consistent with our previous performance, and is not very out of keeping with national performance in general, being only 5 percentage points below the median.

We will be working with our colleagues in commissioning who manage our contract with the organisation that provides our carer services, in order to find ways to improve the overall experience of the carers we support.

Measure Owner:

Balwinder Kaur

Responsible Officer:

Fiona Mould / Austin Rodriguez

### Frequently asked questions:

This is issued annually as part of the Ascof set of measures

[< Previous: Client social contact quartiles](#)

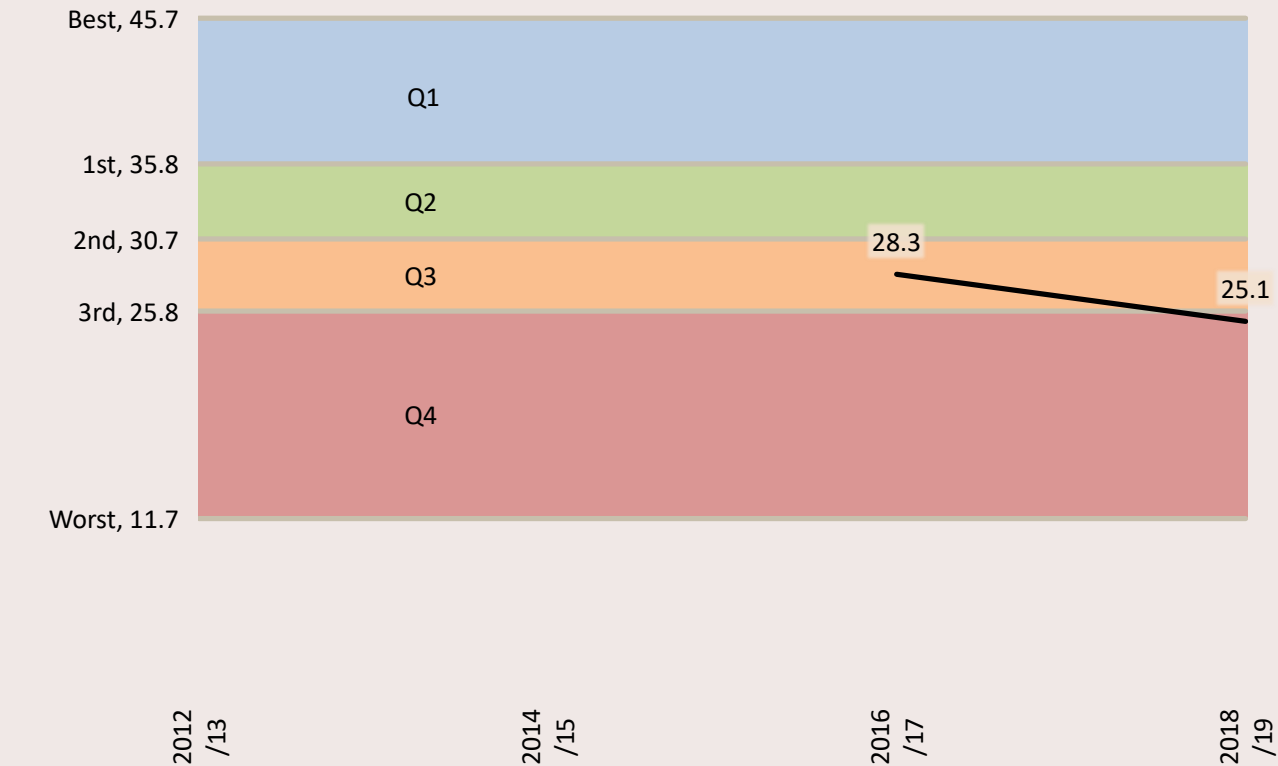
[Return to Scorecard](#)

[Next: Carer social contact quartiles >](#)

Theme: Community Assets

The proportion of carers who reported that they had as much social contact as they like

Performance against national quartiles



This is issued annually as part of the Ascof set of measures

Benchmarking data is taken from 2018/19 Ascof  
This benchmarking is against historical results- current performance by other local authorities may differ from this.

Quartile	Score	Difference		Est. people Difference
		Figure	%	
Worst	11.7%	-13.4	-53%	-397
Birmingham	25.1%			
3rd	25.8%	0.7	3%	21
2nd	30.7%	5.6	22%	166
1st	35.8%	10.7	43%	317
Best	45.7%	20.6	82%	610

Current Quartile	4th
Distance to next quartile	21 Est. people
Distance to top quartile	317 Est. people



## Health and Social Care Overview & Scrutiny Committee Work Programme

2019/20

**Committee Members:** Chair: Cllr Rob Pocock

Cllr Mick Brown  
Cllr Diane Donaldson  
Cllr Peter Fowler  
Cllr Mohammed Idrees

Cllr Zaheer Khan  
Cllr Ziaul Islam  
Cllr Paul Tilsley

### Committee Support:

Scrutiny Team: Rose Kiely (303 1730) / Gail Sadler (303 1901)

Committee Manager: Errol Wilson (675 0955)

### Schedule of Work

Meeting Date	Committee Agenda Items	Officers
4 <sup>th</sup> June 2019 (Informal)	Work Programme Workshop <ul style="list-style-type: none"> <li>Public Health Performance Indicators</li> <li>Adult Social Care Performance Indicators</li> <li>Draft Quality Accounts</li> </ul>	Dr Justin Varney, Director of Public Health; Rebecca Bowley, Head of Business Improvement and Support (Adult Social Care); Maria Gavin, AD, Quality & Improvement, Adult Social Care; David Rose, Performance Management Officer (Adult Social Care); Max Vaughan, Behaviour Service Integration Manager; Adult Social Care; Carol Herbert, Clinical Quality Assurance Programme Manager, BCHC.
18th June 2019 Send out: 6 <sup>th</sup> June 2019	Appointments to Deputy Chair and JHOSCs  Minor Surgery and Non Obstetric Ultrasound Services (NOUS) Listening Exercise	Angela Poulton, Deputy Chief Officer – Strategic Commissioning & Redesign; Kally Judge, Commissioning Engagement Officer, Sandwell and West Birmingham CCG.



18 <sup>th</sup> June 2019 Send out: 6 <sup>th</sup> June 2019	Period Poverty – Evidence Gathering	Neelam Heera, Founder of the Charity Organisation 'Cysters'
16 <sup>th</sup> July 2019 Send out: 4 <sup>th</sup> July 2019	<p>Period Poverty – Evidence Gathering</p> <p>Adult Social Care Performance Monitoring Scorecard – End of Year 18/19</p> <p>Draft Response to the Day Care Opportunities Consultation Strategy – For comment</p> <p>Enablement Review – Draft Scoping Paper</p>	<p>Councillor John Cotton, Cabinet Member for Social Inclusion, Community Safety and Equalities.</p> <p>Dr Justin Varney, Director of Public Health.</p> <p>Soulla Yiasouma, Joint Head of Youth Services.</p> <p>Maria Gavin, AD, Quality &amp; Improvement, Adult Social Care; David Rose, Performance Management Officer.</p> <p>Cllr Rob Pocock</p> <p>Cllr Rob Pocock</p>
13 <sup>th</sup> August 2019 Send out: 2 <sup>nd</sup> August 2019	Enablement Review – Evidence Gathering	
17 <sup>th</sup> Sept 2019 Send out: 5 <sup>th</sup> Sept 2019	<p>Cabinet Member for Health and Social Care Update Report</p> <p>Forward Thinking Birmingham</p> <p>Adult Social Care Performance Monitoring</p> <p>Public Health Performance Monitoring</p>	<p>Councillor Paulette Hamilton; Suman McCartney, Cabinet Support Officer.</p> <p>Elaine Kirwan, Associate Director of Nursing.</p> <p>Maria Gavin, AD, Quality &amp; Improvement, Adult Social Care; David Rose, Performance Management Officer.</p> <p>Elizabeth Griffiths, Interim AD, Public Health</p>
17 <sup>th</sup> Sept 2019 Informal meeting	Period Poverty – Draft Report	Cllr Rob Pocock



15 <sup>th</sup> Oct 2019 Send out: 3 <sup>rd</sup> Oct 2019	<p>Dementia Strategy (new)</p> <p>Public Health Green Paper – Feedback from consultation</p> <p>Suicide Prevention Strategy – Action Plan</p> <p>Urgent Treatment Centres</p>	<p>Dr Majid Ali, Clinical Lead, Community Services Transformation, BSol CCG; Zoeta Manning, Senior Integration Manager – Frailty, BSol CCG</p> <p>Elizabeth Griffiths, Interim AD, Public Health</p> <p>Jayne Salter-Scott, SWB CCG</p>
15 <sup>th</sup> Oct 2019 Informal meeting	Period Poverty Report – Post 8 day rule.	Cllr Rob Pocock
19 <sup>th</sup> Nov 2019 Send out: 7 <sup>th</sup> Nov 2019	<p>Public Health Profile Data</p> <p>Birmingham Substance Misuse Recovery System (CGL)</p> <p>Healthwatch Update:-</p> <ul style="list-style-type: none"> <li>• Contract/New Structure</li> <li>• Healthwatch Strategy/Direction of Travel</li> <li>• Update on previous and current investigations</li> </ul> <p>The Impact of Poor Air Quality on Health – Tracking Report</p> <p>Adult Social Care Performance Monitoring</p>	<p>Elizabeth Griffiths, Interim AD, Public Health.</p> <p>Max Vaughan, Head of Service, Universal and Prevention – Commissioning</p> <p>Andy Cave, Chief Executive, Healthwatch Birmingham</p> <p>Mark Wolstencroft, Operations Manager, Environmental Protection.</p> <p>Maria Gavin, AD, Quality &amp; Improvement, Adult Social Care; David Rose, Performance Management Officer.</p>
26 <sup>th</sup> November 2019 – <b>TO BE RESCHEDULED</b>	Enablement Review – Evidence Gathering	



17 <sup>th</sup> Dec 2019 Send out: 5 <sup>th</sup> Dec 2019	<p>NHS Long Term Local Plan – Healthwatch Birmingham</p> <p>Budget Consultation:</p> <ul style="list-style-type: none"> <li>• Adult Social Care</li> <li>• Public Health</li> </ul> <p>Public Health Budget</p>	<p>Andy Cave, Chief Executive, Healthwatch Birmingham</p> <p>Councillor Paulette Hamilton, Cabinet Member for Health &amp; Social Care; Professor Graeme Betts, Director Adult Social Care; Dr Justin Varney, Director of Public Health.</p> <p>Dr Justin Varney, Director of Public Health</p>
21 <sup>st</sup> Jan 2020 Send out: 9 <sup>th</sup> Jan 2020	<p>Birmingham Safeguarding Adults Board Annual Report</p> <p>Early Intervention Programme</p> <p>Birmingham Community Healthcare NHS Foundation Trust Draft Quality Accounts 19/20 - Briefing</p>	<p>Cherry Dale, Independent Chair of the Birmingham Safeguarding Adults Board.</p> <p>Mike Walsh, Service Lead – Commissioning; Andrew McKirgan, Director of Partnerships.</p> <p>Colin Graham, Associate Director, Clinical Governance, BCHC.</p>
11 <sup>th</sup> Feb 2020 Send out: 30 <sup>th</sup> Jan 2020	In-House Enablement Service Review – Evidence Gathering	
18 <sup>th</sup> Feb 2020 Send out: 6 <sup>th</sup> Feb 2020	<p>Public Health Performance Monitoring – Sexual and Reproductive Health Profiles</p> <p>Birmingham Sexual Health Services – Umbrella (UHB)</p> <p>Adult Social Care Performance Monitoring</p>	<p>Elizabeth Griffiths, Assistant Director, Public Health.</p> <p>Max Vaughan, Head of Service, Universal and Prevention – Commissioning</p> <p>Maria Gavin, AD, Quality &amp; Improvement, Adult Social Care; David Rose, Performance Management Officer.</p>





17 <sup>th</sup> March 2020 Send out: 5 <sup>th</sup> March 2020	Director of Public Health Annual Report  Scoping of the Infant Mortality Review	Dr Justin Varney, Director of Public Health  Dr Justin Varney, Director of Public Health; Marion Gibbon, Interim Assistant Director, Public Health and Fiona Grant, Service Manager, Public Health.
17 <sup>th</sup> March 2020 Informal Meeting	In-House Enablement Service Review – Draft Report	Councillor Rob Pocock
21 <sup>st</sup> April 2020 Send out: 9 <sup>th</sup> April 2020	Integrated Care Systems  Primary Care Networks Briefing  Infant Mortality Review – Terms of Reference	Rachel O'Connor, Assistant Chief Executive of the STP  Pip Mayo, Locality Director, BSol CCG  Councillor Rob Pocock

### Items to be scheduled in Work Programme

- Adult Social Care Commissioning Strategy (Graeme Betts)
- Ageing Well Programme (Graeme Betts)
- Shared Lives Service Re-design (Graeme Betts)
- Neighbourhood Networks Programme (Graeme Betts)
- Immunisation and Screening

<b>MUNICIPAL YEAR 2020/21</b>	Mental Health Strategy Update  Childhood Obesity – Stocktake Report  Birmingham Dementia Strategy Refresh (October 2020)  BCHC Public Health Contracts (Autumn 2020)  Creating a Healthy Food Environment	Joanne Carney, Director of Joint Commissioning, BSol CCG  Dr Justin Varney, Director of Public Health  Zoeta Manning, Senior Integration Manager – Frailty, BSol CCG.
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## CHAIR & COMMITTEE VISITS

Date	Organisation	Contact
23 <sup>rd</sup> July 2019	Day Centre Visits	Sonia Mais-Rose
22 <sup>nd</sup> October 2019	Community Early Intervention Prototype	Pauline Mugridge
28 <sup>th</sup> November 2019	One Team One City – Early Intervention Event	Afsaneh Sabouri

## Cabinet Forward Plan - Items in the Cabinet Forward Plan that may be of interest to the Committee

Item no.	Item Name	Proposed date
005730/2018	Sport and Leisure Transformation: Wellbeing Service	21 April 2020
005920/2019	Adult Social Care and Health – Draft Day Opportunity Strategy	11 February 2020

## INQUIRY:

Key Question:	How can a sustainable supply of free sanitary products be made available to females in educational establishments and council run buildings and, through engagement with our partners, more widely in buildings/venues across the City?
Lead Member:	Councillor Rob Pocock
Lead Officer:	Rose Kiely / Gail Sadler
Inquiry Members:	Councillors Brennan, Brown, Fowler, Islam, Rashid, Tilsley and Webb
Evidence Gathering:	June and July 2019
Drafting of Report:	August/September 2019
Report to Council:	November 2019

## Councillor Call for Action requests



<b>Joint Birmingham &amp; Sandwell Health Scrutiny Committee Work</b>		
<b>Members</b>	Cllrs Rob Pocock, Mick Brown, Peter Fowler, Ziaul Islam, Paul Tilsley	
<b>Meeting Date</b>	<b>Key Topics</b>	<b>Contacts</b>
24 <sup>th</sup> July 2019 @ 2.00pm Birmingham	<ul style="list-style-type: none"> <li>Update on Review of Solid Tumour Oncology Cancer Services</li> <li>Update on Recommissioning of Gynae-oncology Services.</li> </ul>	<p>Scott Hancock, Project Lead, Head of Operational Performance and Business Management Support, UHB; Cherry West, Chief Transformation Officer, UHB; Toby Lewis, Chief Executive, Sandwell &amp; West Birmingham NHS Trust; Jessamy Kinghorn, Head of Communications &amp; Engagement – Specialised Commissioning, NHS England (Midlands &amp; East of England).</p>
	<ul style="list-style-type: none"> <li>Further update on the Midland Metropolitan Hospital</li> <li>Further update on Measures to Reduce A&amp;E Waiting times at Sandwell and West Birmingham Hospitals</li> </ul>	<p>Toby Lewis, Chief Executive, Sandwell &amp; West Birmingham NHS Trust.</p>
12th September 2019 @ 2.00pm Sandwell	<ul style="list-style-type: none"> <li>Update on Review of Solid Tumour Oncology Cancer Services</li> <li>Update on Recommissioning of Gynae-oncology Services.</li> </ul>	<p>Cherry West, Chief Transformation Officer, UHB; Toby Lewis, Chief Executive, Sandwell &amp; West Birmingham NHS Trust; Jessamy Kinghorn, Head of Communications &amp; Engagement – Specialised Commissioning, NHS England (Midlands &amp; East of England).</p>
	<ul style="list-style-type: none"> <li>Further update on the Midland Metropolitan Hospital</li> <li>Further update on Measures to Reduce A&amp;E Waiting times at Sandwell and West Birmingham Hospitals</li> </ul>	<p>Toby Lewis, Chief Executive, Sandwell &amp; West Birmingham NHS Trust.</p>



13 <sup>th</sup> February 2020 @ 2.00pm (Birmingham)	<ul style="list-style-type: none"><li>• Primary Care Networks</li><li>• Further update on the Midland Metropolitan Hospital</li><li>• Update on Recommissioning of Gynae-oncology Services.</li><li>• Update on Review of Solid Tumour Oncology Cancer Services</li></ul>	<p>Carla Evans, Head of Primary Care, SWBCCG.</p> <p>Toby Lewis, Chief Executive, Sandwell &amp; West Birmingham NHS Trust.</p> <p>Cherry West, Chief Transformation Officer, UHB; Andrew Clements, Divisional Director of Operations, UHB; Toby Lewis, Chief Executive, Sandwell &amp; West Birmingham NHS Trust; Kieran Caldwell, Commissioning Manager, West Midlands Specialised Commissioning Unit; Sarah Makin, NHS Arden &amp; Greater East Midlands CSU.</p>
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<b>Joint Birmingham &amp; Solihull Health Scrutiny Committee Work</b>		
<b>Members</b>	Cllrs Rob Pocock, Diane Donaldson, Peter Fowler, Zaheer Khan, Paul Tilsley	
<b>Meeting Date</b>	<b>Key Topics</b>	<b>Contacts</b>
26 <sup>th</sup> June 2019 @ 6.00pm (Solihull)	<ul style="list-style-type: none"> <li>Financial Savings Plan 2019/20 including:-               <ul style="list-style-type: none"> <li>Service Redesign Projects -                   <ul style="list-style-type: none"> <li>What has been reviewed and what is the outcome of that through cost savings?</li> </ul> </li> </ul> </li> <li>UHB - Update on UHB Merger including potential changes to trauma, orthopaedic and gynaecology services</li> </ul>	<p>Phil Johns, Chief Finance Officer, BSol CCG</p> <p>Fiona Alexander, Director of Communications UHB; Harvir Lawrence, Director of Planning and Performance, BSol CCG</p>
5 <sup>th</sup> September 2019 @ 5.00pm (Birmingham)	<ul style="list-style-type: none"> <li>UHB - Potential changes to trauma and orthopaedic and gynaecology services - Update</li> <li>Urgent Primary Care Service Model               <ul style="list-style-type: none"> <li>JHOSC to be consulted on draft Service Model</li> <li>Impact of UTC communications campaign in Solihull</li> </ul> </li> <li>Clinical Treatment Policies – Evidence based policy harmonisation programme – Phase 3</li> </ul>	<p>Fiona Alexander, Director of Communications UHB; Jonathan Brotherton, Chief Operating Officer UHB; Pratima Gupta and Panayiotis Makrides, Clinical Leads UHB; Harvir Lawrence, Director of Planning and Performance, BSol CCG</p> <p>Phil Johns, Deputy CEO; Helen Kelly, Associate Director of Urgent Care and Community, BSol CCG</p> <p>Neil Walker, Associate Director of Right Care and Planned Care, BSol CCG; Katherine Drysdale and Andrea Clark, AGEM CSU</p>



<p>23<sup>rd</sup> January 2020 @ 6.00pm (Solihull)</p>	<ul style="list-style-type: none"> <li>• Clinical Treatment Policies – Evidence based policy harmonisation programme – Phase 3 – Feedback from Consultation.</li> <li>• BSol CCG Financial Plans               <ul style="list-style-type: none"> <li>◦ Update on risk to delivery of savings and the impact of this on 2020/21.</li> </ul> </li> <li>• Boots Walk in Centre Engagement Plan</li> </ul>	<p>Neil Walker, Associate Director of Right Care and Planned Care, BSol CCG; Katherine Drysdale and Andrea Clark, AGEM CSU</p> <p>Paul Athey, Chief Finance Officer, BSol CCG</p> <p>Jennifer Weigham, BSol CCG</p>
<p>March 2020 (Birmingham)</p>		
<p><b>TO BE SCHEDULED</b></p>	<ul style="list-style-type: none"> <li>• Birmingham and Solihull Mental Health NHS Foundation Trust including:-               <ul style="list-style-type: none"> <li>◦ Introduction to new Chief Executive</li> <li>◦ Improvements made since CQC inspection carried out in November 2018. (Report published April 2019).</li> </ul> </li> <li>• Role of the STP across the Birmingham and Solihull footprint</li> <li>• Birmingham and Solihull STP – Joint Public Health Priorities / role STP across Birmingham and Solihull – evidence of impact and effectiveness</li> <li>• Disinvestment on Savings Plan</li> <li>• NHS England and NHS Improvement Redesign Work for Community Dental Services</li> </ul>	<p>Roisin Fallon-Williams, Chief Executive, BSMHFT.</p> <p>Paul Jennings, System Lead, BSol STP</p> <p>Dr Justin Varney, DPH Birmingham and Ruth Tennant DPH Solihull.</p> <p>Paul Athey, Chief Finance Officer, BSol CCG</p> <p>Howard Thompson, Supplier Manager – Dental, NHS England and NHS Improvement – Midlands.</p>