

Comments from Brian Gaff about proposed changes to Eligibility criteria for Community Care Services.

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First of all, I feel that this consultation is so vague that NO! is obviously what most people will say. In my view, for what it is worth, some kind of indication of the detail of what might be changed is required so we know the items which are under threat.

I propose a second consultation and no changes till June or July to allow this to occur.

So in the main, my comments are what we obviously do not want.

We do not want discretion from experience of social workers to be outlawed in favour of tick the box to qualify, as there will be times when it is considered that any supplied services now, will save hardship or more services supplied later. This is particularly true of progressive illnesses of family, self etc, or in case of reducing sight, where, for example, a person is far more likely to be able to absorb training or get used to equipment now, than when sight goes almost completely later on.

We do not want call centre screening of calls to social services. I know enough about people who live in places where this tends to occur to know that the efficiency of care is reduced due to the often lack of experience of the call centre staff. If the person knows what department they want, then they should be able to get there directly with no hassles.

Prevention is better than cure and education and training is better than patching up problems later on.

Of course I can only speak of sight related things here, as that has been my experience, but I'd imagine it could go for other things as well.

What do I mean? Well, for example, the new Disability Equality Plan which has just been adopted by the council should mean that all customer facing staff have blind awareness training, and know about the taping service and the future system where databases can be marked with people's preferred communication method.

Question: Would the changes impact on the Equality Plan? If yes, then this would make it hardly worth the work invested in it.

Also, blind awareness training is offered free to hospital staff, and the PCT etc, given the current cash problems there, nobody would actually pay for this, and the bottom line is that people's health is important. All have signed up to the Healthy Kingston ideology, after all.

I do not know enough about actual services, but I'd imagine things like lighting installation and that sort of thing are the items which could go if the criteria are limited. I feel that at least some alternative way of getting these things done needs to be ready in front of any decision. Thus maybe a list of competent trades people and charities who may give grants to help with cost are needed here.

I feel that actual care and advice should not suffer though it may well be that people who want non life affecting items could end up paying for them outside of social services.

I actually heartily disagree with this banding approach as it seems that most councils have just used them to give a hard limit to what they provide, and I feel as I said at the start, that experience of officers and such should count for a lot, rather than ticking boxes. It's this ticking box which can cause people to slip through the net, especially if one team deems them to be critical, and another not, where, say blindness and other disabilities are involved.

Also, as I and others have noted in the past, the sensory impairment team cover people from cradle to grave, where as the teams change for other forms of care, to elderly persons care at a certain age.

I would have thought integrated teams with an elderly person's expert on each would have saved some money, but I suspect there is some legislative reason for this not being the case.

I also feel that in many people's eyes the Councils' overspending of money on capital projects like the Theatre, road redesigns that have problems etc, makes this a tough pill to swallow. I am aware that much money is ring fenced by Government and cannot be used, but I do think this needs to be explained more.

It is obvious that this decision was not made on the spur of the moment at an Executive meeting, and it would have been very good from the voluntary sectors point of view, and probably the electorate's as well, to have had some inkling of this rather than have it sprung on them immediately after the New Year. Some might suggest that the timing was deliberate and the shortness and lack of fine detail in the main designed to make the final decision inevitable.

In earlier times the Council would have gone public earlier than in this case. It is what we in the voluntary sector would expect given the mutual respect and trust the consultation seems to assume is still there by its use of the term Stakeholders.

For my part, I feel that if the Council thinks the voluntary sector can take up the slack, then they have not been living in the real world. Money is tight here too, and the tendency to only get trusts and councils etc, to fund start up's is ludicrous, as it often means projects get up and running proving a need, but then never get funding to continue.

Now, after going to a meeting, I'm sure I'll have more to say, but let me stress, this is my opinion. I can only speak for my views, because as has been noted, the consultation has only just started, and nobody can have contacted their members yet. However, I have spoken to some members of Eye Contact, and a few who get the Talking Newspaper and people are worried, not just about the ramifications of this proposal, but also about the way that the PCT, Kingston Hospital etc are still not sure what they will be doing to save money, and the fact also, that benefits will be changing over the next year as well, for new claimants, and these will obviously impact on the needs and resources available, and people's ability to pay for them.

These things ought to be left to bed in before any decision is made. We must not underestimate the worry factor for a person who may be fine now, but knows that either their condition or that of a loved one is going to get worse in the short term future.

It is a sad indictment of our systems when money cannot be found for the needy, but can be found for what some may call cosmetic make-over's of areas, and council magazines.

Yours disappointedly.

Brian Gaff