

The Staff and Trustees of NDVA wish all our readers a Peaceful and Happy Christmas

# NETWORK

## Full House, Full Agenda!

Health and Social Care Voluntary Sector Forum  
9 November 2010

The conference room at Bakewell's Agricultural Business Centre was described as being "fuller than a can of sardines" by one witty contributor when our Forum took place there on 9th November!

Almost 100 people braved poor weather, including some local flooding, to participate in a packed agenda that included presentations on The Big Society, the Spending Review & White Paper (Updates) and DCC Brokerage.

The recently introduced "10 minute slot" featured an interesting and informative



Angela Parnell

presentation by Angela Parnell of Age UK Derby & Derbyshire.

Angela spoke about the role of Derbyshire Housing Options Service, which is about providing information & advice to enable people to make informed choices and crucial decisions about their future housing needs. Areas of support centre around choosing appropriate housing, welfare rights, residential and nursing care, equity release, home adaptations, daily living aids, grants, home energy efficiency or support services.

Hannah Luck, Communications Manager at One East Midlands provided an overview of her organisation's key areas of work with

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# Full House, Full Agenda!

regard to the Big Society:

- Information and Communication (local and national news)
- Policy (implications for the VCS)
- Co-ordinating key regional networks (having a collective voice)
- Strategic relationships (getting our sector 'round the table')



*Hannah Luck*

Hannah thought that Nick Hurd, Minister for Civil Society, would be 'key' in terms of the Big Society and Civil Society agendas.

There would be a consultation exercise in early January - 'Building a Strong and Civil Society'

A Community First fund – for disadvantaged areas - is due to be in place by the end of 2010. The Big Society Bank – using dormant bank accounts – is due to open in April 2011. A £100 million Transition Fund – which Big Lottery will manage – will be for organisations under threat.

Hannah spoke about the expectations on the voluntary sector and social enterprise – on

the one hand their importance is being stressed but there are no resources to support their involvement.

Hannah also spoke about the various white paper consultations which have been launched – the Public Health White Paper is due later this month.

See: [www.oneeastmidlands.org.uk](http://www.oneeastmidlands.org.uk)

Sara Topham, DCC Service Manager, explained the brokerage process and that brokerage is part of personalisation and self directed support. It is available to any service user in Derbyshire – not just people who have been assessed – it is universally accessible.

So far it has applied mainly to domiciliary care packages but is now moving onto other sources of support. The Brokerage Team are currently looking at the information they have and what else they need. They will eventually have a picture of what people are choosing and identify where the gaps are.



*Sara Topham*

The Brokerage Team have produced a form to collect information about different organisations and providers. When the form is returned to them they check whether the information is already on the Derbyshire Directory, Trusted Traders, etc. If not, they will check whether the organisation wants the information adding to these sites. Using the form is simply a way of informing the Brokerage Team about services. The Brokerage Team will then make contact if they need any further information.

Sara can be contacted via

***Sara.Topham@Derbyshire.gov.uk'***

*NDVA is grateful to Zan Hurst / DCAN for making a significant contribution to the above report.*

With just sufficient time allowed to grab some food, the participants went straight into a 'working lunch' with a discussion led by Karen Duke of DDAN (Derbyshire Disability Action Network), supported by Linda Garnett of Red Gem Consulting.

Karen informed the Forum that DDAN's mission is to raise the importance of disability issues with voluntary and community organisations in Derbyshire. The Project is supporting these groups who work with disabled people to influence local and county policies and strategies, to build and strengthen networks and to share and develop best practice.

DDAN is keen to support VCS groups in developing their policies, skills, and ability to influence in mainstreaming the disability agenda. To that end they are developing a toolkit and a website for organisations and groups.

See: <http://www.dcil.org.uk/what-we-do/projects/derbyshire-disability-action-network>



*Karen Duke (with Linda Garnett)*

NDVA are very grateful to all our speakers, who had taken time from their busy schedules to come along and update us – not easy when almost everything to do with public and community services seems to have been thrown into the air!

The PowerPoint presentations given by Andy Layzell (PCT Commissioning), James Matthews (DCC Adult Care Commissioning), Sara Topham (DCC Adult Care Brokerage) Hannah Luck (One East Midlands – The Big Society) and Karen Duke (DDAN) can be obtained via email – please send your request to our new email address: ***info@ndva.org.uk***

## Spending Review & White Paper Update

This was a key feature of the November Forum. Andy Layzell, Director of Commissioning, Derbyshire County PCT, spoke first on the Spending Review and the White Paper. Referring to the four main points from the White Paper, Andy mentioned:

- **Putting patients and people first:** The Government are making more information available to the public to enable choice.
- **Improving Health Outcomes:** There may be not much difference between the old targets and the new 'outcomes', e.g. waiting lists, access to cancer services, access to GPs
- **Autonomy, accountability and democratic legitimacy**
- **Cutting bureaucracy and improving efficiency**

Talking about the future structures (Post White Paper Structures), Andy spoke about:

**Clinical (GP) commissioning:** The bulk of GP budgets are already committed. GPs will have the responsibility for remaining within budget.

**Local authorities** are to have the responsibility for co-ordinating the health and social care needs of the population and holding GPs to account. They will hold GP commissioning groups to account via the Health and Wellbeing Boards (Although not part of the presentation, readers will want to know that the voluntary sector will be represented on the Derbyshire Health and Wellbeing Board).

**NHS Commissioning Board:** The Boards have delegated responsibility from the Department of Health. Although there is no indication yet of how many Boards there will be, Andy thinks they will possibly be similar to the Strategic Health Authorities (SHAs).

**Public Health:** transferring to Derbyshire County Council (DCC) - with a ring fenced budget. In response to a question from the floor about how DCC would manage their extended role when they were losing staff – James Matthews (DCC) said that existing PCT staff and money from the NHS will be transferred to cover these roles)

Turning to NHS Derbyshire County, Andy informed the Forum that there are 96 GP practices, currently working together in 14 consortia. There will probably be between 2 and 5 GP commissioning groups across Derby City and Derbyshire County (current betting is on 2). They need to be quite large to manage the financial risks. They must exist in 'shadow' form by April 2011. However, groups of GPs wish to work together locally so there could be GP clusters (reflecting the current practice based commissioning groups) underneath the large overarching centre.

Responding to a question from the floor, Andy said that each consortium will have its own board of GPs and below that there will be GP support (probably PCT people, although it will be open to tender – GPs will be able to get support from anywhere, including the private sector)

The increased demands on the NHS, (more older people, new drugs, more innovations) mean that costs will outstrip available funding. In order to manage the gap, savings of £40 million will have to be found in order to break even - which equates to 4% on all the budget

lines. Other initiatives include a moratorium on investments, 40% management cost reduction over 2 years and financial caps on all contracts.

There will be an average 4% cut for the Voluntary Sector. However, Andy said that there was no blueprint yet as to how this might happen – so it could be 4% less for some organisations, 4% less for all organisations. However, it is possible that there will be no cuts if they decide it is more effective to make larger cuts elsewhere!



*Colin Selby, James Matthews and Andy Layzell*

James Matthews, Assistant Director (Strategy and Commissioning) spoke for Derbyshire County Council Adult Care. Colin Selby also attended the meeting and provided us with some valuable and pertinent insight at various points during the Event.

Speaking about the National Comprehensive Spending Review, James said that central Government support for local authorities will drop by 7% for each of the next 4 years (with the added 'whammy' of inflation), which gave

an idea of the amount they need to save. It will be December before actual figures for Derbyshire are known. Once Council Tax is decided then decisions will be made on budget allocations. **It will probably be January before there is any information on finance for 2011/12.**

DCC have to save between £20 million and £40 million over the next 4 years and it is expected that 2,000 jobs will be lost over this period.

DCC have consulted on their proposals for adult care, with some 2,000 responses being collated. (See the response made on behalf of NDVA members included in this issue of Network - pages 12 to 15).

Speaking about joint funding, James said that they would try to co-ordinate information. It is very unlikely that there would be any increases to cover inflation.

Given that social care is under particular pressure, £1 billion (nationally) has been transferred from the NHS to social care but there is no information yet as to how the Derbyshire share of this money will be spent.

As a result of management efficiencies / restructuring within DCC, the managers whom we in the voluntary sector are used to contacting may not be there, or if they are, they may be doing different jobs.

James talked about the 'Putting People First' document, 'Think Local, Act Personal', (see: [www.puttingpeoplefirst.org.uk/](http://www.puttingpeoplefirst.org.uk/) **ThinkLocalActPersonal**) a proposed sector wide commitment to moving forward with personal and community based support. It talks about the new Government's intentions re the direction of Personalisation. There is a strong emphasis on 'design for all' – services which are broadly available to everyone, measures around 'hospital avoidance', the

# Spending Review & White Paper Update

provision of a range of services and robust local community capacity

There is also targeted support for

- Crisis support
- Re-ablement/intermediate care
- Personal budgets – Derbyshire is now working through the new Personalisation process.
- Strong emphasis on carer support and safeguarding

There were several questions from the floor around concerns that the majority of GPs seem not to understand the work done by the Voluntary Sector - and the need for us to be proactively involved in providing training to achieve this.

Andy Layzell said that it would be 2 years before GPs are fully in the driving seat and that GPs recognise they don't know everything - and may refer to DCC for commissioning on a particular service. Andy said that there would be 'a passage of development' for GPs (development programme).

All GPs will have to be in a consortium – if they do not join voluntarily they will be assigned to one

The PCT has just completed a prospectus of PCT activities so that GP's can see what PCTs do. DCC and the voluntary sector will be included in the development programme.

In response to a question about the timing of information on funding for 2011 (bearing in mind that if there are to be any cuts groups need time to make their plans), James said that DCC would be working within the Compact so any notice periods would apply. Andy said that groups should not panic - he

didn't think there would be any massive cuts to their PCT funding in 2011/12.

A question was asked about people being assessed, or re-assessed, re their level of need and that if they are assessed as moderate then there will be no funding to purchase services - which are the ones provided by smaller / medium size voluntary groups. James replied that DCC has a budget for prevention which may have money available and could be used to redress the situation

Some Forum Members expressed concern about many recent tenders being awarded to large contractors and felt this did not match with a 'local' community provision. James said that they have a mixture of grant aided and contracted services. Colin said that before contracts are eventually re-tendered they will offer training for groups. DCC may be looking at having a framework agreement / approved list of providers as per Children's Services.

Both Andy and James agreed to come back to our Forum when there is more information available.

*NDVA is grateful to Zan Hurst / DCAN for making a significant contribution to the above report.*



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# News from Derbyshire LINK

Derbyshire LINK is co-hosted by NDVA and Amber Valley CVS

## Individual / Group Membership and Volunteering Opportunities

Local Involvement Networks, or LINKs, is a Government initiative to give communities across the country a real input into their local health and social care services. Government regulations require all service providers to respond to any issues and concerns raised by the LINK. Local Involvement Networks pick up from where Patient and Public Involvement Forums left off, but with a wider brief and more power to hold providers to account.

At Derbyshire LINK our focus is on helping to shape services to meet the needs of individuals, and to help improve them as a result of people's experiences. We aim to work closely with all of our Members, Stakeholders and Service Providers, interested organisations from both the Voluntary and Business sectors, and individuals within Derbyshire.

Now in our third year, Derbyshire LINK is giving communities across the County a real input into their local health and social care services.

We aim to engage people in different ways whether that is through group meetings or events, or even in local market places. We want to understand those services that are not working, and just as importantly, the things that are. We investigate issues on their behalf, presenting them to the service providers and recommending improvements to these services in order to meet people's needs.

Derbyshire LINK cannot succeed without your help and input. We want you to be involved, whether that is through commenting on single issues when you speak to us, or by becoming a LINK member and helping us in finding solutions. *Continued on page 11*

## Derbyshire LINK Open Events

Derbyshire LINK ran two 'open' events during October, one at the new Chesterfield Football Club and the other at Derby Rugby Club to further raise awareness and thank existing members for their support.

Both events were well attended with attractions including taster pamper sessions, laughing yoga, smoothie bike and 'garra ruffa' fish treatments! In keeping with the LINK remit there were also various health and wellbeing stalls offering advice and support. Children were kept entertained with a craft table and face painter (as were some of the adults!).

Following the release of the White Paper, 'Equity and Excellence Liberating the NHS', back in July there was an informative presentation delivered at both events by a representative from the PCT's Patient & Public Involvement team regarding "Changes to your Health Services in Derbyshire."

A prize draw took place at the end of each event for the chance to win a Nintendo DSi XL. The lucky winners were Kim Shaw at the Chesterfield event and Leonnie Leighton at the Derby event.

Both events saw the number of registered members with Derbyshire LINK significantly increase and with all LINK staff and hosts feeling that these two inaugural events were well received. Derbyshire LINK are now making plans to power ahead with focussed engagement work during the next 6 months, with early stage plans for a further public event next year. Watch this space for further details!

Contact Derbyshire LINK: Tel: 01246 558924  
Email: [info@derbyshirelink.org.uk](mailto:info@derbyshirelink.org.uk)  
Web: [www.derbyshirelink.org.uk](http://www.derbyshirelink.org.uk)

# NOTICE BOARD NOTICE BOARD NOTICE BOARD

## New Email Addresses for NDVA Staff

Our old email addresses (xxxx@btconnect.com) have been replaced by:

**General enquiries** - [info@ndva.org.uk](mailto:info@ndva.org.uk)

**Sue Thickett** - [sue@ndva.org.uk](mailto:sue@ndva.org.uk)

**Bryony White** - [bryony@ndva.org.uk](mailto:bryony@ndva.org.uk)

**Roger Kerry**  
[mentalhealth@ndva.org.uk](mailto:mentalhealth@ndva.org.uk) /  
[roger@ndva.org.uk](mailto:roger@ndva.org.uk)

**Jacqui Willis** - [jacqui@ndva.org.uk](mailto:jacqui@ndva.org.uk)  
(Jacqui's derbyshirelink address remains unchanged)

**Roz Van** - [roz@ndva.org.uk](mailto:roz@ndva.org.uk)

**David Timcke** - [david@ndva.org.uk](mailto:david@ndva.org.uk)

Our old email addresses will run in tandem with the new ones for a few weeks - but please do add our new addresses to your contact list.

Please let us know if you have problems in sending emails to any of us.



## Carers Workshop

**Derbyshire County Council /  
Derbyshire Carers Association /  
Derbyshire County NHS PCT**

Offered to Social Services, Health Care & Housing Staff and workers within the voluntary sector. Providing an opportunity to undertake development activities that have been specifically devised for the Carers Strategy Project.

**26th January 2011**  
**1.30 pm to 4.30 pm**  
**Buxton Social Services**

**10th February 2011**  
**10.00 am to 1.00 pm**  
**South Derbyshire CVS,  
Swadlincote**

**22nd February 2011**  
**10.00 am to 1.00 pm**  
**Strutts Community Centre,  
Belper**

This workshop builds on the Understanding and Working with Carers Together workshop delivered during 2010 and previous attendees will find this a useful continuation of the programme. First time attendees will also find the programme both informative and useful.

**To book a free space on one of these sessions please contact either Nicky Parsons or Michaela Pickard at Derbyshire Carers Association on 01773 743355 or email: [nicolap@derbyshirecarers.co.uk](mailto:nicolap@derbyshirecarers.co.uk)**

## Staveley - Communal Space and Meeting Rooms

Derbyshire County Council have opened their first Community Care Centre in Staveley (Middlecroft) which is aimed at providing a range of services and communal facilities to help older people living in the area stay as independent and healthy as possible.

The Centre is managed by Adult Care and offers:

- Accommodation for 16 long-term residents with complex needs including dementia,
- 16 short-term places for respite short breaks and intermediate care, for instance after a stay in hospital,
- A range of day opportunities for older people in the local area including a hair salon, advice and information areas, activity rooms and an internet cafe,
- Advice and help with new technology that can help people to live safely in their own homes in the 'assistive technology shop' including demonstrations,
- A short breaks service to support older vulnerable people and their carers,
- A range of health and well-being facilities including a fitness room, physiotherapy and treatment rooms run in partnership with NHS Derbyshire County and local health care providers,
- A Health & Wellbeing zone containing a wide variety of information and signposting to other useful services.

There are a number of rooms available for use by health and social care professionals, as well as voluntary sector groups:

- Room 1: Fitness Room / Meeting Room – approx 20 people
- Room 2: Treatment Room
- Room 3: Treatment Room
- Room 4: Small Meeting Room – approx 6 people
- Hot Desk opportunities
- Community Area – if certain agencies wish to place an information stand or leaflets etc in the community area.

There is also a bistro, offering a range of light lunches, snacks and hot and cold drinks.

The Centre is fully accessible, with the community areas all being on ground floor level and there is also ample parking.

***Adult Care are trying to increase the number of groups and activities that are currently being provided from the Centre and welcome enquiries from voluntary sector providers as to how they might use the communal space and meeting rooms to widen opportunities for older people within the Centre.***

For further details or to express an interest, please contact the Centre Manager, Andrew McEleny on

**01629 533040 or email: [thestaveleycentre@derbyshire.gov.uk](mailto:thestaveleycentre@derbyshire.gov.uk)**

## VOLUNTARY SECTOR MENTAL HEALTH NETWORK (VSMHN)

### County-wide Forum

On 28th September VSMHN, in partnership with the Southern Derbyshire Voluntary Mental Health Forum (SDVSMHF), held the second County-wide Forum. This was the voluntary sector's chance to gather together to hear David Gardner, Head of Mental Health Commissioning for NHS Derbyshire and to ask him the questions we wanted answering in these uncertain times. Over 40 representatives attended from organisations throughout the County.

The meeting started with an update from the Amber Trust Health Trainer Project and then went on to elect its representatives to sit on the Derbyshire Mental Health Services Trust's Council of Governors. Should the Trust be successful in its current application for Foundation Trust status, the representatives will be Wendy Beer from Derbyshire Mind and Kathy Kozlowski from Amber Trust.

David Gardner then gave an overview of the current and future challenges faced by Commissioners and the Voluntary Sector.

He answered a wide range of questions from the floor. He stressed the value of Voluntary Sector experience and expertise, as well as value for money, but said that whilst the Sector would not be singled out for cuts, all spending will be reviewed. Voluntary providers will need to be flexible in order to meet the challenges of the new climate. The Commissioning Team themselves have been reduced and changes have been made. Raj Kang will now be dealing with voluntary sector contracts.

David has promised to come back in the spring to talk to all the organisations again.



David Gardner

## VSMHN & the Next Year

January 1st will mark the beginning of the sixth year of the NDVA Mental Health Liaison Service and the VSMHN. We have just received our contract to run until March 2013. It seems to the Team that this is a good time for us to evaluate the work of our service and plan for the future years.

We are currently preparing an evaluation and a work plan. In our view the greatest challenge for us will be to ensure that our Members can compete and continue to provide services in the new climate. We are all aware of the difficulties of tendering for and running the sort of large contracts that are now being offered. Roger will be working to build on relationships with commissioners to ensure a “level playing field” for the local providers and fair competition.

In addition to the work with Commissioners Roger, in partnership with the Southern Derbyshire Voluntary Sector Mental Health Forum, will be trying to forge relationships with larger providers from the voluntary, public and private sectors. It is his belief that to preserve our local sector, one of the ways forward will be as sub-contractors to larger organisations.

We will also be aiming to get our Sector’s message across to the shadow GP consortia when they form, so that they are fully aware of the work of the local organisations.

As part of our evaluation we will be asking for members ideas as to how we can help them to meet the challenges of the future. We want our service to be a useful resource for you.

*Continued from page 7*

### Individual / Group Membership and Volunteering Opportunities - Derbyshire LINK

Any individual living in Derbyshire can become a LINK Member. We also want groups and organisations to be involved in LINK. If you think you could help us achieve better services, we are looking for LINK stakeholders to play an active part in how we tackle and solve issues and how we promote LINK across Derbyshire.

Derbyshire LINK also has some interesting and ‘out of the ordinary’ volunteering opportunities, including LINK Champions, ‘Writer-in-Chief’ and ‘Enter and View’ Authorised Representatives.

**For further information, visit <http://www.derbyshirelink.org.uk> – where you can click on ‘member registration’ or ‘volunteers’ from the main screen.**

**Alternatively, please contact Derbyshire LINK at Chesterfield (01246 558924) or at Ripley (01773 512076).**

# Consultations on Adult Care proposals

## Consultation on proposals to change the way Derbyshire County Council runs Adult Care Services

**This feature sets out the contents of a letter sent from NDVA to Bill Robertson, Strategic Director, Adult Care Services at Derbyshire County Council in response to a DCC consultation exercise, which ended on 5th November.**

NDVA had invited its members to submit their views on the proposed changes and to suggest other ways the County Council may be able to make savings.

Despite the tight response deadline that we had to impose, 30 replies were received. Of those, 28 indicated whether they agreed with, were not sure about, or disagreed with each of the four proposed changes.

### Proposal 1

**Helping pay towards personal care using Disability Living Allowance or Attendance Allowance:**

Agree	20 (71%)
Not sure	3 (11%)
Disagree	5 (18%)

### Proposal 3

**People to pay (£122 pa) for maintenance and repair of stair lifts etc:**

Agree	7 (25%)
Not sure	15 (54%)
Disagree	6 (21%)

### Proposal 2

**Changing the level at which people qualify for care – from moderate to substantial needs:**

Agree	10 (36%)
Not sure	7 (25%)
Disagree	11 (39%)

### Proposal 4

**To end automatic top up grants for major home adaptations:**

Agree	14 (50%)
Not sure	11 (39%)
Disagree	3 (11%)

**All 30 respondents put forward questions and comments about the proposals and these are summarised on page 13 & 14.**

## Proposal 1

### Helping pay towards personal care using Disability Living Allowance (DLA) or Attendance Allowance (AA)

- Agree with proposal but the future must be clear – no increases without further discussions.
- Agree with this provided DCC sticks to its pledge not to take into account people's main homes as savings or any income related benefits or pensions
- A disabled person's income is usually lower and this represents a larger proportion of this income.
- Many people on benefits have additional expenses well above the norms of daily living
- The contribution should never exceed 50% of the benefit received for DLA or AA.
- People who receive DLA and AA were not awarded this benefit to give it back to the Council when the financial climate took a down-turn. This will risk disempowering and marginalising disabled people. It will reduce the choice and control they have over their lives. (Two respondents)
- Income is drastically reduced when a partner or other member of the family gives up work in order to act as carer. Who pays the family carer?
- How did DCC arrive at the figure of £23.90? (Two respondents)
- £23.90 is far too much for me to afford
- Has DCC forgotten that DLA /AA is not for care alone but for a raft of other items including leisure activities and travel?

- Disabled people under 60 do not receive winter fuel allowance but spend many hours indoors – this extra cost has to come out of the DLA
- DCC says people with savings over £50,000 will pay a bit more. What does 'a bit more' mean? (Two respondents)
- Agree with proposal but could level of contribution be stepped for people for whom full, immediate implementation may cause hardship? (Two respondents)

## Proposal 2

### Changing the level at which people qualify for care – from moderate to substantial needs

- Concerns that the terms 'moderate' and 'substantial' are ambiguous - so assessment criteria needs to be clearly defined. (Three respondents)
- Agree with proposal but all genuine cases must be protected.
- Concern about the increased burden on carers (Three respondents)
- Important that assessments are fully explained to service users and their carers
- Prevention can often avert an escalation of needs (Three respondents)
- There must be an independent appeal process and no implementation should take place until the appeal is dealt with
- Support a robust vetting procedure to ensure people really qualify for help. If they do then those with a moderate need should continue to be helped.

# Consultations on Adult Care proposals

- Concern about fear of withdrawal of continuing care for people coping with, for example, the consequences of brain injury – undermining of well being and independence.
- Raising the bar in this way will exclude many people who need real assistance to maintain a reasonable level of life.
- This will leave many older people vulnerable as there are not sufficient voluntary groups to provide the services they need (Two respondents)
- Question the legality of leaving people with moderate needs without care (DCC commitment to Supporting People). Concern that this proposal will cause hardship (Two respondents)

## Proposal 3

### **People to pay (£122 pa) for maintenance and repair of stair lifts etc**

- Question why people should pay for maintenance on equipment they do not own.
- A modest charge but DCC needs to ensure users undertake regular inspections
- Surely a master policy taken out by DCC would result in a contribution much lower than £122?
- If people need help it should be provided free (three respondents) and those more fortunate in society should pay (One respondent)
- Concern about the financial impact this will have for those already on limited incomes (Four respondents)

- What about people who purchased their stair lifts privately and then agreed to dedicate them to DCC in exchange for a maintenance and repair service?
- A pity that the contract with the stair lift supplier did not include an extended warranty clause.

## Proposal 4

### **To end automatic top up grants for major home adaptations**

- Need more information re numbers and costs
- Question whether top up grants were ever automatic having been subject to some degree of means testing.
- Concern about some contractors who may overcharge
- Not every person has been granted a disability grant for adaptations
- If they are assessed as in need, it should be provided. People should be helped to stay in their own homes – moving to NHS or private accommodation could be more expensive.
- In some cases a grant is vital to ensure people can stay in their own homes
- There should be a right to independent arbitration where a grant is refused
- District Councils do not have the finances to meet any short fall
- Define 'people who really need it' - who will decide and how?

## General comments:

- Generally support the proposals but if agreed they must be implemented fairly and with care and equality. (Three respondents)
- Generally agree – as long as the service user is able to pay
- Benefits paid to disabled people are often their only source of income; these proposals are backward step which will create dependency both socially and financially on another person / organisation.
- The proposals are very worrying for carers
- The services in Steaveley are appropriate for the needs of the population. This is a disadvantaged area and our residents need good services.

### **Suggestions regarding alternative / further means of achieving savings:**

- Greater involvement of 'not for profit' organisations in providing services (Three respondents)
- Ensure grants and pump priming monies for community groups and voluntary organisations are maintained – they represent outstanding value for money (Four respondents)
- Invest to save – provide preventative programmes so people need less care (art and other projects that provide

companionship, friendship, chance to learn new skills) reduced demand on GPs hospitals and social care. Well being declines if people cannot get out and do anything worthwhile. (Two respondents)

- More sensible approach to transport services especially in rural areas (e.g. 12 seat mini buses in remote areas instead of near empty 50 seaters; provide part subsidised 'village' taxi / car schemes).
- Increase charges for laundry service and 'Wiltshire meals'
- Reduce paperwork re direct payments
- Single assessment – sometimes 3 or 4 by different departments / agencies
- Greater co-operation between NHS and adult care to reduce expensive 'crisis interventions'
- Review the way Home Care Agencies operate and are paid – DCC often pays even when agency staff do not turn up. The whole system is inefficient and the service user's needs are often not given the priority they are entitled to expect.
- Fewer routine meetings! (Two respondents)

We asked Mr Robertson to ensure DCC's consultative procedures would take on board the above statistics and comments made by individuals, community groups and voluntary organisations active in the fields of health and social care across Derbyshire.

# NETWORK NETWORK NETWORK

**NETWORK is available in large print or on tape on request. It is also available on the NDVA website. Please contact NDVA if you prefer to receive Network in either of these versions.**

The next distribution date for 'Network' newsletter is 14 March 2011. If you would like an article included, please ring or e-mail NDVA to discuss and send copy to us by 11 February 2011.

**Office 1, The Market Hall, Chesterfield, S40 1AR**  
**Telephone: 01246 555908 Email: [info@ndva.org.uk](mailto:info@ndva.org.uk)**

**Website: [www.ndva.org.uk](http://www.ndva.org.uk)**

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**Derbyshire LINK Website: [www.derbyshirelink.org.uk](http://www.derbyshirelink.org.uk)**

**Email: [info@derbyshirelink.org.uk](mailto:info@derbyshirelink.org.uk)**

## **NDVA Directors** **as from 21st April 2010**

Sue Howard  
Teddi Carlson  
Roland Brown  
Heather Fawbert  
Jackie King-Owen  
Ann Sullivan  
John Wardle

## **NDVA Staff**

David Timcke, Chief Officer  
Sue Thickett, Administrative Assistant  
Jacqui Willis, Liaison Officer  
Roz Van, Finance Officer  
Roger Kerry, Mental Health Liaison Worker  
Bryony White, Mental Health Administrative Assistant  
Vacant, Derbyshire LINK Manager  
Sharon Buels, Derbyshire LINK Administrative Support