

# Review of City of York Council's Elderly Persons' Homes



## **Report on Public Consultation Feedback**

# Review of City of York Council's Elderly Persons' Homes (EPHs)

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### **Introduction**

This report summarises feedback received from a variety of different sources including:

- 1,163 consultation questionnaire responses.
- Public consultation meetings attended by 104 members of the public.
- A variety of other meetings and workshops with interested parties such as EPH staff, Care Management staff (social workers), and Age UK York.
- E-mails, letters, and voicemails to the Review Project Team.
- Public consultation sessions held in supermarkets and at the 50+ Festival Information Fair.

Appendix A provides more detail of the numbers of people that have participated in the various consultation settings.

The public consultation focused - in the questionnaire, in the public consultation meetings, and in the various workshops with staff – on three key areas:

- The strategic direction
- The design specification for a modern residential care home
- The options for the future

This report presents the collated feedback under these three headings.

## The strategic direction

### **Should the council redirect more of its resources from residential care into helping people stay at home with appropriate support for longer?**

70% of questionnaire respondents agreed that resources should be redirected from residential care into helping people stay at home with appropriate support for longer.

There was broad support too at the public and staff meetings for this direction of travel, but with some caveats attached:

- Social isolation is a major concern – older people feeling lonely, and unsafe in their own homes. Older people need stimulation, regular contact with the outside world, and practical help.
- One voluntary sector organisation made a plea for more funding to help underpin the vital role that the voluntary sector plays in supporting older people to remain living in their own homes for longer, without becoming socially isolated.
- There are key gaps in community based provision that will need plugging over the coming 3-4 years if the strategy of reducing traditional residential care provision is going to work. The following areas were suggested as needing further investment and development:
  - Sheltered housing with extra care, with 24 hour support on-site
  - A wider range of (supported) housing options
  - Extra care housing for people with dementia
  - More effective night care service
  - Addressing continence issues
  - Better, more flexible day care opportunities, including help with personal care
  - Rehab and intermediate care – this would enable people longer to recover and longer to make important decisions about their future
  - Home care that is more outcome focused and less task focused
  - Better use of personal budgets
  - More community support – eg befriending, volunteer visitors.

- Increased support to carers.

### **Should the council focus residential care on specialist needs for people with dementia, high dependency and nursing care requirements?**

86% of questionnaire respondents agreed that the council should focus on providing specialist residential care and, again, this view was broadly supported in all the other forms of feedback.

Several people, however, were uncomfortable with the proposed drop from 276 to 200 beds, and wanted further evidence/information to convince them that this number would be enough to meet demand. Likewise, a few people queried whether 20 respite care beds would be enough to meet demand and noted the big impact on carers if there was insufficient respite care available. A few respondents wanted more information on the “total market” of care homes and services for older people in the city - including those provided in the independent sector - and the difference in charges.

EPH staff and Care Managers also highlighted other areas of specialist need that would need to be accommodated in our plans:

- People with dementia and high dependency needs
- Younger people with dementia
- Specialist needs – eg personality disorders, depression, challenging behaviour.

York’s Green Party suggested that it should be made clear what the new criteria will be to qualify for a residential care bed if new homes are built so that the difference between the criteria now and in the future is made explicit.

### **Is the council right in its ambition to ensure that people do not have to move between different types of care home as their needs change?**

91% of questionnaire respondents agreed with this ambition, and people were equally supportive of the ambition in the various consultation meetings. There were a few notes of caution, however. It will be essential for Health

partners to be 'signed up' to this vision, and Care Managers noted that, without the turnover of people 'moving on' to nursing care, our capacity may be tested.

### **Should the council modernise its Elderly Person's Homes to better meet the needs and aspirations of York residents over the next 40 years?**

88% of questionnaire respondents agreed that the council should be modernising its Elderly Person's Homes. This view was widely supported in the other consultation settings – there seems to be a general recognition that our nine EPHs have served the city well but they are reaching the end of their useful life.

### **Should the council provide day care in dedicated facilities in the community rather than in Elderly Person's Homes?**

72% of questionnaire respondents felt that day care should be provided in the community rather than in EPHs. This view was widely supported in the other consultation settings, although a couple of comments suggested that removing day care from EPHs would reduce still further EPH residents' exposure to different faces and the outside world.

A significant consultation exercise with the council's current day care service users was run in parallel to the wider consultation. 30 out of 40 day care customers were interviewed one-to-one, to discuss their current day care service and to capture their views on the possible future options that could be available. A separate report (available on request) provides the detailed results of this day care consultation, but the headline messages are:

- 17% of the respondents felt satisfied that their current day service fully met their needs, with a further 43% indicating that whilst the current day service met some of their needs, they would like more choice and control if given the option. 33% of users indicated that the levels of stimulus and choice at their current day care setting did not meet their needs.
- 63% of respondents said that they were not aware of the community based day care settings in York, such as Age UK York's day clubs.

- 67% of respondents were positive about the types of example activities that such day clubs provide.
- 40% of respondents expressed an interest in attending such community based day care, and a further 27% were interested but expressed some reservations.
- 60% of respondents said that they would consider paying more for their day care service if it were to give them more choice and variety.

### **The design specification for a modern residential care home**

Do you agree that you would expect to see the following features in a modern elderly person's home? (a long list of features was included, eg bigger bedrooms; en-suite facilities for all bedrooms; wider corridors and doorways for wheelchair access).

97% of questionnaire respondents agreed that the listed features should be included in any design specification for a modern residential care home. The design specification generated lots of interest, discussion, and ideas at the public consultation meetings and staff workshops. Feedback included the following points:

- **Bigger bedrooms** were seen as essential. They would give residents more space to entertain visitors, allow for more personalised rooms (eg accommodating the resident's own furniture) and give staff more room in which to work and support residents. They will need to have enough circulation space for wheelchairs.
- **En-suite facilities** were seen by most as being essential, although 11 questionnaire respondents felt that they were not needed. One member of EPH staff suggested that being able to see the toilet from their room is a helpful prompt for residents with dementia. Whilst accessible wet-rooms were generally seen as the way forward, one respondent suggested that a bath option should also be available as this is important to many older people.

- **A range of smaller areas for day space, rather than one or two large spaces.** People liked the idea of a range of different sized rooms that could be used for different activities, to provide residents with a range of options.
- **Rooms to be flexible so that they can switch between different types of care** – this was recognised as being key to the council’s ambition to provide lifetime care. At the Care Management staff workshop we debated whether, given the likely need to ‘unitise’ a large modern care home (ie dedicated units/wings for people with dementia), the council would be able to offer a home for life, but not a room for life as people may need to move around the building if/when their care needs changed.
- **Wider corridors and doorways for wheelchair access** were universally recognised as being essential.
- **Maximum of two storeys high.** The vast majority of people would not want to see a care home built above two storeys, fearing that a third floor would become isolated and that residents on the top floor would find accessing the dining facilities and gardens more of a challenge. Emergency evacuations would also be more difficult. EPH staff also spoke of the increased challenge of working across more than two floors and the fact that it can lead to ‘split’ teams. There was some recognition, however, of the economic arguments for ‘building up’ and getting more resource on a given site.
- **Gardens that provide a secure environment but offer scope for exercise.** Gardens probably generated more discussion and ideas than any other aspect of the specification. Suggestions included:
  - Undercover/sheltered areas
  - Areas that provide privacy
  - Raised vegetable beds, allotments, greenhouses and potting sheds
  - A sensory focus to the gardens
  - An indoor garden/s
  - Multiple, easy access points to the gardens (ie double-doors)
  - Involving the wider community in helping maintain the gardens

- **Sprinkler systems** to reduce risk to residents should there be a fire – universal support, although a couple of respondents sought assurances that such sprinkler systems could not be easily activated by accident.
- Is there **anything else** not listed that is important to you? We received lots of other comments and ideas, including:
  - More activities/facilities for residents
  - Guest accommodation for visiting relatives
  - Double/twin/adjoining rooms for couples (whether straight or LGBT) or sisters
  - Circular routes - essential for people with dementia
  - Lifts - there needs to be at least two, and they need to be large enough to accommodate beds and stretchers. Stair/chair-lifts were also requested.
  - Treatment rooms on each floor for visiting physios and nurses
  - Welcoming reception areas
  - Light and airy corridors and spaces
  - Open plan feel with lots of glass, views and low windows
  - Plenty of interesting vantage points where residents can “watch the world go by”
  - Important to get the colour schemes right for people with dementia and people with a visual impairment
  - Designed with visual impairment in mind – eg easy routes to follow, hand rails that can guide, no obstacles that can be fallen over
  - Good air conditioning
  - Eco-credentials of any build need to be high to ensure the very highest levels of energy efficiency and sustainability
  - Access to kitchenettes/cooking facilities for residents and visitors
  - TVs in bedrooms
  - Wi-fi
  - Future proofed cabling and wiring
  - Voice controlled systems for opening doors and storage units
  - Ceiling tracked hoists
  - Sufficient parking for visitors and staff
- **Responding to changing demographics** – a couple of respondents highlighted the rising numbers of Black and Minority Ethnic (BME)



residents in York and the importance of ensuring that any new builds can meet the specific cultural, religious, and faith needs of all. Another respondent noted the increasing size (height and weight) of the general population and suggested this be factored into our planning for facilities and equipment.

- **Involving the wider community** – several people suggested that the design and facilities should be opened up in such a way that the local community is encouraged to come into the building and interact with residents.
- **Quality of care and staff** – 37 questionnaire respondents also made comments stressing the importance of ensuring a high quality of staff, and ensuring that staffing levels were appropriate. Several people echoed this theme in the public meetings and staff workshops, stressing that - no matter how well designed and fantastic the building is - this will be a wasted opportunity if we do not get the level of services and quality of care right.

The Consultation Background and presentations pointed respondents towards concept drawings for possible 'new build' modern care homes on three sites – at Fordlands, Haxby, and Lowfield – and asked:

Do you think that these buildings can be designed in such a way that they do not become too big and impersonal?

90% of the questionnaire respondents agreed that the buildings could be designed in such a way that they do not become too big and impersonal. Feedback from the other consultation settings also suggested that people are, in the main, comfortable with the idea of 55 bed care homes. We only received a handful of comments arguing for smaller sized care homes.

Do you think that these three sites (at Fordlands, Haxby, and Lowfield) would offer a reasonable geographical spread of residential care across the city?

85% of questionnaire respondents agreed that the three sites would offer a reasonable geographical spread of residential care across the city. This mainly positive response was largely echoed in the other consultation settings, although a few people commented on a lack of provision to the east and centre of the city. The impact of moving from nine sites to three, in terms of the increased difficulty of getting to homes (particularly for relatives and staff who do not drive), was also highlighted by several people. York's Green Party argued for the identification of a fourth site to retain a better geographical spread.

Throughout the public consultation, the care village concept at Lowfield attracted a lot of interest and support. People liked the idea of the independent living bungalows and the fact that a mix of tenures would be available – outright purchase, shared ownership, and rented. Indeed, a number of respondents wanted to put their names down for one of the bungalows! There was also strong support for the concept of a Social Centre, providing a focal point for the village and wider community. Some respondents wanted to see a range of facilities provided within the village (eg shop, hairdressers, post office) whilst others felt it important that residents accessed facilities in the wider community.

Many people said they hoped that the care village would be more affordable and accessible than Hartrigg Oaks. Some did not like the idea of creating a 'ghetto for older people', whilst others stressed the need to find ways of bringing the wider community into the village area. For example, one questionnaire respondent suggested that playground facilities should be factored into the village so that young children, including the grandchildren of village residents, could play on-site.

York Older People's Assembly's (YOPA) written response argued that a single, larger 'dual registered' care home and a greater proportion of independent living in bungalows or flats might represent a more balanced community than the two care homes and 21 bungalows shown in the concept drawing. YOPA also felt the title 'Care Village' was inappropriate and stigmatising.

If new elderly person's homes were to be built, who would you want to actually provide the care within these new homes? Please tick ONE box only.

The questionnaire responses broke down as follows:

- The council – 54%
- A private care provider – 1%
- A 'not for profit' care provider – 18%
- No preference providing the solution provides best value for money – 27%

Analysis of the response to this question purely from current EPH residents, day and respite care service users, relatives, and staff showed that:

- 242 out of 309 people would want the council to provide the care.
- 2 out of 309 would want a private care provider.
- 16 out of 309 would want a 'not for profit' care provider.
- 49 out of 309 expressed no preference providing the solution provides the best value for money.

These questionnaire responses were mirrored in the public meetings and staff workshops, where people overwhelmingly identified the council as the preferred provider. A number of people, however, suggested that we should not rule out reputable 'not for profit' providers. People generally reported a high level of mistrust in the private sector, and only two people at the public meetings expressed the view that competition should be welcomed through engagement with the private sector. People suggested that the higher price for in-house care provision was a price worth paying for a (perceived) higher level of quality and continuity of care. "You get what you pay for" was an oft-heard quote.

## **Options for the future**

The Consultation Background and presentations requested people's views on the five options for the future. Questionnaire respondents were asked to rate their strength of support for each of the five options. The percentages reported below exclude those respondents who gave 'no answer' to the options.

### **Option A – Take no action**

8% of questionnaire respondents agreed with Option A, whilst 85% disagreed with it. The vast majority of people recognised that doing nothing is not a viable option in the long run. Even many of our current residents and their relatives acknowledged the need for change whilst, quite understandably, admitting to being concerned by the upheaval that may bring.

### **Option B – Extend and refurbish**

40% of questionnaire respondents agreed with Option B, whilst 41% disagreed with it. We received one challenge in the staff workshops from someone who felt that not enough information on this option had been shared and that, by 'thinking outside the box' a little more, the council could maybe have identified other sites and opportunities. A couple of relatives at one home also argued that their site lent itself to this option, and York's Green Party called for a 'second opinion' to be set alongside Property Services' analysis. The vast majority of people, however, did not see Option B as a long-term viable option. There would be huge disruption for residents, we would have to compromise on key elements of the design specification (eg corridor width), and further investment would be needed within a relatively short period of time.

### **Option C – Purchase all or an increased number of beds from the private sector**

20% of questionnaire respondents agreed with Option C, whilst 59% disagreed with it. In the public meetings and staff workshops many of the comments, as with Option E, centred around concerns about the profit motive of the private sector, the recent problems with Southern Cross, high

staff turnover, variable quality, and higher charges. People expressed concern at the prospect of the council losing its control and bargaining power in the wider market if it did not have the 'safety net' of some in-house provision.

#### Option D – The council funds, builds and operates three new care homes

86% of questionnaire respondents agreed with Option D, whilst 6% disagreed with it. There was also overwhelming support for Option D at the public meetings and staff workshops. Oft cited reasons included – well trained staff, low staff turnover, working for the public not for profit, and greater influence and control for the council. There was some discussion at one of the EPH staff workshops about how reducing the cost difference between Options D and E, by agreeing to some reduced terms and conditions, might help keep the service in-house. But the alternative view was also suggested, that efforts should be focused on campaigning for better terms and conditions for staff in the private sector. York's Green Party also called for the council to take a lead on a Living Wage policy to bring wages in the city up to a realistic minimum.

#### Option E – The council enters a partnership to fund, build and operate three new care homes

49% of questionnaire respondents agreed with Option E, whilst 34% disagreed with it.

A lot of the discussion around Option E in the public meetings and staff workshops centred around a perception that choosing Option E over Option D may save money but would almost inevitably result in a poorer quality of care being provided. Anecdotally, several people spoke of their experience of the private sector - painting a picture of high staff turnover, staff for whom English is not their first language, and a comparatively limited investment in training. To counterbalance this, we did also hear of some very positive experiences of care provided in the private sector.

With EPH staff the preference was clearly for the council to remain as their employer, with the private sector at the bottom of their wish-list and the others (eg social enterprise; Local Authority Trading Company; 'not for profit' provider) falling somewhere in between.

The consultation questionnaire asked respondents to provide details of any other options which they felt the council had not considered.

No new options were suggested by any of the questionnaire respondents, although several people commented in the other consultation settings that it would be possible, and indeed could be preferable, if the council mixed and matched some of the different options in moving forward. For example,

- The council might fund and build the new care homes (Option D) but enter a partnership with an external operator to deliver the care (Option E). Or,
- The council might fund, build and operate new care homes on one or two of the three sites (Option D), but enter a partnership with a developer/operator to fund, build and operate on the other site/s (Option E).

The consultation questionnaire asked respondents if they wanted to add any other comments as part of their consultation response.

70% of questionnaire respondents did not add any other comments. 5% of respondents took the opportunity to reiterate their preference for the council to run any new care homes. Other additional comments have been fed into the most relevant sections above.

### **Other feedback**

- **Managing the change.** Whilst most people recognised and supported the need for modernisation, several respondents also noted the significant level of uncertainty and worry that such change brings for current EPH residents and their families, and for EPH staff. The point was made that there is a significant human dimension to all these proposals that must remain at the heart of all our thinking and planning. Residents, relatives and staff alike, all expressed a desire for residents and staff to be 'moved together' wherever possible.
- **Maintaining quality of service.** At one of the EPH staff workshops a member of staff sought assurances that, if a programme of new builds did go ahead, the council would continue to invest essential spend on our

current EPHs all the time that they remained open, so that we could maintain a high quality of service.

- **Tapping into local expertise.** A number of respondents urged the council to ensure it worked closely with relevant local experts in developing its plans for the future – for example, the University of York, University of York St John, the Joseph Rowntree Foundation (JRF), and the JRF funded “Dementia Without Walls” project.
- **Closer working with Health.** A recurring message at some of the public meetings and in the staff workshops (especially with Care Managers) was the need to ‘join up’ our plans much more overtly with Health, including Mental Health. “The interface with Health needs to be much stronger”.
- **Financial costs - to the council and individuals.** Several people were keen to understand how the council intended to fund the new build proposals, and one person commented that, given the financial climate and competition for resources, it was just as important to understand what else will not be done if these plans were to go ahead. Other respondents noted the fact that the review is being considered at a time when the government has yet to respond to the Dilnot Commission on the ‘Funding of Care and Support’ (July 2011). Some people were anxious to understand what the likely charge would be for a place in any new build.
- **Surplus sites.** There was significant interest in what would happen to the other seven sites, should the programme of new builds go ahead. Many people assumed they would be sold off to part-finance the change programme, whilst others were keen to see them considered for alternative uses (eg as extra care schemes).

## Review of City of York Council's Elderly Persons Homes

**Summary of public consultation opportunities and participation rates**

This Appendix sets out the various mechanisms by which we have collected feedback from people as part of the public consultation process, and indicates the numbers of responses we have received via each route. It does not summarise the content of people's feedback, which is captured in a separate report.

Questionnaire

A 'Have your say on the future of City of York Council's Elderly Persons Homes' questionnaire was developed to capture people's views on the issues and options outlined in the Consultation Background document. Copies of the questionnaire were distributed in early August to a wide range of groups (see table below). The deadline for questionnaire responses was Monday 26 September, at which point 1,163 responses had been received, broken down as follows:

Stakeholder Group	No. of q/nnaires distributed	No. of q/nnaires returned	Response rate %
EPH residents	209	86	41%
EPH relatives	198	94	47%
Day care service users & relatives	51	17	33%
Respite care service users & relatives	122	29	24%
EPH staff	293	92	31%
Mailing lists of:			
• Age UK York	1,000	247	25%
• Alzheimer's Society	350	97	28%



<ul style="list-style-type: none"> <li>• York Blind &amp; Partially Sighted Society</li> <li>• York Older People's Assembly</li> </ul>	800	158	20%
	330	115	35%
Wider public - via public consultation meetings, libraries, residents' associations, supermarket sessions, etc.	Self-completion	131	
On-line responses		66	
ID number removed		31	
<b>TOTAL</b>		<b>1,163</b>	

Of the 3,370 questionnaires posted out to a “named” recipient – 935 were completed and returned, meaning a very good response rate of nearly 28%. Overall 1,163 people completed a questionnaire (935 by post, 131 by self-completion, and 66 on-line). This means the results are an accurate reflection of York’s population within +/- 2.9% at the 95% confidence level. Unsurprisingly, given the nature of the consultation and the direct mail out to EPH residents/relatives and older people’s groups, a large proportion of the respondents were over 55 years old:

- 55-64 years old – 19% of all responses
- 65-74 years old – 23% of all responses
- 75 years and over – 36% of all responses

68% of the questionnaire responses were completed by females, 25% by males, whilst 7% preferred not to give their gender.

### Capturing the views of current EPH residents and relatives

Current EPH residents and their main family contacts were invited to meetings at each of the nine EPHs on Monday 11 July, the day that the 19 July Cabinet report on the EPH Review went public. These meetings were attended by 93 relatives (from 77 families) and 18 residents and EPH managers captured residents’ and relatives’ initial reaction to the

issues and options included in the report. EPH Managers continued to capture residents' and relatives' comments, questions and concerns throughout the public consultation period and fed these into the Review Project Team for collation.

Age UK York was commissioned to provide support to a number of EPH residents who EPH Managers felt would benefit from such support in completing the consultation questionnaire. Of the 38 residents Age UK York were asked to help support, they managed to help 23 - 2 had already completed the questionnaire with help from relatives, and the remaining 13 were either not well enough to participate on the day they were visited or did not want to complete the questionnaire.

### Public consultation meetings

Four public consultation meetings were held in September.

<b>Date</b>	<b>Venue</b>	<b>Attendance</b>
1 <sup>st</sup> September	Gateway Centre, Acomb	14
5 <sup>th</sup> September	Haxby Memorial Hall, Haxby	8
6 <sup>th</sup> September	St Oswalds Church Hall, Fulford	17
19 <sup>th</sup> September	Friends Meeting House, Friargate (as part of York Older People's Assembly's quarterly public meeting)	65
<b>TOTAL</b>		<b>104</b>

On 16 September we posted on the EPH Review's web-page on the council website a 'Questions & Answers' document which provided a written response to the questions and concerns that had been raised at the first three public consultation meetings.

## Consultation displays in supermarkets and at 50+ Festival

Consultation displays were also set up in the foyers of three supermarkets and at the 50+ Festival Information Fair at the Guildhall. Council staff discussed the review with members of the public and handed out some 300 copies of the consultation questionnaire.

<b>Date</b>	<b>Venue</b>
7 <sup>th</sup> September	Sainsburys, Monks Cross
8 <sup>th</sup> September	50+ Festival Information Fair, the Guildhall
13 <sup>th</sup> September	Morrisons, Foss Islands
16 <sup>th</sup> September	Tesco, Askham Bar

## Other Meetings

The following meetings also received presentations and had the opportunity to discuss, and feedback views on, the three key elements of the consultation.

<b>Date</b>	<b>Meeting</b>	<b>Attendance</b>
31 <sup>st</sup> August	EPH staff workshop (am)	20
	EPH staff workshop (pm)	20
13 <sup>th</sup> September	Age UK York AGM	30
23 <sup>rd</sup> September	Care management staff workshop (am)	30
	EPH staff workshop (pm)	33
28 <sup>th</sup> September	Equalities Advisory Group	15
<b>TOTAL</b>		<b>148</b>

## Meetings with other stakeholders

Members of the EPH Review Project Board also discussed the review, and collected feedback from colleagues, at the following meetings:

<b>Date</b>	<b>Meeting with</b>
23 August	Mental Health colleagues from NHS North Yorkshire & York and Leeds Partnership Foundation Trust
5 September	Mike Padgham, Chair of the Independent Care Group
20 September	John Kennedy, Joseph Rowntree Housing Trust
21 September	Corporate Asset Management Group (CYC)
21 September	'Levels of Care' Group, NHS North Yorkshire & York
27 September	Professor Diane Willcocks
10 October	Heslington & Fulford Ward Committee
12 October	Westfield Ward Committee

## Other stakeholders

The Review Project Team has written to a wide group of over thirty stakeholders (including partner organisations in Health, Voluntary Sector, and the independent care sector) on three occasions (on 11 July, 25 August, 11 September) to update them on the review, and to highlight the various routes by which they could feed their views into the consultation process.

## Written responses

Since the public consultation period began we have received written responses on the review and the options for the future (by letter and e-mail) from the following individuals and organisations:

- John Bettridge – Chair of the Dementia Working Group
- John Bidy

- Jim Breen – Emergency Planning Co-ordinator, City of York Council
- Keith Chapman
- Martin Eede
- Dr Michael Morris
- Mary Philpott
- Kevin Pratt – General Manager, Mental Health & Older People's Services, NHS North Yorkshire & York
- Stuart Roberts
- Helen Snowden
- Professor Diane Willcocks
- Joyce Wilson
- York Blind and Partially Sighted Society
- York Green Party
- York Older People's Assembly

#### E-mail and voicemail responses

Since the public consultation period began we have captured the views of, and/or answered queries from, 7 respondents who used the review's voicemail facility, and 7 respondents who contacted the review's e-mail address.

#### Specific consultation exercise on day care services

Day care services are currently provided to 40 service users in six of the nine EPHs. As well as the wider consultation exercise around the future of the EPHs we have also undertaken a specific consultation exercise around the future of day care services with these service users and their relatives.

All 40 service users were written to and alerted to the fact that someone from the Contracts and Commissioning Team would be attending a specific day care session in the week beginning 12<sup>th</sup> September to meet with them, one-to-one, to discuss their current day care service and capture their views on possible future options that could be available. Of the 40 service users identified, 30 were interviewed. Those not seen

included people who did not attend on the day as planned (4), and people who were ill (3) or in hospital (1).

All service users who had a Next of Kin identified on the Directorate's care management database were identified and each relative was written to separately, to advise them of the planned consultation date and to invite their involvement and input. One such person attended a consultation interview with their relative.