

How bad will this have to get before we take to the streets to say the effects of these cuts on vulnerable people is unacceptable?

Rosemary Trustam looks at how local authorities are going about the cuts and challenges them to look at more acceptable ways of saving money.

Over the last few days we've been watching people in Egypt stand up for what they believe is right. In Britain we've started to see for the first time since the poll tax protests, people out on the streets protesting about the decision to take away maintenance grants from students in further education and raise the costs to students of their degree from £3,000 to up to £9,000 per year, significantly reducing the government contribution to higher education. Even the government's attempts to sell off our forests are producing a response. We have only just begun to mobilise over the extremely large impact of the proposed cuts to adult services for the most vulnerable people.

I've put my name to concerns about the welfare bill currently going through parliament to take the mobility component of DLA away from some of the most vulnerable and excluded people – those adults and children whose care needs can only be met by residential care. Such action will thus ensure further exclusion from the community for them as they will be unable to go out unless the home can find the resources. But the occasional trip out is not the same as being able to get out to visit friends, relatives or places under their own steam using their mobility allowance.

In the meantime the government is intent on spending money we don't have to 'ransform' the national health service yet again. How many times has it been so transformed in the last 20 years and how much exactly have these transformations cost in redundancies, buildings, consultancies, new modelling, communication, new headed paper even.... and what exactly does it achieve?

Most primary care trusts found themselves wrong-footed with this unexpected policy change, as they had been trying to save money by joining chief execs, sharing back-office support, getting into larger configurations with mergers... It is hard to see how the government policy of changing to what seems likely to be smaller commissioning groups of GP consortia will be more efficient and make more more effective use of money. I for one have seen no well argued case for it or any government analysis of the likely consequences.

In the meantime, the government has been commissioning larger organisations and the squeezes on local authorities is threatening the survival of smaller local organisations. There is evidence of mergers or take-overs already happening and some smaller organisations have been approached by consultancies working on behalf of large national voluntary and private organisations looking to take over business in areas they want to move into.

Recently, I heard of a small parent-led local charitable agency working in learning disabilities forced to reduce their chief executive's hours and risk losing their independence. In other areas we hear of local authorities re-tendering small local services with service users having no say,

losing good local trusted charities in what seem pointless changes of provider. Other commissioners have sat down with providers and renegotiated terms, recognising the waste of change and unnecessary disruption to satisfied service users of tendering processes which may save pennies but rarely improve the lot of service users.

In social care and learning disabilities services, we've been working hard to develop more individualised local services and to meet the aims of Valuing People for service users to have a life in the community on the same terms as others. High standards have quite rightly been set for us but they have a cost.

But while providers are willing to try to make savings by, for example, working more co-operatively, we may be inadvertently colluding with illegal actions by commissioners. Local authorities have a legal duty to assess needs and meet them if someone meets the FACS criteria. Some local authorities – Lancashire is an example – are trying to make savings here which in theory should not be possible if people's needs haven't changed. At the very least, they have to show how the financial package or commissioned service meets the assessed needs. If the service user feels they have not in fact carried this out, they have the right to a judicial review. Where packages are being reduced, advocacy should be involved in encouraging service users to get legal support.

Lancashire County Council plans to manage its required reductions of £179 million across three years, Over one-third of the cuts will impact directly on the most vulnerable people. They and the government seem to see the answer in self-directed support but the reality is that only a small number of people with learning disabilities will have someone to manage their package of care. The vast majority will need support, adding an additional administrative cost to providers' costs. In Lancashire providers are being asked to run all commissions as personal budgets from April on a 'provider-brokered route', a double-accounting task as each service user's budget has to be run separately.

I would like to see more providers move away from the competitiveness created by aggressive bottom-line commissioning towards finding other solutions, such as sharing resources, using assistive technology to better manage some risks and working with local voluntary groups to develop more community awareness and safety nets.

But I'd also like to see local authorities doing more work on what are likely to be the risks and consequences for our people of such stringent cuts. The government should be made accountable for their actions, rather than falling over themselves to make unacceptable cuts. How bad will this have to get before we all take to the streets to say this is all too much too quickly and effects on the most vulnerable cannot be accepted?