

**Cabinet**  
**6 March 2014**

**6. PREVENTION, EARLY HELP AND OTHER SUPPORT  
FOR ADULTS AND YOUNG PEOPLE: OUTCOME OF  
CONSULTATION AND FINAL RECOMMENDATIONS**

**Relevant Cabinet  
Members**

Mrs S Blagg, Mrs E A Eyre, Mr M J Hart

**Relevant Officers**

Director of Adult Services and Health and Director of Children's Services

**Recommendation**

- 1. The Cabinet Members with Responsibility for Adult Social Care, Health and Well-being, and Children and Families recommend that Cabinet:**
- (a) notes the thorough consultation on prevention, early help and other support services for adults and young people and that this has captured a full response;**
  - (b) notes the responses to consultation from partners, users and providers of services and the public, and that these had been used to revise the initial proposals and develop final recommendations for prioritisation and re-commissioning of services;**
  - (c) notes the feedback from the Adult Well-being Overview and Scrutiny Panel and resolves to seek the views of the Adult Care and Well-being and Children and Young People's Overview and Scrutiny Panels during implementation of the recommendations;**
  - (d) approves the recommendations for prioritisation and re-commissioning of services as set out in paragraphs 48 to 50 and Appendix 1 of the report;**
  - (e) notes that these recommendations include an extended transition period moving to a reduced level of revenue funding, in recognition of the concerns raised during consultation about the pace of change;**
  - (f) approves the use of the further £2.0M identified in the Council's budget-setting process, in addition to the £1.1M from Directorate reserves, to fund this transition period (as set out in Table 2 and Appendix 1);**
  - (g) considers the Equality Impact Assessments in respect of the recommendations, bearing in mind the need to**

## Context

comply with the Public Sector Equality Duty;

- (h) supports ongoing discussions with partners about re-commissioning of services, including whether they would be able to identify additional investment;
- (i) supports ongoing discussions with providers of housing-related support for adults about how services could be maintained during transition, noting that initial conversations have indicated that they should be able to identify alternative sources of funding for 2014/15;
- (j) supports discussions with partners and providers of housing related support for vulnerable families and young people in order to inform re-commissioning and agree an integrated approach to ensure as far as possible that families get the right support at the right time and avoid any unintended consequences of increasing demand on statutory services.

2. 'Future Lives: Pathways to Independence' is the major change programme in Adult Services and Health. The main outcomes are to:

- Promote health and independence
- Reduce the need for adult social care
- Allow greater choice and control for service users
- Maximise the quality and productivity of services
- Achieve the required savings
- Ensure compliance with relevant anticipated legislation, especially the Care Bill.

3. Transforming Early Help Services is a major change programme in Children's Services. Underpinned by Worcestershire's Early Help Strategy, the programme aims to work with families to 'nip issues in the bud', preventing family breakdown and the need for high cost services. The main outcomes are:

- Protect children and young people from harm and neglect enabling them to grow up in stable and secure families
- Improve educational outcomes for children and young people to enable them to fulfil their potential and maximise their contribution to the economy when they become adults
- Improve health outcomes for children/young people encouraging and supporting positive lifestyle choices
- Promote a community response to local need.

4. In terms of savings, the Council needs to save £30M in 2014/15 and £25M annually thereafter. The scale and pace of these savings is unprecedented and is not unique to Worcestershire, this is a challenge nationally. The Council's

overall priorities and the proposed budgets and savings for each service area were the subject of debate at Cabinet on 6 February 2014 and Council on 13 February 2014. It is anticipated that the Directorate of Adult Services and Health needs to save £32M between 2014/15 and 2016/17, including £13M in 2014/15. This would reduce net expenditure on adult social care by £13M over 2014-17, compared to a reduction of £3M between 2011/12 and 2013/14. It would maintain the budget for adult social care at 42% of the corporate total in the face of demand and cost pressures from an ageing demographic and inflation - with further consideration required of what additional funding might be required to meet the anticipated requirements of the Care Bill.

5. Achieving savings of this scale will require radical and rapid change and some difficult decisions. The Council has decided not to change the eligibility threshold for adult social care, and will continue to meet the needs of people where these are assessed as 'Critical' or 'Substantial' under the Fair Access to Care Services (FACS) criteria. However, the Council will need to meet the eligible assessed needs of more people but with less money available to it, and will therefore have to commission or provide services differently. **Accordingly, in the light of the harsh financial situation and the continued need to meet our duties to our 'statutory' clients, this report addresses the need to urgently review 'discretionary' expenditure in relation to services which the Council is not legally obliged to fund or provide under the relevant community care or children's legislation.**

6. Children's Services continue to manage significant pressures, particularly in respect of Children's Social Care placements. It is recognised that there are interdependencies between adults' and children's services which require consideration and an integrated approach to ensure that families get the right support at the right time and avoid the unintended consequence of increasing demand on statutory services.

7. It is important to bear in mind that the current consultation was limited specifically to prevention, early help and other support services, which have been funded on a discretionary basis, largely through entering into contracts with providers. This represents only 10% of the Council's overall investment in adult social care – as highlighted in Table 1. FACS eligible services include nursing and residential care, home care, day care and services purchased with direct payments, provided in compliance with statute and which fall outside the recommendations in this report.

8. The recommendations would transfer £911K of housing support to children's services early help, which would bring the planned spend on prevention, early help and support services to children, young people and families to approximately £6M by 2016/17. This is intended to help manage the demand on

children's social care budgets which currently equate to approximately £44M, of which £24M is for looked after children placements.

**Table 1: Adult Social Care Budget 2013/14**

Group	Budget: Excluding central support recharges			
	Prevention, early help and other support	Social work assessments	FACS eligible services	Total
	£'000	£'000	£'000	£'000
Learning disabilities	966	1,900	47,644	50,510
Mental health	1,055	3,900	4,555	9,510
Older people	7,207	6,990	46,653	60,850
Physical Disabilities / Sensory Impairment	941	630	10,329	11,900
Children's related services	1,883	0	0	1,883
Other	2,917	0	7,330	10,247
<b>Total</b>	<b>14,969</b>	<b>13,420</b>	<b>116,511</b>	<b>144,900</b>

## Prevention, early help and other support

9. One of the main projects under the Future Lives programme is Keeping Well (formerly known as Ageing Well). The project aims to promote health and independence and reduce the need for adult social care. It has a Future Fit target of £8.770M savings, and £0.280M has been achieved by initiatives not included in this report. This still leaves a savings requirement of £8.490M (profiled £7.832M in 2014/15 and £0.658M in 2015/16). The approach will include:

- Better information and advice for people about how to stay healthy and independent and plan for old age, and where to find support in their communities. The aim is to have a high quality website that offers a full range of information and advice relevant to health and well-being and adult social care, and to put in place support to allow everyone to access the internet – for example through libraries, GP surgeries and the voluntary sector
- As part of the Council's new duty to improve people's health, action to help to build stronger, healthier communities to reduce the need for health and adult social care in the longer term. This will include developing a strategy to increase volunteering and build on community assets to increase the range and depth of support available in communities
- Commissioning of some prevention, early help and other support for adults.

## Initial proposals for prioritisation and re-commissioning

10. Adult Services and Health has historically commissioned a range of prevention, early help and other support services for adults and young people. These are not part of the Council's statutory duties, are funded on a discretionary basis and are in addition to the Council's statutory duties under the FACS criteria. Services have been commissioned for a wide range of groups, including older people, but also people with disabilities, those experiencing domestic abuse, and with addiction problems. Current services and funding were described in the consultation document and further details are shown in Appendix 1. A thorough review of the existing contracts has been conducted since the Cabinet report on the 7 November 2013 and updates made to the funding and savings profile. Total funding for these discretionary services includes £14.698M from the Council's base budget as well as £0.271M from the Public Health Ring Fenced Grant (PHRFG) totalling £14.969m as detailed in table 1.

11. Many of these discretionary services were originally funded through the 'Supporting People' programme. Supporting People was launched in 2003, bringing together a range of different funding streams and services to create a ring-fenced grant that funded a programme of housing related support that aimed to support vulnerable people to live independently. This supported the statutory services of a range of partners, notably the District Councils in respect of housing, the Department for Work and Pensions in respect of employment, and Probation in respect of offending. It included long-term support for older people or those with learning disability and shorter term support for people in crisis, such as offenders, substance misusers, homeless people, or those experiencing domestic abuse. Services include floating support, where a worker visits a client in their home, regardless of where they live, as well as supported accommodation such as a refuge or hostel place. The ring-fence was removed in 2009 and there is no longer any **specific** grant funding. At the Cabinet Member decision meeting on 12 February 2014, members received a briefing on the funding which is now included in the calculation of the Council's revenue funding settlement. Funding for these services therefore needs to be considered in the context of the Council's overall financial position and statutory duties.

12. Initial proposals for future investment in prevention, early help and other support services were presented to Cabinet on 7 November 2013 and approved for consultation. These are listed in Appendix 1, described in the consultation document and included:

- Re-commissioning housing support to vulnerable families and young people as part of the Children's Services Early Help commissioning, with the potential for funding to be devolved to District level Children's Early Help providers. This will allow realignment of services with other Early Help services for children and families and

- should maximise their effectiveness at reducing the need for specialist high cost services e.g. children's social care
- Re-commissioning housing related support for people with a learning difficulty, mental health problems, physical disabilities/sensory impairment and people with substance misuse problems or at risk of homelessness with services redesigned to focus on supporting people at high risk of requiring adult social care
- Discontinuing funding for housing related support for older people. Reinvest £500,000 in Extra Care housing for older people, which will be key to reducing the need for residential care. An allocation of up to £5M of Community Capacity Grant capital funding for investment in specialised housing services, including Extra Care, was approved by Cabinet on 18 July 2013
- Re-commissioning information and advice as part of an integrated and easily accessible service, primarily online with dedicated support available for specific groups where necessary
- Re-commissioning employment and reablement services for people with learning disabilities and mental health problems, focusing on FACS eligible service users with funding to be devolved into personal budgets over time
- Re-commissioning housing adaptations and repairs jointly with the District Councils
- Re-commissioning services for people experiencing domestic abuse and homelessness.

13. The Council, jointly with the Clinical Commissioning Groups (CCGs), is also pursuing a Social Impact Bond as detailed in the 12 December 2013 Cabinet Resources Report. This would bring around £1.7M of external investment into the county from socially motivated investors to fund services to reduce social isolation in older people. The agreement with investors would be on an outcomes basis: the Council and CCGs would only reward investors if the services were effective.

## Initial savings

14. The initial forecast revenue savings were forecast to achieve £8.713m against a target of £8.490m by 2015/16. However, the profile of savings in 2014/15 were forecast to achieve £6.700m compared to a savings target of £7.832m necessitating the use of £1.132M of Council reserves in the next financial year to achieve financial balance. They included use of the Public Health Ring-Fenced Grant where possible to mitigate the impact of reductions in the base budget. This has been possible due to efficiencies elsewhere in staff and services funded from the PHRFG, as well as a small uplift expected next year. The total savings also allowed for reinvestment of £0.5M into Extra Care for older people.

## Consultation process

15. The proposals were released for consultation with staff, partners, affected people, the wider public and providers between 19 November 2013 and 21 January 2014. The consultation included:

- Ten thousand hard copies of the questionnaires, which were printed and distributed with a freepost address for responses
- A website where residents could submit a response online or download a questionnaire to complete. There were 4,113 visits to the website with 2,936 unique visitors
- There were 213 mentions of #futurelives on Twitter with #futurelives retweeted a further 109 times
- Briefings for all of the main public sector partners including the NHS (Clinical Commissioning Groups, Health and Care Trust and Acute Trust), Police, Probation and District Councils
- Multiple briefings and discussions with the voluntary sector
- Ninety seven consultation meetings attended by over 1,500 people. These meetings were held across Worcestershire at various locations and at various times. Where requested, childcare facilities, interpreters or sign language specialists were made available.
- Presentations and discussions were held at four Future Fit roadshows
- An Easy Read document was made available for consultation. Phone support was offered to help complete consultation responses where required. 14 people were assisted over the phone to complete questionnaires. 6 letters were received and have been entered as consultation responses. 63 people attended meetings on the 15 January (Sight Concern) and 16 January 2014 (Deaf Direct). 16 people also attended Sensory Impairment Consultative Group on the 11 December 2013. Cabinet Members met with both Deaf Direct and Sight Concern representatives.
- A full list of meetings is detailed within Appendix 2.

16. Cabinet Members had a high profile during the consultation, with appearances on local radio and attendance at a number of consultation meetings. They also visited a range of services by invitation and held discussions with partners, service users, carers and providers – including:

- YMCA
- St Pauls
- 6 District Housing representatives
- The County's Registered Social Landlord representatives
- Citizen's Advice Bureau
- Probation Service
- Deputy Police and Crime Commissioner
- West Mercia Women's Aid more informally at the Princess Anne visit
- St Basils
- Sight Concern
- Deaf Direct

## Overview of responses

- Learning Disability Carers
- Health and Care Trust.

17. The responses to consultation included a number of constructive comments about the consultation document and its presentation on the website that will be used to inform future consultations.

18. The consultation received a total of 1,826 responses: 1,496 responses on the consultation document, and 330 letters, emails and other correspondence. These responses included a total of 5,561 comments, which have been analysed. The characteristics of respondents where known is detailed below:

- 1,264 were from individuals and 176 from organisations
- 900 had used one or more of the services affected
- 630 had long-standing illness, disability or infirmity
- 387 were carers.

19. The consultation also received five petitions with a total of 2,397 signatures in relation to the following services:

- Wellcheck (1831 signatures)
- YMCA (305 signatures and letters)
- Wyre Forest Sheltered Housing (54 signatures)
- Bliss Care and Support (127 signatures)
- General petition (80 signatures)

20. Overall 30% of respondents agreed with the proposals completely, 38% agreed partially (and disagreed partially), and 32% disagreed. This varied depending on which group of people the proposals related to, as shown in Appendix 3. Respondents made suggestions for increasing or reducing funding for each group, also shown in Appendix 3. There was support for increasing funding for Families and Young People, Learning Disabilities, Mental Health, Older People, Physical Disabilities and Sensory Impairment, Domestic Abuse and Homelessness and for further reducing funding for Substance Misuse and Offenders.

## Views of partners

21. Feedback from partners is summarised below and is contained in the letters from individual organisations:

### **NHS (Clinical Commissioning Groups and Worcestershire Health and Care Trust)**

- Understood the pressure the Council finds itself in regarding the financial pressures
- Recognised that minimising the impact of funding reductions can only be achieved by working together
- Were concerned that reducing levels of support would increase demands on services including general practice, accident and emergency and other urgent care services
- Supported the continued and focussed alignment with children's services



- Were concerned at the level of reductions to services that help people to keep their tenancies, particularly those that also suffer mental illness
- Were pleased to see the level of funding to support dementia care is being retained and additional investment in the Extra Care Housing
- Are concerned about reductions in funding for Wellcheck and the Community Mentoring and Befriending service
- Were concerned about the potential cumulative impact on vulnerable people of reductions in funding across the public sector
- Noted the lack of research to demonstrate the effectiveness of these services - and that in many cases this is due to an absence of data: there is a risk that effective services might be lost because the evidence has not been collected.

**Report of the Local Criminal Justice Board Business Manager, following consultation with some members of criminal justice agencies, but not representative of them:**

- Recognised that difficult decisions have to be made, and broadly supported restrictions to services which it is felt do not reduce crime, such as support for young carers; older people's services; physical disability and sensory impairment services and for people with learning disabilities
- Expressed strong concern about other elements of the proposed programme, which it argued may well impact negatively on victims and crime rates, specifically domestic abuse services; substance misuse services; offenders' services; and homelessness services
- Suggested that £286,700 proposed investment in learning disability services should be diverted to support offenders in the community
- Expressed strong concern about increased costs to other agencies which may result from the proposed reductions
- Supported joint co-commissioning and an alignment of re-commissioned services between relevant agencies.

**West Mercia Probation Trust**

- Highlighted that the Council has duties under the Crime and Disorder Act 1998 and is a key partner in Integrated Offender Management, and that housing related support is an important aspect of rehabilitation
- Raised concerns that reductions in funding might increase risks for vulnerable people, especially those at risk of domestic abuse
- Highlighted a risk that offenders might be hard to track if they were not living in supported housing, which might make reoffending more likely
- Noted that nationally 39% of adult offenders have a current mental health problem and illness and 49% have a history

## Feedback from Overview and Scrutiny

of mental health problems

- Noted that the evidence base is weak because services were never asked to collect data about the impact of services on demand for adult social care
- Noted that the Probation Service transformation programme will be developing from April 2014, and raised concerns that success of this government initiative might be jeopardised by the reduction of offender support.

### District Councils

- Highlighted that housing related support is not a statutory duty of District Councils
- Were concerned that the reductions in funding are 'top down'
- Were surprised by the lack of evidence to justify the effectiveness of current services
- Were concerned that the timescales proposed are too ambitious with little transition time
- Were concerned that vulnerable adults might be left without essential support
- Were concerned about costs being pushed to Housing Authorities, health services and the criminal justice system
- Were concerned about the impact on the financial viability of local voluntary sector organisations
- Were concerned about the cumulative impact of funding reductions in adult social care along with reductions in bus subsidies and suggest that the Council assess the impact of this
- Offered to be involved in any re-commissioning of services, bringing local knowledge to decision-making.

22. The Council will seek ongoing discussions with partners, including the Police and Crime commissioner, about re-commissioning of services, including whether they would be able to identify additional funding.

23. The Adult Care and Well-being Overview and Scrutiny Panel have considered aspects of the consultation at three meetings on 19 December 2013, 9 January 2014 and 28 January 2014. These meetings dealt with adult social care, domestic abuse, and learning disabilities. Powerful individual testimonies from individual service users were heard, and providers also gave evidence. Feedback is summarised below and contained in the letters from the Panel. The consultation has not been directly considered by the Children and Young People's Scrutiny panel but officers from Children's' Services have been in attendance at the Adults' Well-being Panel.

- Were concerned about the brevity of the consultation process
- Were concerned that the impact of changes might only become apparent once they had been made
- Stressed that partners were willing to be involved in

## Emerging themes, consideration and amendments to proposals

redesigning services and that the Council should be in dialogue the NHS, District Councils and others to ensure the best outcome for residents

- Highlighted Safeguarding risks linked to greater use of community and volunteers to provide services to those with moderate or low needs
- Supported the long-term vision for a high quality, digital information system but noted concerns about older people's ability to access and use the technology
- Were concerned that some contracts might be ending as soon as 31 March 2014, which would leave little time to plan transitional arrangements
- Were disappointed that the decision will be made by the Cabinet Members rather than by Cabinet and strongly recommended that the Cabinet consider the future of these services.

24. Three major cross-cutting themes emerged from consultation. These are listed below along with a consideration and resulting revisions to proposals. A further analysis of the views expressed with some illustrative quotes is presented in Appendix 4.

### Concerns about the scale and pace of funding reductions

25. A range of overall views were expressed about the funding reductions:

- The largest number (2109) of comments expressed outright opposition:
  - "UK is one of the wealthiest nations in the world. How can we justify cutting all this?"*
  - "Targeting the most vulnerable"*
  - "Undermines our claims to be a civilised society"*
  - "Will lead to a more divided society"*
  - "Too great and too rapid"*
  - "Services have been invaluable"*
  - "People will die on the streets, and that's not hyperbole"*
  - "Older people have 'paid their dues' and should expect services"*
  - "As previously stated I would not cut; I wish to pay more"*
  - "This is ludicrous. How can you even think about stopping any of these vital services?"*
  - "I feel very angry that you have used the term ' limited evidence' have you asked the commissioned services for the evidence?"*
- A slightly smaller number (1,803) of comments expressed a view that reductions in funding were unfortunate but necessary:
  - "Harsh decisions need to be made"*
  - "You have made the best of a terrible situation"*
  - "Not legal duties"*
  - "Should be the responsibility of Housing Associations"*

*"These services attract other funding"*

*"Considerable overlap in the support that is offered"*

*"Reduce overall as required, then review the impact and adjust/ fine-tune at a later stage"*

*"Financial cuts are becoming a way of life, but if things get better may be budgets can be increased in later financial years."*

*"This sounds like a good provision will still be in place."*

- Other (687) comments expressed a view that the proposals were correct and that if anything funding should be reduced further:

*"Can't afford this luxury"*

*"Money is wasted on these services for people who don't try to help themselves"*

*"Individuals needs to take more responsibility and rely less on public services"*

*"Older people get enough money from the public purse - it's time they stopped being mollycoddled"*

26. The scale and pace of funding reductions has been driven by reductions in funding for local authorities from central government and the Council's legal duty to set a balanced budget in the face of this as well as increased demand and cost pressures across all services.

27. The Council's priorities for investment are its core statutory duties and there is less funding available for discretionary services – including prevention, early help and other support. Other local authorities have already discontinued or substantially reduced investment in these discretionary services and the fact that the Council has been able to protect funding for so long has arguably contributed to the pace of reductions which are now required. A report to the House of Commons in 2012 reported that Nottinghamshire was planning 67% reductions in its former Supporting People budget; Cornwall 40%; and Rochdale 30% (House of Commons Library 2012, Research Paper 12/40). Since then, the Inside Housing publication has reported (1/2/13) that Derby planned an 81% reduction.

28. The Council will continue to invest £5.7M annually for adults and £0.9M for children in this portfolio of prevention, early help and other support services. Investment will be focused on those people at greatest risk of requiring social care, and those services that we can be most confident will reduce demand and costs for social care (which we will be under a legal duty to meet) in the longer term.

29. A consistent theme raised during the consultation was concerns about the pace of funding reductions. Partners and many providers of services accepted the inevitability of funding reductions given the financial challenge facing the Council, and had highlighted that a longer transition would afford an opportunity to find alternative sources of funding in some cases and redesign services to mitigate the impact on those people affected. In view of

this we recommend the use of an additional £2.0M of Council reserves identified in the Council's budget-setting process (including deferred savings) over and above those identified in the 7 November 2013 Cabinet report, as set out below and in Appendix 1. It is important to understand that this would be time limited and is to assist management of the transition: it is not long term funding. However it would delay the implementation of funding reductions for most services and allow a longer period for service redesign.

### **Concerns about the delegation of decision-making to the Cabinet Members**

30. Cabinet delegated the decision (to be taken following the consultation) to the Cabinet Member with Responsibility for Adult Social Care in consultation with the Cabinet Members for Health and Well-being and Children and Families at its meeting of 7 November 2013. This was in order to allow greater speed and flexibility of decision making and was entirely legal and within the scheme of delegation of the Council. However, given the strength of concerns raised during consultation and recognising the significance of the decision in terms of the size of the funding reduction and the number of people affected, the final recommendations have now been brought to Cabinet for a decision in public. This demonstrates the Council's commitment to listening to people's views and to transparency of decision-making in this particular case, although on the understanding that there will be future decisions that Cabinet or the Leader will decide to delegate to Cabinet Members.

### **Concerns about the length of time available for consultation**

31. Although the Council has been working on a programme of savings for a number of years, the full extent of reductions in funding from central government over the next 2-3 years only became apparent during 2013/14, when it became clear that meant that substantial additional savings were required from 2014/15. In light of this, the initial proposals were developed during the autumn and the 7 November 2013 Cabinet was the earliest that consultation could have been launched. This meant that the time available for consultation was limited. Nevertheless, as detailed in paragraphs 15 to 17, the consultation has been extensive, and as detailed in paragraphs 18 - 20 has elicited a good response. Cabinet can therefore be confident that the full range of views has been captured. The fundamental principles of consultation have been met – the proposals were still formative (and indeed have been altered as a result of the consultation), sufficient reasons and detail were given to allow consultees to understand them, sufficient time was allowed for responses to be considered and made, and responses are being carefully taken into account.

32. Although formal consultation has ended, the deferment of a decision to 6 March 2014 Cabinet has allowed a short additional period to hear further views, and for further discussion with

## Families and young people

partners and providers, which has allowed further refinement of the final recommendations. In addition there will be further engagement with partners, service users, carers and providers during the re-commissioning period and the proposed additional money from Council reserves will allow this to be extended beyond that originally envisaged for most services.

### Specific themes

33. In addition some specific themes emerged for each group of people and type of service. These are described in Appendix 4. A summary is presented in Appendix 1 along with a consideration, and any resulting revisions to proposals. The key points are highlighted below.

34. 232 responses expressed outright opposition to the proposals:

*"As I live in supported accommodation and have been in also care of children's services and feel I still need to be supported"*

*"The proposed cuts and move to Children's Services are likely to affect the financial viability of the supported accommodation schemes where the support is currently delivered."*

*"Without these services, I could potentially be homeless and jobless, however, now I am a tenant of my own property."*

35. 94 respondents agreed completely with the proposals:

*"It seems reasonable that funding should be aligned with a similar facility to stop any duplication. It may mean that Children's Services is the place to go for any issues and can be all dealt with in one place."*

*"It is better to spend a little bit to prevent an escalation which would further down the line far more."*

*"I agree that earlier help and intervention is more effective than dealing with an entrenched problem"*

36. 339 respondents agreed partially with the proposals:

*"I understand the points of above and transferring the funding to children's services but feel support of young families and adults does have some amazing outcomes and needs to continue where possible."*

*"Supported accommodation and housing related support for families and young people provides a safety net for the most vulnerable people at critical points in their lives. This support is vital if they are to change their lives for the better."*

37. Feedback gathered throughout the consultation by the Lead Cabinet Member for Children and Families highlighted the

following:

- The importance of engaging with key partners (e.g. Registered Social Landlords, Strategic Housing Officers) in any future commissioning to harness their experience and expertise and build on existing work on housing protocols.
- The need to develop a deeper understanding of risk in relation to increasing demand on specialist services (e.g. social care)
- The need to strengthen the voice of young people in the re-design of services.

38. The consultation also highlighted widespread concerns about the likely impact of withdrawing housing support for young people, families and teenage parents. Housing support provides advice and support on aspects such as managing rent and benefits, cooking, bills, furnishing and life skills/emotional support to assist in living independently and to take control of their lives. The concerns highlighted if these functions were removed included:

- Increased rough sleeping/sofa surfing.
- Reduction in specialist young people and teenage parent accommodation.
- Increased numbers of young people accommodated by social care.

39. There were over 70 comments relating to the support for Young Carers. Many respondents supported the proposals to protect the budget for this vulnerable group of children and young people. However, a large majority had mis-interpreted the proposals and were assuming that the funding to support Young Carers would also be reduced. This was not the proposal.

## Adults

### **A theme that the evidence of impact of prevention, early help and other support was stronger than presented in the 7 November 2013 Cabinet paper and consultation**

40. There have been a number of analyses of the cost benefits of the former Supporting People programme. Some (notably Capgemini 2009 for DCLG) have suggested that these services produce savings elsewhere in the public sector. However these were not based on original data or studies. Instead they were based on modelling a set of assumptions about the 'alternative scenarios' that might arise if the services were not available, and there is no way of knowing whether these assumptions were correct. The methodological limitations of this analysis were acknowledged in the original reports although they have not always been made clear when the results have been quoted – including in subsequent reports such as the report to the House of Commons in 2012 (House of Commons Library 2012, Research Paper 12/40). Other reports have presented a more complex account of benefits. This is not to infer that these services have not made a positive

contribution to people's lives or that the money has not been well spent in the past: the issue is that we now have to ask that they meet a sterner test, that we can clearly demonstrate that they reduce the demand for and costs of statutory services. Note that the original programme was rolled out to a national specification that was not designed to allow an analysis of the impact of Supporting People funded services on social care, healthcare or other public sector services.

41. A number of case studies were submitted to the consultation. These have been very helpful in that they have added to our understanding of how the remaining funding might be focused. However there remains no hard research evidence that Supporting People has been successful at reducing dependence or ill health and therefore adult social care or health care costs, or indeed costs elsewhere in the public sector. In fact there are a large number of people in receipt of these services who are also receiving FACS eligible adult social care. As prevention, early help and other support is re-commissioned, this should be done in a way that allows a robust evaluation of the impact on demand for adult social care, healthcare and other public sector services.

#### **A theme that reductions in funding for these services would increase demand for adult social care and health services**

42. It is impossible to state with any certainty that a reduction in funding for prevention, early help and other support would lead to an increased demand for adult social care or health care - this is a risk but it is difficult to determine its size. The Council, working with the local NHS, will monitor the impact on adult social care and health care carefully and consider re-investment as appropriate. Where partners are concerned about the impact of the Council's funding reductions on their own statutory services we should seek further discussions about what investment they might wish make alongside the Council's remaining £6.6M in order to sustain prevention, early help and other support.

#### **Concerns about proposed reductions in funding for housing related support and questions about why this varied between the different groups**

43. This has been addressed by pooling the remaining funding for housing related support with the intention to develop more generic services that can respond more flexibly to a wider group of people. The majority of services should be re-commissioned in partnership with District Councils as Housing Authorities, and redesigned to focus on supporting people at highest risk of requiring adult social care and services that we can be most confident will reduce demand and costs for adult social care in the longer term. There are ongoing discussions with providers of housing related support about how services could be sustained in the longer term. Some of these are large and financially healthy organisations: the five largest have a



## Other themes

combined turnover of £157M and substantial reserves. Some of them have indicated that they are already exploring alternative sources of funding, such as user charges and contributions from rent. The discussions also include how services could be maintained during 2014/15. This may require use of additional Council reserves, subject to negotiation with individual providers.

### **Concerns about the cumulative impact of funding reductions across the Council and other public organisations on vulnerable people**

44. Respondents identified that the Council has a corporate programme that includes other changes that have already been agreed, are out to consultation, or are in the planning phase and raised concerns about the cumulative impact on vulnerable people. They especially highlighted the recent consultation on reductions to bus subsidies. They also noted that other public organisations are making changes that might affect the same groups of people. It is important that the combined impact of these changes is understood in order that any additional measures required in mitigation can be planned.

45. There were a two further themes emerging that were not related to the consultation but related to other aspects of Future Lives.

### **Concerns about the ability of vulnerable adults to use online services**

46. The Council is committed to enhancing access to the full range of its services via the internet and is developing a Digital Inclusion Strategy to ensure that everyone can use online services. The aim is to have a high quality website that offers a full range of information and advice relevant to health and well-being and adult social care, with signposting to opportunities in the community as well as an e-marketplace where services could be purchased, either with Direct Payments for Council funded services, or by self-funders. We recognise that some people will need support to access the internet and that considerable work is required with service users and carers as well as the voluntary sector to understand what they need from a website, what support they need to access it and how we put this in place – for example facilitated access at Libraries, GP surgeries and sheltered housing.

### **Concerns about whether volunteers would be willing or available to support adult social care**

47. With less discretionary funding available from the Council we will need more volunteers to contribute to providing support. This will include 'good citizenship' (e.g. visiting an elderly neighbour) as well as organised volunteering through the voluntary sector. The Council is working with the voluntary sector through the Worcestershire Voices Board, to develop a

## Recommendations

strategy to increase volunteering and build on community assets to increase the range and depth of support available in communities.

48. Recommendations for the future of prevention, early help and other support services are summarised below and detailed in Appendix 1. The expectation is that through redesign and re-commissioning of services there will be opportunities to increase their effectiveness and maximise the impact of that funding remaining.

- i. Re-commission some housing support to vulnerable families and young people through the commissioning of early help services in Children's Services. Current contracts, excluding Homestart (which will be picked up by the existing children's services early help providers) to run or be extended until 1 January 2015 to allow time for re-commissioning and transition. This is a 3 month extension to the original proposals and will require use of £0.207M Council reserves. A key theme from the Children's Trust Board consideration of housing issues in relation to young people was we should aim for a more preventative solution to homelessness. This will inform future commissioning and work with providers to redesign housing related services to young people.
- ii. Re-commission support for Young Carers through the commissioning of early help services in Children's Services. There will be no reduction in funding for these services at this time.
- iii. Re-commission some housing related support for vulnerable adults with an estimated reduction in revenue funding of £5.861m. Services should be re-commissioned in partnership with District Councils as Housing Authorities, and redesigned to focus on supporting people at highest risk of requiring adult social care, and services that we can be most confident will reduce demand and costs for adult social care in the longer term. There should be discussions with providers of housing related support about how services could be sustained in the longer term by drawing on alternative sources of funding, and also how they might be maintained during 2014/15 by use of reserves. This may require use of additional Council reserves, offered on the basis that some providers also make a contribution. Note that the Council directly provides some housing related support through the Learning Disabilities, Older People's, Vulnerable Adults and Physical Disability Support Services. The transitional funding would allow some capacity to be retained for a temporary period to mitigate any risk of an increase in demand for adult social care.
- iv. Maintain existing funding for Extra Care and reinvest a

further £500,000 in Extra Care for older people, which will be important to reduce the need for home care and residential care. An allocation of up to £5.0M of Community Capacity Grant capital funding for investment in specialised housing services, including Extra Care, was approved by Cabinet on 18 July 2013, and a further indicative £2.0M capital funding was considered by Cabinet on 6 February 2014.

- v. Re-commission information, advice and signposting as part of an integrated service, with easy access online and dedicated support to help people to access the internet. Re-commission specialist information and advice for carers as part of a review of carers' services in light of the requirements of the Care Bill. Re-commission specialist information and advice for people with a sensory impairment as part of a countywide contract for sensory impairment prevention and re-ablement services. This would all be at current levels of funding. Extend and review Wellcheck as part of information, advice and signposting. Some contracts to run or be extended until 31 March 2015 to allow time for re-commissioning and transition. This would require use of £0.251M Council reserves.
- vi. Review and re-commission employment and reablement services for people with learning disabilities and mental health problems, focusing on FACS eligible service users with funding to be devolved into personal budgets over time. Current contracts to run or be extended until 31 March 2015 to allow time for re-commissioning and transition. This is a 6-12 month extension to the initial proposals and would require use of £0.031M Council reserves.
- vii. Re-commission housing adaptations and repairs jointly with the District Councils as per the initial proposals.
- viii. Review and re-commission dedicated services, other than housing related support, for people experiencing domestic abuse, substance misuse and homelessness. Current contracts to run or be extended until 31 March 2015 to allow time for re-commissioning and transition. This is a 6-12 month extension to the initial proposals and would require use of £0.405M Council reserves.

49. Note that the majority of these services are provided by external providers through contracts, and the Council will at all times act in accordance with the terms of the contract. Where proposals are for current contracts to be run or be extended, this is subject to the service delivering on contracted outcomes.

50. In addition:

- The Council has raised the need to carry out a multi-agency review to identify the cumulative impact of changes on vulnerable adults, families and young people and plan for any additional mitigation required, and this will be carried out through the Public Sector Executive Group
- The Council will work with the CCGs to explore any opportunities arising from the Better Care Fund for joint investment with the local NHS in prevention and early help services
- As part of re-commissioning Adult Services and Health will develop an evaluative framework, in partnership with the voluntary sector and the University of Worcester. This would allow a much more robust evaluation of the impact of prevention, early help and other support services on demand for health and adult social care. It would be used to inform the development of service specifications to ensure that sufficient data is collected to allow an evaluation of outcomes. Over time it would enable services to be commissioned on an outcomes basis
- As part of being an Early Intervention Pioneer, Children's Services develop a more robust strategic outcomes and evaluation framework for early help services, working with the Early Intervention Foundation. This would ensure services are focused on and able to demonstrate their impact on improving outcomes for young people and families.

## Revised savings

51. The recommendations would:

- Achieve estimated revenue savings of £8.564M from the base budget from 2015/16 compared to a target of £8.490m.
- Achieve estimated savings of £4.700M in 2014/15 compared to a target of £7.832m.
- Require the use of an additional £2M of Council reserves (including deferred savings) in the next financial year, a total of £3.132M of reserves
- Include use of the £0.955M of the Public Health Ring-Fenced Grant to mitigate the impact of revenue reductions in the base budget.

52. Current and recommended funding is shown in Table 2.

**Table 2: current and recommended funding**

<b>Group</b>	<b>Funding 2013/14</b>	<b>Proposed revenue<sup>#</sup> funding after base budget savings and use of PHRFG</b>	<b>Additional use of reserves required for revised proposals 2014/15</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>
Families and young people	1,883	911	207
Housing related support for vulnerable adults	8,867	3,006	1,106*
Information and advice including Well Checks, advocacy and engagement, and grants to District Councils	2,178	1,414	251
Employment and re-ablement as well as leisure support for people with a learning difficulty and mental health problems	224	194	31
Housing adaptations and repairs	654	579	0
Dedicated domestic abuse services	879	446	405
Dedicated substance misuse services	246	0	0
Dedicated homelessness services	38	38	0
<b>Total</b>	<b>14,969</b>	<b>6,588</b>	<b>2,000</b>
<b>Previously planned use of reserves</b>			<b>1,132</b>
<b>Total use of Council reserves</b>			<b>3,132</b>

<sup>#</sup> Revenue funding refers to the funding available in the Council's budget from 2015/16 onwards.

\* Note this is a financial planning assumption and is subject to discussions with providers of housing related support about how services could be maintained during 2014/15 by use of reserves with contributions from the Council and providers.

## Impact on people

53. For the majority of services, the recommendations include a 6-12 months re-commissioning period during which there will be further engagement with service users, partners and providers to establish any risks arising from funding reductions and to redesign services in order to maximise the impact of that funding remaining.

54. The Council is committed to complying with its statutory

duties and will continue to meet the needs of people where these are assessed as 'Critical' or 'Substantial' under the Fair Access to Care Services (FACS) criteria. In addition the Council will continue to fulfil its statutory duties in respect of Safeguarding children and adults at-risk. There may be a risk that more people come forward for an assessment as a result of reductions in discretionary funding for prevention, early help and other support services. We would ensure that there is sufficient capacity to complete any additional assessments in a timely way including by:

- Retaining some of the capacity of the in-house Support Services for a temporary period, using funding from the additional Council reserves earmarked for housing related support, with further consideration of how existing staff could be redeployed to best support the assessment process.
- Commissioning additional social work capacity from an external agency as necessary.

55. In terms of the number of re-assessments we might expect: based on information from 28 providers that was matched to Council records, 435 people were identified as receiving housing related support who are also in receipt of FACS eligible services. If other providers had a similar number of residents in the same position then we could expect to have to re-assess between 435 and 1025 people if housing related support were no longer available in order to determine whether their FACS eligible services remained sufficient to meet their needs. Otherwise, those in receipt of housing related support typically receive one to two hours a week of intervention. Given this, although they might come forward for an assessment it is unlikely that many of them would qualify as having 'Critical' or 'Substantial' needs.

56. Future commissioning of services for families and young people will focus on developing a clear pathway (from universal to specialist services) to remove any duplication and fill any gaps. There will be defined roles, responsibilities and thresholds across social care, early help services, district councils and housing providers and all provision will be managed using a consistent outcomes framework that demonstrates the impact on young people and families' lives.

57. Section 17 of the Crime and Disorder Act 1998 gives the Council a duty to exercise its functions with due regard to the likely effect on crime and disorder, and to do all it reasonably can to prevent crime and disorder. We will continue to invest in services to address substance misuse and homelessness as well as services that support women and children who are at risk of injury and to prevent and break the cycle of domestic abuse and violence. We will also work closely with relevant partners such as the police and probation services in order to discuss what investment they might wish and explore opportunities for joint commissioning. The Council has considered its duties under the Crime and Disorder Act and is satisfied that these proposals do

## Impact on providers

not breach the duty.

58. It is acknowledged that the pace of consultation and decision making has created challenges for some providers. All providers were notified of the consultation in October 2013 in order to prepare them for a potential reduction in funding, but have faced a period of uncertainty during which they have had to make decisions about whether to reduce capacity and issue notice to staff.

59. It is anticipated that use of additional Council reserves and the consequent delay in implementation of funding reductions would give many providers a longer period to adjust to change and help them to manage the transition. The deferment of a final decision to 6 March Cabinet would also allow an opportunity for discussions with providers of housing support for vulnerable adults about how services might be maintained during 2014/15.

60. The Council continues to offer support for the voluntary sector through the Changing Futures Fund and at the request of the voluntary sector a review of the Fund will be conducted to ensure that it continues to be focused on the right support. This review will be aligned with the commissioning of positive activities for children and young people.

## Equality Impact Assessment

61. The Equality Act 2010 requires the Council to have "Due Regard" to the three aims of the Equality Duty in designing policies and planning/delivering services. These aims are to:

- Eliminate unlawful discrimination. Harassment and victimisation
- Advance equality of opportunity
- Foster good community relations between people who share any of the defined Protected Characteristics and those who do not.

62. The Act lists nine Protected Characteristics, but, clearly, it is highly unlikely that they will all be of relevance in all circumstances. The level of regard which is "due" in respect of the Duty aims should always be proportionate and is dependent on the potential of the proposed policy/action to contribute to or detract from the aims of the Duty. The level of Due Regard required in respect of the Future Lives Programme is considerable.

63. Individual Equality Impact Assessments (EIAs) have therefore been carried out in respect of all services. A summary is attached at Appendix 5 and the full EIAs are available in the Members' lounge. The EIAs show that service reductions would result in an adverse impact in respect particularly of age, disability and sex. Some of those who have one or more of these characteristics would be at greater risk of social isolation and a more rapid deterioration in their social and emotional well-being. However, this impact would be mitigated by:

## Process for re-commissioning

- Any person who is eligible for adult social care would continue to receive services to meet their assessed eligible needs
- Changes in some proposals which have resulted in funding being retained – Employment Support [Learning Disability], Engagement and Consultation [Mental Health],
- Commissioning of generic housing related support for vulnerable adults which is based on individual need, allowing people to access support irrespective of their protective characteristic
- The Council will work with housing providers to explore alternative sources of funding for housing related support, including wardened accommodation.
- Where services are being re-designed, service users with protected characteristics will be part of the process so that their particular needs are understood and reflected in the service specifications
- In order to ensure there is sufficient time for managing transition and mitigating the direct impact on individuals, the majority of contracts are proposed to run on or be extended for at least 6 months where it has been identified that there would be an adverse impact
- Responsibility for some of the services where funding reductions are proposed rests with, or is shared with, other public sector organisations, including District Councils, the Police, Probation and the NHS. The Council will work in partnership with these agencies to mitigate the impact, explore other ways of funding, review and develop more effective pathways of support and jointly commission, as appropriate.

64. Overall, the level of potential impact, taking account of mitigating factors, is justified because of the requirement for the Council to re-focus its limited resources at a time of increasing demand to meet the needs of those people for which it has a statutory duty.

65. For the small number of services where funding is to be discontinued, contracts will lapse or notice for termination will be issued in line with the timescales set out in Appendix 1 and in accordance with contractual requirements. There are a small number of contracts where these arrangements cannot apply due to the specific terms and conditions, and these would be managed separately to ensure compliance with the law.

66. For services to be re-commissioned project plans will be drawn up to incorporate service evaluation and redesign, development of service specifications, procurement, evaluation of tenders and implementation from the relevant date. There will be ongoing discussions with partners during the re-commissioning period to clarify respective statutory duties, additional investment, and opportunities for joint commissioning in order to reduce



duplication and realise efficiencies. There will be ongoing discussion with providers of housing related support about how services could be maintained during transition, including the potential to identify alternative sources of funding for 2014/15. There will also be engagement with service users to enable them to influence service redesign.

67. Where services are re-commissioned at County level, new service specifications would be developed to allow access for people across the whole County, although inevitably depending on the geographical location they may be closer for people in some Districts than in other – as they are at the moment. Any funding devolved to District level would be allocated using an appropriate needs based formula to ensure that the level of funding were proportionate to need.

## HR implications

68. The Council directly provides some housing related support through the Learning Disabilities, Older People's, Vulnerable Adults and Physical Disability Support Services, a total of 43 staff. The transitional funding would allow some capacity to be retained for a temporary period to mitigate any risk of an increase in demand for adult social care. There would be further consideration of how staff could be redeployed to best support the assessment process. Any redeployment would be carried out in line with Council Redundancy and Redeployment policies.

## Supporting Information

- [Appendix 1 – Description of services, specific themes emerging from consultation, consideration and amendments to proposals.](#)
- [Appendix 2 – List of consultation meetings.](#)
- [Appendix 3 – Agreement with proposals and suggestions for increasing or reducing funding.](#)
- [Appendix 4 – Views expressed at consultation and illustrative quotes.](#)
- [Appendix 5 – Summary of Equality Impact Assessments.](#)

## Contact Points

### County Council Contact Points

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### Specific Contact Points for this report

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## Background Papers

In the opinion of the proper officers (in this case the Directors of Adult Services and Health and Children's Services) the following are the background papers relating to the subject matter of this report:

Agenda and background papers for the meetings of the Cabinet

held on 7 November 2013 and 6 February 2014

Report/Supporting People Funding Note for the Cabinet Member  
Decision meeting 12 February 2014

Cabinet Member Decision Notice 14 February 2014

Letter from partners

Letters from Adult Care and Well-being Overview and Scrutiny  
Panel

