



STRATEGIC REVIEW – LATEST NEWS

Edition 2 August 2011

Welcome to the second of our updates on the Strategic Review of the Supporting People programme.

This edition will focus on feedback from the three Business Development Group Meetings held during August, and gives a chance to open up discussion on the interesting and pertinent comments raised.

All three meetings followed the same format and the questions posed were the same at each. I would like to take this opportunity to thank all those who attended, especially given the exceptional circumstances with disturbances taking place in the city centre and neighbouring areas. Two of the meetings finished slightly earlier as a result of this and so we did not get round to the final question (**if you had to choose 5 out of all the listed options which would you choose and why?**) and we have asked those providers from the Disabilities and Older People BDGs to bring their responses to the meetings in September.

I hope that your consultation with service users is now well underway. Could I just clarify that the documents sent to you are for staff to use as a guide to help support them in their consultation with service users and should not be handed out/delivered to service users individually.

Consultation sessions can take place either on a 1-1 basis during support sessions or as a group consultation. We are asking that you then collate the information, sign it as a true record, and return it to us on behalf of your organisation.

Service User Drop-In Sessions

Two sessions have been arranged by Steve Keith, Chair of the Supporting People Citizens Panel. This will give service users the chance to talk about any concerns about potential reductions to services, and also to suggest any ideas they may have about saving money without affecting service quality. The sessions will be held on: Thursday 8 September and Thursday 27 October from 9.00am – 12.00noon, and 1.00pm – 4.30pm on both days. If any of your

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service users would like to attend and have specific support needs, could you please contact Gordon Strachan at SP as soon as possible so that we can help to facilitate them. There is also a Strategic Review Telephone Hotline for service users who cannot attend the sessions or wish to contribute to the consultations via phone – the number is 303 3037. A letter giving more details and inviting service users to get involved has been sent to all providers – if you would like a further copy just let us know. Steve Keith has also provided a newsletter style article informing service users about the consultation process, this has been sent to all service providers asking for it to be placed in their forthcoming communications with their service user communities.

Venues for the next BDG Meetings

A suggestion at one of the BDG Meetings was to save on the cost of consultation and venue hire by utilising available rooms at provider offices/schemes. If any provider has a suitable venue available on the following dates, could you please let us know as soon as possible. We will arrange for refreshments or reimburse providers for any costs incurred.

Dates for future Business Development Group meetings

Disabilities	13 September	2.00 – 4.00pm	venue tbc
	11 October	2.00 – 4.00pm	venue tbc
Older People	14 September	2.00 – 4.00pm	venue tbc
	12 October	2.00 – 4.00pm	venue tbc
Social Exclusion	15 September	2.00 – 4.00pm	venue tbc
	13 October	2.00 – 4.00pm	venue tbc

PROPOSAL	IMPACT Please highlight impact on protected characteristics where they apply (age, disability, gender reassignment, pregnancy & maternity, race, religion or belief, sex and sexual orientation).			RISK MANAGEMENT
	POSITIVE	NEUTRAL	NEGATIVE	
Where possible and appropriate, consideration of a targeting of under-utilised spend areas.	<ul style="list-style-type: none"> • Will not cut services for existing customers, as it will not affect hours being delivered. • High turn-over in some sectors so need continuing access, we would need to monitor this in case there is impact. 		<ul style="list-style-type: none"> • Because of the way that some organisations are structured it could mean less staff hours = less support in which case, the safety of clients may be affected. • Organisational structures may have been set up on contracted hours and the full realisation of that contract so affects business income. • Hours will be lost to the sector and commissioning did take place upon evidence of need and population projection profiles etc. • Prevents recourse to higher cost services • Need to protect future service users, particularly for longer term client groups for whom this is about maintaining independent living and not simply achieving independence quickly and moving out of services. 	For discussion.
Service reconfiguration	<ul style="list-style-type: none"> • Could potentially have efficiency savings. 		<ul style="list-style-type: none"> • Service reconfiguration may affect quality. 	

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<p>with savings offered.</p>	<ul style="list-style-type: none"> • Services have already been remodelled extensively but it does focus the mind on cost and delivery. • A positive move to hand-over to providers as they understand service users/need. • Allows for creativity. • Helps sustain the level of investment rather than depressing the market. 		<ul style="list-style-type: none"> • Organisations are already 'lean'. • Will it generate enough savings? • May need to look at reintroducing charges. May need to pick up Fairer Charging again. • Not everyone will play ball so can be seen as unfair by providers who have offered to volunteer savings. Only fair if they are then protected from any further cuts. 	
<p>Targeted decommissioning of refugee services on the basis that "culturally competent" services have been commissioned.</p>	<ul style="list-style-type: none"> • Most people could have needs adequately met by other SP providers e.g. MH & LD services. • There may be 'slack' in other provider's utilisation which could be taken up. • Cultural competence in theory does mean any provider is able to deliver to any customer, and any customer should be able to access any service. 		<ul style="list-style-type: none"> • Harder to reach groups may suffer – language barriers, general needs. • May not be enough provision in the system to take them. • Needs may be more specific than can be covered by just 'cultural competency'. • There have been wider cuts in the refugee sector already – e.g. Refugee Council and Wardlow Road Centre therefore we need to consider accumulative funding withdrawal impacts. 	

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<p>Single service provisions are either protected from reductions or take a lesser reduction (Gypsy & Traveller service, Substance Misuse).</p>	<ul style="list-style-type: none"> • If statistics for Gypsies & Travellers evidences this the service should be protected if this can be evidenced as a hard to reach group. • Substance misuse has already been targeted once and this would ensure protection. 		<ul style="list-style-type: none"> • Other sectors or contracts taking a bigger hit? 	<p>Failure to protect could mean:</p> <ul style="list-style-type: none"> • In the current economic climate substance misuse could increase and we need to protect the service. • Substance misuse gets hidden in MH. • Impact could be massive – public could be at risk.
<p>Across the board cuts to all services.</p>	<ul style="list-style-type: none"> • Fair in terms of process. • Need to look at demand and what services there are. • Need a transparent process to demonstrate it is fair. • Simplify the process. • Take into account the 		<ul style="list-style-type: none"> • Unfair to older people/staff/providers who have already achieved significant savings via the contract renegotiations. • Will impact on service users. • Creates instability and uncertainty particularly for very small provider/contracts. • Providers may say it is not worth staying with SP and we will lose much needed and some cases purpose built supported 	

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	<p>maturity of the contracts.</p>		<p>accommodation.</p> <ul style="list-style-type: none"> • If SP give notice on contracts where will older people go? It will create ghettos, of poor quality existence of schemes. This is very short sighted given the population projections of some client groups. • Unsophisticated “easy way out”. • Providers already working at capacity. 	
<p>Across the board cuts with the exception of services which impact upon statutory services, e.g. homeless families, domestic violence services, 16/17 year olds.</p>	<ul style="list-style-type: none"> • The most vulnerable would still be protected. • Those who could cause increased costs via statutory homeless interventions would be protected. • Focus on prevention may reduce the need for statutory services. 		<ul style="list-style-type: none"> • If this happens we will need to look at the QAF – we need a more simplified process of contract monitoring based on a greater focus upon outcomes (all groups). • More pressure on providers – same service for less money. • Assumes all providers are as efficient as each other so as not to affect front-line services. • Providers will need to look at shortcuts to devote more time to doing face to face services. • Doesn’t address those providers who are under-performing. • Some providers have already reduced back-room staff so any further cuts will affect front-line staff. • Should this be down to SP or should 	

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			<p>other parts of the council fund this intervention or contribute.</p>	
<p>Get service users to pay towards costs to achieve savings.</p>		<p>.</p>	<ul style="list-style-type: none"> • Not all client groups get the same benefits, HB etc is changing we don't know what this would mean for customers cross tenure some could be hit hard. This would be / we need to be careful not to discriminate. • Direct Payments already having a big impact. As many people getting less money on Direct Payments so could not afford to pay for their housing related support as well. • You would need to undertake consultations with vulnerable people again and spend money on a fairer charging team assessment again, so there will be indirect costs to BCC. • Just moving one cost to another is this the right thing to do? • Would service users value money in their pocket more than support? Would we be putting them at risk of their own decisions. • Service users will need more work on budgeting skills – time/cost to providers. • Will lead to increased Housing Management costs which will have an 	

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			<p>impact for HB.</p> <ul style="list-style-type: none"> • Cost implication to collect it. • Impractical and costly to administer. 	
<p>50% reduction in contract values of refugee services which will allow for a more phased approach to decommissioning.</p>	<ul style="list-style-type: none"> • If it is possible to preserve the specialist knowledge and phase this over a period of time into the rest of the sector. 		<ul style="list-style-type: none"> • Would need to add-in specialist input to other SP contracts. • Have to be careful not to lose cultural knowledge. • In add-on provision, every-day expertise may be lost. • Organisations will need support to build up capacity to start to meet any specific needs. • Very little involvement with refugees currently – will lead to increased costs for interpreters etc. • Would lose a sense of community and the peer element. 	
<p>Decommissioning of some SPAs.</p>	<ul style="list-style-type: none"> • No loss of front line service. Not all SPAS are effective so this is an option. • SPAs don't deliver outcomes – only outputs to providers. • Easy to reduce costs without impact on clients. 	.	<ul style="list-style-type: none"> • Impact on organisations for marketing and promotion as this is not SP eligible. • Negative impact for SPA workers. • Will lose the single contact numbers which is easy for service users. These numbers and services have now been embedded across the City and will cause disruption for a period of time, is there a 	

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	<ul style="list-style-type: none"> • SPAs have led to some providers not communicating with each other. 		<p>plan B?</p> <ul style="list-style-type: none"> • Onus of monitoring would fall back on providers. •How will clients find out what’s available? •No customer choice without knowledge 	
Decommissioning of all SPAs.	<ul style="list-style-type: none"> • Quicker service than SPA. • Will save money. • Lack of reduced access to services. • Created an added layer which will no longer exist. 	<ul style="list-style-type: none"> • Have one “super-SPA”. • Create an Information Advice and Guidance (one stop) in BCC Homeless Quadrants for all services. • Providers may need to be more innovative to attract customers. • Different experiences depending on whether tied to accommodation – service users do not ring the SPA to access housing-related support – this comes as a consequence of accessing other services. 	<ul style="list-style-type: none"> • Risk of people “staying-on” or choosing a service because it is known to them. • Reduced service. • Cannot manage because of cuts to funding. • We could lose specialisms. 	
Reduction in contract values for some/all SPAs.	<ul style="list-style-type: none"> • Not operating as well as had hoped so this could be an opportunity for some remodelling to take place. 		<ul style="list-style-type: none"> • Provides opportunities for remodelling and alignment to other resources e.g. Adults and Communities. •Opportunity for providers to merge some SPA in order to generate savings. Citywide SPA? 	
All staff work one	<ul style="list-style-type: none"> • Overwhelming opinion that 		<ul style="list-style-type: none"> • Would pose difficulties with staff contract 	

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<p>day a year for free.</p>	<p>this was not an option and there were no positives to this option</p>		<p>issues.</p> <ul style="list-style-type: none"> • Already a very low paid sector – this would be very unfair. • Staff already do this! • Pay reductions for staff should be done on a voluntary basis. • This already happens but is not formalised. 	
<p>No further cuts to the older people sector as this sector has not had the opportunity to expand via the open market; contracts were negotiated on existing historic values, community alarm rates have been capped.</p>	<ul style="list-style-type: none"> • Will obviously benefit the older people sector and we do have an ageing population. 		<ul style="list-style-type: none"> • Other client groups would take a bigger hit, this time around. 	

Additional Comment from the Mental Health sector:

- The mental health sector has been disadvantaged by the lateness of the mobilisation – one contract only started on April and therefore we feel that we have not had the same chance as other sectors to deliver to full capacity.
- We were also disadvantaged by the lack of staff and service users that transferred across. As a result we have all struggled to employ staff to enable us to deliver at capacity immediately that contracts were transferred.

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- Whilst it could be argued that with so few service users transferred over that there is less of a need for all the hours in mental health, this would miss two key points:- firstly, we are seeing a growing number of service users from the “unsuccessful providers” being referred to the SPA as the providers fail to meet people’s needs. Secondly, the space has allowed us to move hours to be a truly preventative service and start to see people directly referring themselves. The percentage of self-referrals has shot up and all providers are supporting people for shorter term interventions that truly maximise people’s ability to live independently and not get involved with statutory mental health services. Inevitably though this is a slow process as in some ways we are setting up a “new service” however this is now bearing a number of referrals through the SPA.
- It is clear that capacity is rapidly rising in the mental health contacts. We believe that the estimate of 80% capacity in year two is a substantial underestimate and that to cut mental health hours will directly impact on service users receiving services. Therefore, mental health must not be seen as underperforming by 20%.
- The cuts likely in adults and communities which will affect mental health and the change of position of the mental health trust means that there is less support for this client group in Birmingham. We believe that we are getting to a dangerously low level of services and any further cuts will potentially mean that people are left in dire circumstances. Without enough SP hours to help support people to either retain their independence or regain it we believe that Birmingham will be failing in its moral duty to provide services for people who need it.

Additional Comment from the Older Peoples BDG:

- The sector needs stability – at the moment it is difficult for older people to plan.
- Excessive consultation over the last two years – older people do not have the appetite for more.
- Older people services individually get a small amount compared to other services.
- It is hard to encourage independence without consistency more cuts more uncertainty for this client group/
- Already delivering more for less in real terms.
- Will lead to staff losses. This will have a knock-on effect with downgraded pay and job titles and higher staff turn-over.
- Lead to increased use of poorer quality agency staff with possible safeguarding implications.
- Viability of older person’s services will be affected.
- There will be a drop-off in quality.
- May need to re introduce top-up charges to people who struggle with their state pensions to survive.
- May be forced to only house self-funders – we may create ghettos of social housing and exclude the most vulnerable.
- The sector may only be able to provide alarm-only services.
- Innovation will suffer.
- The impact of benefit reform has to be taken into account.

Comments relating to Extra Care Provision:

- Lots of very sheltered schemes already operate as Extra Care in practice – for example, involving outside agencies in a holistic approach.
- If low-level/medium care packages go clients will gravitate towards more costly residential care.
- May lose capital interest in buildings.

Additional Comment from the Social Exclusion BDG:

- There was a suggestion providers could look at the increased use of volunteers. However, it was recognised that there were issues to be addressed around training, retention and reliability.

Strategic Review Dates for Single Points of Access

Stakeholder Questionnaires have been sent to all stakeholders identified by SPA providers (we are still waiting for information from a couple of SPA providers). Meetings will be set up once this information has been collated and the dates will be communicated to you as soon as possible.

If you wish to add comment to any of the issues contained in this update, or have further suggestions or initiatives please communicate them to me directly at: kalvinder.kohli@birmingham.gov.uk