

2014/15 Proposed Budget Consultation

Overview

During the consultation period 30 meetings were held around City which were attended by almost of 400 people. In total 262 responses to the consultation questions were received, 185 questionnaires were returned and a further 77 proforma responses were received from residents in a sheltered housing scheme.

The analysis below will be drawn from the 185 questionnaire responses, of which almost 56% of respondents were citizens whose care was funded by the City Council and 17% were carers.

“Social Care for Adults in Birmingham – A Fair Deal in Times of Austerity”

With regards to “Social Care for Adults in Birmingham – A Fair Deal in Times of Austerity”, the first question asked: “Do you understand how the proposed future model might affect you or the person you care for?” 57% of respondents said they did, while a further 25% were unsure.

The second question asked: "Do you agree with the future model to provide a fair deal in times of austerity?" 37% of respondents did not agree, while a further 31% were unsure.

There a number of specific savings proposals (discussed below) which also relate directly to “A Fair Deal in Times of Austerity”:

- Proposal 5 - Expanding the Shared Lives service. The question asked: "Do you agree with the proposal to expand the number of shared lives placements?" 51% of respondents agreed, while a further 22% were unsure;
- Proposal 6: Expanding the Enablement Service. The question asked: "Do you agree with the proposal to expand the Enablement Service?" 60% of respondents agreed;
- Proposal 8 - Reductions in the cost of care packages for younger adults. The question asked: "Do you agree with the proposal to reduce the cost of care packages for younger adults?" 46% of respondents did not agree, while a further 20% were unsure;
- Proposal 9 - Developing a joint approach to transitions. The question asked: "Do you agree with the proposal to develop a joint approach to transitions?" 65% of respondents agreed;
- Proposal 10 - Older Adults Integration Programme. The question asked: "Do you agree to the proposals to improve the care management of frail elderly people, across health and social care?" 73% of respondents agreed; and
- Proposal 21: Supporting People - older people. The question asked: "Do you agree to the proposal to stop funding internal services provided to sheltered and extra care schemes?" 60% of the respondents to the questionnaire opposed this proposal and all of the respondents to the proforma opposed this proposal.

During the consultation, we heard from many people. Here are a few of the things they said:

- “Things are already tight for vulnerable people. This model would make things worse. I am not a carer, I am disabled, but have had to take my friend who is physically and mentally disabled to live with me. If I did not do this she would not be able to live independently;”
- “It’s important that disabled people get the best quality of life that they can have. Many cannot speak up for themselves so it puts a huge burden on family carers to fight for their rights;” and
- “The health & wellbeing of elderly people and those with learning or physical disabilities. Yet again Birmingham is directing its draconian cuts at those people in the community who are unable to fight against these measures. In providing for a fair city how can you demonstrate a commitment to improving health & wellbeing when your measures are doing the opposite! Where is the safety net when you are taking unknown and unsubstantiated risk by reducing care? You had to learn a hard lesson with the risks taken in Children’s social services which resulted in deaths and cruelty. Why are you then taking the same route with a different group of vulnerable people?!”

1. Radically change service delivery of Specialist Care Services

Proposal 2: Reducing staffing levels in residential care units	57% of respondents did not agree with the proposal to reduce our staffing levels to those of the private
Proposal 3: Promoting our internal older adults day centres	72% of respondents did agree with the proposal to promote the use of own older adult day centres
Proposal 4: Promoting our internal learning disability day centres	72% of respondents did agree with the proposal to promote the use of own learning disability day centres
Proposal 5: Expanding the Shared Lives service	51% of respondents did agree with the proposal to increase the number of Shared Lives placements
Proposal 6: Expanding the Enablement Service	60% of respondents did agree with the proposal to extend enablement services to people already receiving care
Proposal 7: Enabling Specialist Care services to operate outside the Council	only 26% of respondents agreed with the proposal that Specialist Care Services should operate outside the Council

In considering whether to implement these proposals, Cabinet should be aware that:

- There will be a reduction in the number of staff employed within the Directorate's residential units. The Directorate will maintain sufficient staffing levels to maintain its registration requirements with the Care Quality Commission. It was also proposed that further consultation is undertaken regarding the potential closure of Allenscroft, a bedded respite unit in Selly Oak. This would entail the re-assessment of service users who have used the unit and offer them the opportunity to look other options including direct payments. During the consultation we heard from one carer who said: "The other 2 [Brook House and the Laurels] don't have enough spaces. When I go on holiday I like a 1-2 month break, I can't see that I can have a break. If my daughter has to travel she won't be able to attend her day centre, she needs 25 hour care not 24. If I send her to a private centre I would have to have direct payments, I don't want to go down that route;"
- In promoting the Directorate's own day centres, this will mean that fewer people will be attending private or third sector provision. This could have an implication for their future business viability;
- Expanding the Shared Lives Service should enable people who are coming into service to have a greater choice of care environments and enable them to maintain, or establish a community life. During the consultation we heard from a citizen who said: "Yes - this is a must - Shared Lives is an excellent option and national guidance says this is the way forward- but figures quoted are optimistic - more investment is required in the scheme to sustain this growth." The concerns voiced by other citizens also indicate the amount of work to be done to create a larger service that everyone has confidence in: "I worry that this system could be abused. People doing it for money only and care very low. How would this be monitored? CRB checks for everyone who visits the house? This is putting vulnerable people in a very dangerous environment." We also received correspondence which said: "Based on information from the Fact Sheet, it involves moving people from their home (be that of a care home or family home), and clearly engages Article 8. Furthermore, it will inevitably involve a move from a relatively stable care arrangement to one which is less secure. If an adult with learning disabilities is living with a family who is able, at any point, to terminate their contract with the local authority (albeit on notice) the placement will always be insecure. Changes in the circumstances of the host family (which are inevitable over any reasonably lengthy period) will always place continuity at risk." The implementation of this proposal will require immediate and concerted commissioning activity and is associated with the proposal regarding younger adult care provision below;
- The proposal to extend enablement services to existing people in care received a range of comments, including: "Again this does make sense to try and reduce the care package and increase independence;" "It may result in inappropriate pressure being applied to enable reduction of support rather than facilitate independence;" and "As long as the LD enablement is encouraged." Over three years, 4,000 citizens, predominantly older adults, living at home who already receive domiciliary

- care will receive an enablement service, with a view to increasing their independence and may lead to a reduction in their care package; and
- The proposal for enabling Specialist Care services to operate outside the Council will be the subject of a further report to Cabinet, now scheduled for April 2014.

One carer summed up their issues: “Enablement has never worked for people. It's a bit like the Shared Lives issue. People are born with problems and in my experience will never change and are not usually capable of changing. I am afraid it is true but the educated social worker types and do-gooders will never understand this unless they live it every day as a carer in the way we do as a family. People should just have a lifetime agreement and package settlement at birth and that is that. No more assessments please. Just let us carers then get on with the job in peace.”

2. Consistency between children’s services and adult services

Proposal 8: Reductions in the cost of care packages for younger adults	Only 15% of respondents agreed with the proposal to reduce the cost of care packages for younger adults
Proposal 9: Developing a joint approach to transitions	65% of respondents agreed with the proposal to develop a joint approach to transitions

In considering whether to implement these proposals, Cabinet should be aware that:

- The largest savings proposal will mean that approximately 300 younger adults (individuals 18-64 years old) receiving residential care and home care will be re-assessed each year and encouraged to take either a shared lives placement, or a Direct Payment at a lower unit cost. During the consultation we heard from someone who said: “People with learning disabilities need choice and not be put under pressure to alter their package. It puts a great strain on the disabled person and their carers when they are happy where they are.” Another said: “I do not understand how reduction in the cost of care packages for younger adults could possibly work. Shared lives or a DP may be effective but transition from residential care would still involve the Council in funding the care. My experience of Direct Payments, whilst very positive and preferable to the Council managing the Care; the funding does not cover all that is needed to look after somebody at home and huge sacrifices have to be made by the family.” We also received correspondence which said: “Our clients’ families are seriously concerned that one consequence of this proposal is that this kind of cost pressures (a saving of 20% within 2 years), will be a failure to meet need.” We also received a letter from the Citizen-Led Quality Board for Assessment & Support Planning. It said: “Significant reservations have previously been expressed at Board meetings about the assessment process which has always had, in our view, a far greater emphasis on keeping cost to an absolute minimum rather than meeting

needs. There is little in the Consultation Document to suggest this process will be substantially improved;” and

- In establishing a joint approach to the transition of young people’s care to Adult Social Care, we will work in a far more integrated way to ensure earlier action to address unnecessarily costly care packages much sooner. During the consultation we heard from someone who said: “Yes there is a disparity in what children’s service budget/spend and adults - making it difficult to manage the change- the ethos of social work teams need to change - they need to be a bit more business savvy/costs etc.”

3. Integrating and aligning our services with the NHS.

Proposal 10: Older Adults Integration Programme	73% of respondents agreed with the proposal to improve the care management of frail elderly people, across health and adult social care
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In considering whether to implement these proposals, Cabinet should be aware that:

- The savings will be achieved through efficiencies across the care economy. This is also addressed by another report to Cabinet regarding the Better Care Fund. One respondent reminded us: “Do this with elderly people they are not on scrap heap yet! Ask and listen to them, they are your experts.” Another said: “I hope that I can stay in my home for as long as possible when the time comes. Multi-agency working is essential in these cases.”

4. Public Health

Proposal 11: Public Health commissioning	47% of respondents agreed with the proposal to use the identified non-recurring costs as a saving
Proposal 12: Public Health - de-commissioning teenage pregnancy and sexual dysfunction services	only 29% of respondents agreed with the proposal to cease funding teenage pregnancy and sexual dysfunction services
Proposal 13: Public Health - de-commissioning school nursing	52% of respondents agreed with the proposal to have greater efficiencies in how the Council contracts school nursing
Proposal 14: Public Health - de-commissioning place based services	Only 37% of respondents agreed with the proposal to cease support to community projects in Castle Vale and Saltley/Alum Rock from Public Health budgets;
Proposal 15: Public Health – de-commissioning pregnancy outreach	Only 34% of respondents agreed with the proposal to stop funding initiatives around pregnancy support, unless the evaluation shows good outcomes;
Proposal 16: Public Health – Streamlining contracts with BVSC	39% of respondents agreed with the proposal for greater efficiency in the

	Council's contracts with the Birmingham Voluntary Sector Council
Proposal 17: Public Health - re-commissioning of substance misuse & sexual health	This proposal has been partly implemented
Proposal 18: Public Health – decommissioning obesity services	Only 35% of respondents did not feel that the City Council should continue to fund obesity services

In considering whether to implement these proposals, Cabinet should be aware that:

- The proposal relating to the de-commissioning of some sexual health services relating to teenage pregnancy and sexual dysfunction, did raise some concerns: “Could it be that the fall in teenage pregnancy is due to the support that has been given and will rise if withdrawn?” A potential adverse impact does exist for the staff of the current suppliers;
- The proposal regarding school nursing also raised concerns: “It is not clear what the proposal involves – if it leads to reduction in nursing staff in schools it could particularly impact children who already receive little health care due to lack of parental awareness;” and
- With regards to the proposal relating to the Birmingham Voluntary Sector Council (BVSC) we heard from someone who said: “This gives mixed messages at a time when BCC is emphasising partnership working and development of and reliance on the voluntary sector.”

5. Supporting People (SP)

Proposal 19: Supporting People - integrated commissioning - Substance Misuse	57% of respondents agreed with the proposal to integrate more closely with Public Health contracts for Substance Misuse?
Proposal 20: Supporting People - non-core services	only 32% of respondents agreed with the proposal to stop funding non-core services within Supporting People
Proposal 21: Supporting People - older people	60% of the respondents to the questionnaire opposed this proposal and all of the respondents to the proforma opposed the proposal to remove funding for housing support from residents in sheltered and extra care schemes

In considering whether to implement these proposals, Cabinet should be aware that:

- There will no longer be a stand-alone service for substance misuse housing support. Housing support for related issues, such as homelessness, will be available whilst service users are receiving or following treatment for substance misuse. A potential adverse impact does exist for the staff of the current suppliers. During the consultation we heard from someone who said: “I agree, provided the savings relate to the integration of overlapping services and not to removal of services. I am concerned that there are significant costs attached to issues arising from untreated substance misuse (e.g. crime, safeguarding of vulnerable relatives of the person who misuses substances);”
- The housing support service, which forms part of the lettings suite activity; is to support new tenants of council housing. It is a short term intensive housing management activity to ensure tenancy sustainment and therefore should be funded from the Housing Revenue Account; and
- Negotiations with housing providers with regards to future funding for housing support services for older people in sheltered/extra care schemes are still on-going. During the consultation, we received 77 proforma responses: “I have chosen to complete this abridged version of the 2014/15 Proposed Budget Consultation Questionnaire as the document forwarded to me was too complicated and as a resident in a sheltered scheme had no opportunity to discuss or question its contents. Many, many other residents in schemes had no knowledge of the consultation and I would ask for urgent meetings to be called at individual sites.

“The majority of residents are elderly, frail and in many cases disabled and would not have been able to attend meetings had they known about them.”

Their response to this proposal was either: “To remove this would take away the protection I have by living in sheltered housing,” or “DEFINITELY NOT.”

An alternative proposal was received from the Supporting People Citizens’ Panel: “we think the spend on Extra Care is around £700,000 per annum, this couple with the projected costs of a floating support service would bring the annual spend for older people via SP down from £5,000,000 to less than £1,000,000.”

Healthwatch Birmingham have also highlighted some immediate concerns which they say need to be addressed as a matter of urgency regarding the 5,000 citizens supported by Birmingham City Council Supporting People that are proposed for cuts from April and make three recommendations:

1. BCC needs to commission an engagement process over a 12-week period to:

- Bring together key commissioners from health and social care, key providers, service users, voluntary and community sector providers, and Healthwatch Birmingham
- Map out how implementation of savings can be developed through innovative service delivery

- Oversee engagement that ensures service users understand how proposals will affect them.
2. There needs to be greater clarity on enhanced Housing Benefit applications, and on perceived risks regarding the impact of rent caps and/or bedroom tax. This needs to directly involve regulatory services.
 3. Effective preventative health interventions need to be developed, in consultation with providers, so that they can effectively contribute to ensuring service users receive and understand preventative health messages.

6. Homelessness Services

Proposal 22: Income collection	46% of respondents agreed with the proposal to improve income collection following a stay in temporary accommodation;
Proposal 23: Homeless Services staffing levels	only 18% of respondents agreed with the proposal to reduce the staffing levels in services for the homeless.

In considering whether to implement these proposals, Cabinet should be aware that:

- During the consultation we heard from someone who said: “This is a difficult one because proper investigation of a homeless application can be lengthy, costly and very timer consuming. If you get the decision wrong the implications can be serious. Nevertheless a review of policies and procedures is needed and may well solve this matter,” -