

People Directorate

**2014/15 Proposed Budget
Consultation:**

Consultation Document
2nd January – 17th February 2014

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Introduction

What are we consulting on?

Birmingham City Council is facing a big challenge, over seven years we have to cut the budget by half. We have never faced such big cuts to government funding before. In the past we have made lots of changes to improve our services and get better value for money. But because of the size of the savings we will have to make really big changes to what we do. These changes will have an impact on everyone in the city. Over the summer we met with Citizens and staff to discuss our ideas, we called this a 'dialogue'. We have now finalised our proposals and this document explains how and what we will be consulting you about.

In December 2013, the Council published a White Paper: "Planning Birmingham's Future & Budget Consultation 2014-15 (please see [The Budget Consultation - Birmingham City Council](#)). The purpose of the White Paper is threefold:

- to bring together the conclusions of our service reviews in one place, so that people can see the whole picture of the changes emerging;
- to present an outline of our plans for the future of the city council and how we will work with other organisations in the city, showing how we can continue to work towards our objectives with far less money; and
- to consult on the 2014-15 City Council budget. The White Paper sets out broad issues for the corporate consultation and the overall budget position.

Consultation will take place in the following stages:

1. Corporate Consultation and Equality Impact Assessment to assist with budget and resource allocation. This formal budget consultation for 2014-15 closes on 10 January 2014.
2. Directorate Consultation and Equality Impact Assessment on the consequences of the implementation of the various proposals.

This document details a number of proposals being considered which affect the services provided by the People Directorate.

How will we consult people?

1. We will be asking for views on our proposals from service users, carers, city council staff, and health partners, organisations that provide adult social care services in both the private and voluntary sectors and the general public.
2. We will be asking for your views through consultation meetings, emails and a public phone line.
3. We will listen to, and take note of all your comments.
4. We will publish and make widely available what we found out from the consultation and the next steps we will take. We will show where our proposals have been changed as a result of listening to people's views. Where we do not make changes to our proposals we will explain why this is the case.
5. We will write a report to our Cabinet including material about what we have found out through this consultation. The Cabinet is the governing body of the City Council, made up of elected councillors; it is responsible for decisions on all Council services.

How long will this consultation run for?

This consultation begins on Thursday 2nd January 2014 and finishes on Monday 17 February 2014.

Who will be affected by the results of this consultation?

This consultation affects:

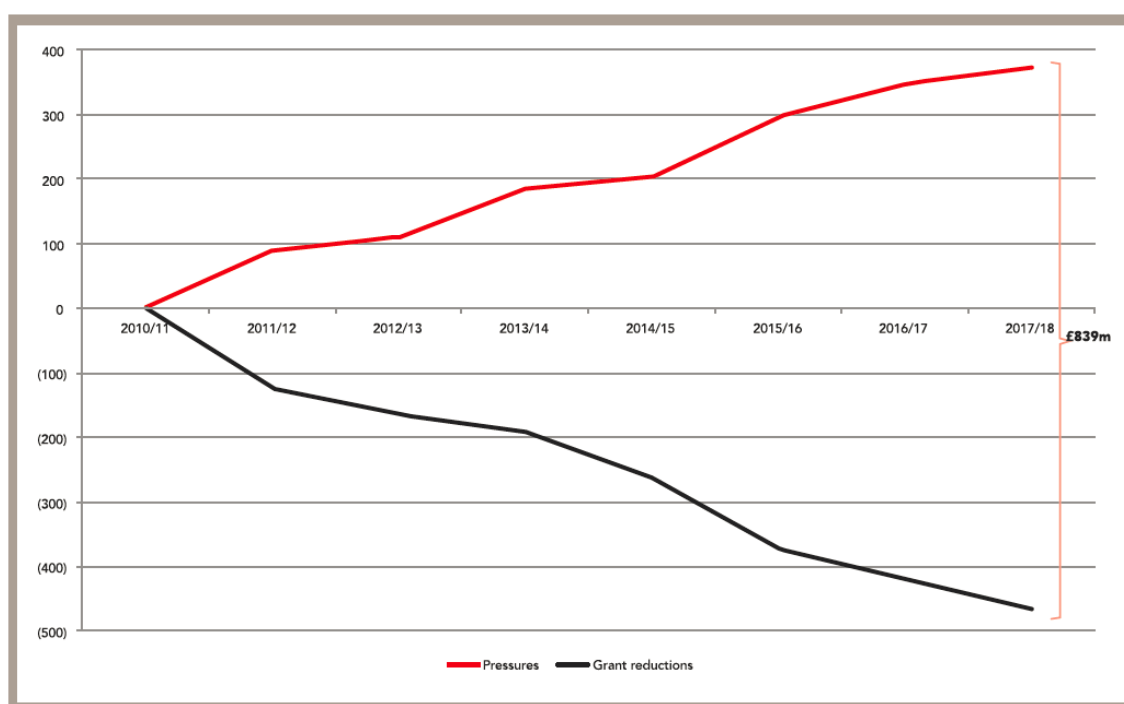
- all adults living in Birmingham who need adult social care services;
- adults living in Birmingham who may need adult social care services in the future;
- carers for adults who live in Birmingham;
- Birmingham City Council staff;
- Birmingham health services organisations and their staff; and
- private, third sector and voluntary providers of adult social care services

Background Information

Cuts to the Council's Budget

The Council faces huge cuts in its grants from Government and increases in demand. The Council has already made significant savings in recent years. Over £375m will have been saved in the three years up to the end of this financial year, with the non-school workforce having reduced so far by 28% since April 2010. But despite this we still need to make a lot more savings.

This means that we now expect to have to make further savings of over £460m by 2017/18. After taking account of the savings already being delivered of over £375m, the total estimated saving over 7 years is almost £840m. This is two thirds of the funding in 2010-11 that we had any choice over how to spend (what we call the “controllable budget”). The scale of this financial challenge is so big that we may not be able to deliver some of the services we now offer and it is likely to become more and more difficult to deliver those services that we are required to provide to an appropriate quality, unless we change the way that we do things.



Green Papers

In January 2013 we started a detailed programme of reviews. These looked at all aspects of Birmingham City Council services and how the Council works overall. This has never been done before on this scale. As part of this work each area of the Council have published a document called a ‘green paper’. The first Green Paper on Adults Social Care was published in June 2013 and the second in October 2013.

You can find the full versions of all the Green Paper Reviews on:

www.birmingham.gov.uk/servicereviews

Green Paper: Adult Social Care

This Green Paper re-affirmed our commitment to;

- always meeting assessed unmet eligible needs;
- increasing or decreasing, as necessary, individual budgets to ensure unmet eligible needs can be provided for, and
- meeting needs as detailed in support plans until they are changed either by re-assessment or review.

The Green Paper outlined a framework which argued that to reduce spend further would require a concerted effort to reduce demand across the whole system of care services through focusing on preventing the need for expensive and unpopular care options. This in turn identified that the key to changing demand in care was to accept that the answers lie outside the care system and that we all have to play our part. This was reflected in four themes:

1. **Radically changing the way we deliver specialist care services**, such as day centres and home care.
2. **Consistency between children's services and adult services** – to ensure a “whole life” approach and a more seamless transition from one service to the next.
3. **Working more closely with local communities** and recognising the role that we all play in supporting our neighbours, friends and relatives.
4. **Integrating and aligning our services with the NHS**. This has been progressing for some years, but this year will mark the start of a major leap forward towards a joined up approach.

Green Paper: Developing Successful and Inclusive Communities

This review has looked at a wide range of services focused on local neighbourhoods and work with local communities. The review concluded that Birmingham's communities are strong and resilient but that many people are not able to participate. It proposed that the focus of community services needed to be on prevention and that we need to move from dealing with the symptoms to addressing the underlying causes.

The services within this review included:

- Public Health;
- Supporting People;
- Homelessness; and
- Healthwatch.

The proposals are split into two sections. The first Section, “A Fair Deal in Times of Austerity” sets out the future model for the assessment and support planning service. It also sets out the values and principles that underpin this. In Section 2 some specific proposals for the People Directorate are outlined.

Section 1

Proposal 1:

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

Background

Local Councils are facing considerable challenges in terms of providing services with decreasing budgets and have to make some difficult decisions. We are facing cuts in government funding on a scale that has never been seen before. Prior to the current economic crisis there was already considerable debate nationally regarding the funding of social care. The important area within the debate was the recognition that “if we do nothing” the cost of social care would double within 20 years. Some of the reasons for this, confirmed by government research, are linked to the demographic changes within the population, rising social care needs and increased public expectations.

Here in Birmingham, the City Council will need to make big changes to balance the books in the years ahead. These changes will have an impact on everyone in the city, and we will need to be clearer on our priorities and ensure that we only spend money on things that support these priorities. We as a council are committed to working with all our partners such as the NHS, voluntary sector and local communities to develop new ways of working so that we can get maximum value from all the resources available to the citizens of Birmingham.

We had already set out on a journey of transformation in 2009 and we now have in place the things the government advocates: preventing delaying or reducing people’s needs for care and support through access to support services. We have consulted service users on detailed proposals before and they have told us what is important to them. We therefore re-iterate our commitment to:

- **always meet assessed unmet eligible needs;**
- **increase or decrease as necessary individual budgets to ensure unmet eligible needs can be provided for; and**
- **meet needs as detailed in support plans until they are changed either by re assessment or review.**

The City Council has identified a number of key principles for the delivery of adult social care. These key principles are:

- we will always meet your assessed unmet eligible needs by carrying out an assessment to determine whether you have eligible needs. This means that we will work with everyone who appears to have a need for community care services to see how we can assist them to regain their confidence, or to re-learn essential skills so that they can do more for themselves again. People who already receive care may also be able to regain some of their independence and over time we would expect some packages of care to decrease as people are able to do more for themselves;
- we will provide sufficient funds to ensure that your unmet eligible needs can be purchased; and meet your assessed unmet eligible needs as detailed in your Support Plan, until it is changed either by re-assessment or review;
- we will assess and review your care needs in line with statutory requirements;
- we will support an approach which stresses both the rights and responsibilities of individuals and includes a greater emphasis on assets instead of a deficit-based approach which focuses on what people cannot do for themselves and need money from the state to do;
- we will focus on integrated approaches to provide 'early help' across all agencies, third sector and private organisations;
- by linking with our Housing Support Colleagues we will reduce the escalation of need by enabling people to live independently within their communities through the delivery of appropriate housing support solutions;
- we will work to reduce 'future demand' at the highest levels of need, including 'troubled families', and to ensure that our most disadvantaged young people are able to maximise their potential from education and training;
- we will work with our providers to build a philosophy of care that focuses on outcomes, such as being able to live independently; and
- we will always seek to achieve value for money in all services

Future Model – our proposal

Birmingham City Council is committed to delivering safe services to residents who have eligible unmet care or support needs. We are also committed to working with our partners (particularly the NHS, the voluntary sector, the local communities and local providers of care) to develop services for people that help them live as independently as possible with minimal interference.

We will develop a fair system of social care where the resources that are offered relate to the level of assessed unmet eligible needs a person might have, taking account of the assessed financial contribution they will make towards the costs of their care.

- We will work across the Council to promote health and wellbeing through the effective development of community based services accessible to all ensuring that we are able to offer ‘something for everyone’ through provision of clear information about facilities and activities in their local community;
- we will give priority to helping people recover, recuperate and rehabilitate so that they are able to live as independently as possible. We will ensure that all employees understand how to work with service users in ways that promote their independence, ensure their safety and support their recovery; and
- we will proactively work with partners to develop appropriate housing and care pathways to keep people living independently in their own communities wherever possible.

Our Approach

Universal Assessment

- Everyone who appears to have a need for community care services, will be offered an initial Social Care Assessment. Assessments will be carried out over a reasonable period of time to ensure that we have not made long-term decisions about people before we have had a chance to work with them through a recovery or recuperative plan;
- this means that where possible we will have shared health and social care assessments and a single plan that will help people to retain independence in the community. For example, the interventions from occupational therapy, physiotherapy and social care input detailed in one support plan;
- if required a Continuing Health Care (CHC) assessment will be undertaken in partnership with Health to determine whether Continuing Health funding will be applied. If your needs change a reassessment may result in a change of provision. If you refuse a CHC assessment then this may affect your receipt of health services;
- if following an assessment it is determined that a lower cost package can meet your unmet eligible need, the presumption will be that we will move you from your existing care setting to the lower cost option. You will be encouraged to take a direct payment of an equivalent amount and make your own care arrangements (subject to them being signed off as meeting your unmet eligible need) as an alternative – **see scenarios 2, 4 and 6**;
- we will work jointly with young people and their families as early as possible to support a smooth transition into adult life;
- we will always ensure that the assessment is offering more than just a response to a current crisis and work with partners to offer support to ensure that each person is getting the right health, housing and other support alongside their social care – **see scenarios 1 and 4**;
- we anticipate that the solutions that many people have to meet their care needs can be found within their own families, their communities and within themselves. We will work with each person and their network to find these solutions. Where people have lost their support networks we will work together to rebuild them – **see scenario 3**;
- we will encourage our service users, our partners and our staff to help find innovative, creative solutions to meet the outcomes that they wish to achieve;

- we recognise that the right to self-determination can involve risk. However, we will ensure that we are balancing risk by empowering citizens as well as safeguarding our service users; and
- we take our responsibility seriously as the lead organisation within the locality to work to prevent abuse and will work with local organisations to ensure policies and procedures are in place to safeguard vulnerable adults

Independent living in your own community – see scenario 4

We will:

- always work with you to ensure you are enabled to maximise your independence;
- continue to develop easier ways to find advice and information in order to support service users to access information and services to meet their needs;
- work with young people and their families as they move through to adult services to maximise their independence in adult life;
- support user-led organisations, social enterprises and other groups who can meet our aspirations for social care
- no longer admit any person directly from a hospital to a permanent residential care home without enablement or a longer term assessment;
- continue to develop a community based model of social work; and
- support you to maximise your economic well-being including signposting to employment opportunities.

Manage your care through a direct payment - see scenario 2

We will

- fund the provision of services to meet your eligible unmet need and will offer you the opportunity to manage your own care through a direct payment;
- expect you as citizens to manage your own money, resources and care wherever you can; and
- only manage care on behalf of individuals where they or their families are unable to do so.

Valuing carers

- Some people who need help to live at home may be supported by their informal carers (e.g. family, friends, neighbours). Recognising there may be increased responsibilities for these carers, the council will offer a Carer's Assessment to ensure their caring duties can be appropriately maintained.

Working with our Partners

We will:

- continue to develop an integrated and outcome-focused approach to our work with all our partners to provide better outcomes for service users within the resources available;
- need to ensure that we and our partners share common goals in assisting people to remain independent in their own homes;
- with the consent of the service user, also share details of care packages and review of those packages with their GP so that the GP is clearly aware of the interventions in place to promote independence and maintain the wellbeing of their patient; and
- work with our health partners to ensure that people get the appropriate health prevention and early health interventions.

Value for money – see scenario 6

We will:

- always look for solutions which offer value for money; for example we will consider residential over community based services if they are deemed to be more cost effective;
- always look at all available options ; if there is a range of options at a similar cost, we will chose the option that best meets the outcome of helping you live independently, if at all possible;
- with the combination of growing demand and reduced resources available to the council, ensure that money is spent in a fair and equitable way. It is possible that some of our current service users and their carers may see a reduction in the amount of money that is available to them. We need to reduce some historical levels of service provided to service users which are greater than the associated levels of assessed need. Whilst ensuring fair and equitable services means we cannot delay this process unduly, we will take a sensitive and understanding approach;
- if the funding for a care package is reduced, involve the user and their carers in any changes. In particular we will manage reductions in a clear, transparent and negotiated way;
- ensure that there are services available for service users and their carers to meet their unmet eligible needs within the resources that will be made available to them through their Direct Payment;
- undertake a financial assessment in order to determine your contribution to your care costs; if this is refused you will be liable for the full costs of your care;
- when your capital falls below the threshold, provide you with an assessment and this may result in a change in provision - **see scenario 5**;
- always look for solutions that offer value for money (quality in delivering the agreed outcomes against the cost to the public purse);
- work with local and regional service providers and local communities to identify and develop services that meet citizens' needs;

- develop all commissioning activity jointly with our health partners and in consultation with our service users and carers and we will learn lessons from elsewhere; and
- ensure that citizens are aware of quality of social care provision in the market by publishing quality ratings where available.

Outcomes

- We will expect to see an increase in the number of people being helped to live independently within their communities safely. This will be achieved by supporting the development of community services and support systems on a locality basis. Therefore our primary focus will be to support you to **access services on your own** and only intervene where this is not possible;
- we will use a universal approach to resource allocation to ensure equity across all service user groups, based on individual needs;
- we will reduce the number of people being **admitted to residential care** by promoting the use of direct payments so needs can be met in their local community; and
- we expect to see **an increase in the number of people successfully completing recovery** and enablement and being supported to live in their own homes.

Question: - Do you understand how the proposed future model might affect you or the person you care for?

Question: - Do you agree with the proposed future model to provide adult social care in Birmingham?

Question: is there anything else we should consider?

If you would like to comment please use the People Directorate 2014-2015 Proposed Budget Consultation Questionnaire.

Section 2

Specific Savings Proposals

The Green Papers and the dialogue over the summer have resulted in 23 proposals which are outlined over the following pages. We have grouped the proposals together under seven themes:

1. Radically change service delivery of Specialist Care Services;
2. Consistency between children's services and adult services;
3. Integrating and aligning our services with the NHS;
4. Public Health;
5. Supporting People;
6. Homelessness; and
7. Healthwatch.

1. Radically change service delivery of Specialist Care Services

Specialist Care Services (SCS) are part of the People Directorate. SCS run a number of services such as residential care, day centres, home care and services that help people regain their independence. The service employs 1,755 staff [1,684 full time equivalents] and accounts for 20% of the Directorate's spend. There are 6 proposals in this section; five relate to making the services the best they can be and the sixth is about radically changing these services so that they are run outside of the Council.

Proposal 2: Reducing staffing levels in residential care units

We propose to revise staffing at the Council's four Care Centres in line with levels in the private sector.

We also propose to redesign the Learning Disability respite care by closing Allenscroft and rationalise staffing levels in the other respite units. This proposal challenges internal provision, with a view to reshaping or decommissioning any service that does not demonstrate better outcomes or unit costs than an external service would. An exercise in May 2013 provided information about the staffing in the private sector and this change proposes moving towards these levels. The proposals will impact all levels of staff including the management team.

Saving in 14/15	Saving in 15/16	Saving in 16/17	Saving in 17/18
£1.000m	£1.287m	£1.349m	£1.349m

Question: Do you agree with the proposal to reduce our staffing levels to those of the private sector?

If you would like to comment please use the People Directorate 2014-2015 Proposed Budget Consultation Questionnaire.

Proposal 3: Promoting our internal older adults day centres

There are currently over 70 vacancies in the Directorate's own older adult day centres. The Adult Social Care Service Review identified the opportunity to improve the utilisation of internal day care facilities at the Council's 4 Care Centres and existing day centres. Increasing the take up of these spaces would reduce expenditure on private sector day care.

Saving in 14/15	Saving in 15/16	Saving in 16/17	Saving in 17/18
£0.263m	£0.360m	£0.384m	£0.384m

Question: Do you agree with the proposal to promote the use of own older adult day centres?

If you would like to comment please use the People Directorate 2014-2015 Proposed Budget Consultation Questionnaire.

Proposal 4: Promoting our internal learning disability day centres

There are currently over 50 vacancies in the Directorate's own learning disability day centres. The Adult Social Care Service Review identified the opportunity to improve the utilisation of Council-run day care facilities for people with learning disabilities.

Investment is taking place to improve these facilities and increasing the take up of these spaces would reduce expenditure on private sector day care.

Saving in 14/15	Saving in 15/16	Saving in 16/17	Saving in 17/18
£1.248m	£1.498m	£1.597m	£1.597m

Question: Do you agree with the proposal to promote the use of own learning disability day centres?

If you would like to comment please use the People Directorate 2014-2015 Proposed Budget Consultation Questionnaire.

Proposal 5: Expanding the Shared Lives service

Shared Lives offers long-term, community based accommodation. An individual or family is paid an amount to include an older or disabled person in their family and community life. This proposal aims to further develop the programme for Birmingham residents by significantly increasing the number of Shared Lives Placements on offer. To achieve this saving an additional 179 Shared Lives placements would be created by 2016/17, achieving a net saving over a traditional care home placement.

Saving in 14/15 £1.163m	Saving in 15/16 £2.954m	Saving in 16/17 £4.739m	Saving in 17/18 £4.739m
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Question: Do you agree with the proposal to increase the number of Shared Lives placements?

If you would like to comment please use the People Directorate 2014-2015 Proposed Budget Consultation Questionnaire.

Proposal 6: Expanding the Enablement Service

Enablement is short term intensive intervention which improves a citizen's ability to care for themselves. The proposal is to extend Enablement to existing citizens receiving external home care provision so that their packages of care might be reduced as their independence increases.

Saving in 14/15 £0.257m	Saving in 15/16 £1.307m	Saving in 16/17 £2.787m	Saving in 17/18 £2.787m
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Question: Do you agree with the proposal to extend enablement services to people already receiving care?

If you would like to comment please use the People Directorate 2014-2015 Proposed Budget Consultation Questionnaire.

Proposal 7: Enabling Specialist Care services to operate outside the Council

The proposal is to move to a co-operative arrangement for the provision of these care services which would not be wholly owned by the City Council but where there are a number of stakeholders including employees and potentially users and carers. There is a potential to achieve the trading surplus either by reducing costs or increasing income.

Saving in 14/15	Saving in 15/16	Saving in 16/17	Saving in 17/18
£0.000	£0.000	£2.500m	£2.500m

Question: Do you agree with the proposal that Specialist Care Services should operate outside the Council?

If you would like to comment please use the People Directorate 2014-2015 Proposed Budget Consultation Questionnaire.

2. Consistency between children's services and adult services

These proposals are designed to ensure a "whole life" approach and a more seamless transition from one service to the next. We are considering developing services for children with disabilities which span their lifetime. We cannot accept that dependence is an outcome for so many young people. There are 2 proposals in this section.

Proposal 8: Reductions in the cost of care packages for younger adults

Recognising that the performance of the Learning Disabilities Service in the use of residential care, direct payments and shared lives is poor, the proposal is to look at what best practice is, nationally and in other core cities and to model what that would look like in Birmingham. To achieve 'best in class' performance and make the modelled savings, individuals receiving residential care and home care will be re-assessed and encouraged to take either a shared lives placement, or a direct Payment at a lower unit cost. Although our modelling has looked specifically at younger adults (aged 18-64 years) with a learning disability, the savings sought will be from all younger adult care groups. To put these changes of approach into a policy context we have developed a social care offer for Birmingham: "A Fair Deal in Times of Austerity" which was outlined earlier in this document.

Saving in 14/15	Saving in 15/16	Saving in 16/17	Saving in 17/18
£3.792m	£6.758m	£15.464m	£15.464m

Question: Do you agree with the proposal to reduce the cost of care packages for younger adults?

If you would like to comment please use the People Directorate 2014-2015 Proposed Budget Consultation Questionnaire.

Proposal 9: Developing a joint approach to transitions

“Transitions” is the term used for the process of transferring the care of a young adult from the Council’s Children, Young People & Families Directorate to the Adults & Communities Directorate. The proposal is to establish a joint approach to transitions with Children, Young People & Families so that children’s social care and adult social care work together in a more integrated way, ensuring transition is effective. This also includes taking action earlier to prevent unnecessarily costly care packages at a later date.

Saving in 14/15
£1.000m

Saving in 15/16
£2.000m

Saving in 16/17
£3.000m

Saving in 17/18
£3.000m

Question: Do you agree with the proposal to develop a joint approach to transitions?

If you would like to comment please use the People Directorate 2014-2015 Proposed Budget Consultation Questionnaire.

3. Integrating and aligning our services with the NHS.

The Older Adult Integration Programme is an ambitious programme of work which seeks to align NHS and social care services, and systems to avoid any fragmented and disjointed care arrangements. This will lead to greater efficiency, appropriate services being accessed in a timely manner and better outcomes for service users. There is one proposal in this section.

Proposal 10: Older Adults Integration Programme

The proposal is to improve the care management of frail elderly people, across health and social care. This will include better planning for very frail people already in care homes, so that increasing needs can be met in the care home, not by transfer to hospital. For people in their own home, the plan will pave the way for better multi-agency working. It will give older people and their families the confidence that they will be cared for appropriately, in their own home. It will also look at providing a more coordinated response to a whole range of events from falls, to strokes, to intermediate care and end of life.

The savings will be achieved through efficiencies across the care economy.

The programme is made up of a number of strands:

1) IMPACT multidisciplinary teams

The Integrated Primary and Community Care Teams (IMPACT) is an alliance of existing professionals who use a case meeting approach to get the best outcomes for a defined group of patients. They will take referrals from GP practices, the Community Trust Multidisciplinary Teams, Social Care Teams, and Mental Health Teams, named individuals from Secondary Care and Medical and Psychiatric Consultants. A recent pilot has identified positive benefits to citizens including the avoidance of unplanned hospital admissions.

2) Seven day working

Providing the same level of health and social care services 7 days a week for older adults across Birmingham. It will include hospitals, GP's, Mental Health, Community Health and Social Care.

3) Developing a combined access point

Single point of access capable of making referrals to most appropriate services, including Community Health, Social Care, Geriatrician and Mental Health.

4) A&E front door team

Seven day a week multidisciplinary teams will be in all Birmingham A&E departments for Older Adults. The team will comprise of a; GP, geriatrician, mental health professional, community health and social care professionals.

5) Enhanced community support /intermediate care

Provision of step up and step down support of service users in the community to reduce the length of hospital stays and residential care admissions.

6) Discharge for assessment

Assessment of citizens with complex needs in the community and at home to reduce hospital length of stays and residential care admissions.

Saving in 14/15	Saving in 15/16	Saving in 16/17	Saving in 17/18
£5.630m	£5.198m	£5.037m	£5.037m

Question: Do you agree with the proposal to improve the care management of frail elderly people, across health and adult social care?

If you would like to comment please use the People Directorate 2014-2015 Proposed Budget Consultation Questionnaire.

4. Public Health

The Public Health function was transferred to the council in April 2013. Its role is to help people to stay healthy and protect them from threats to their health. It includes preparing for health emergencies and outbreaks, reducing smoking and other harmful drug use and improving diet and activity levels. The service spends £78.6m: approximately £25m is spent on substance misuse services and £20m on sexual health services. The majority of this funding is tied into NHS contracts which can only be stopped after a notice period. Public Health's target groups were identified as;

- Those under five years, in order to instil and reward positive behaviours
- Those over 70 years, keeping active and independent
- Those contacting the homelessness service
- Those with mental health issues and learning disabilities
- Those identified or considered at high risk of drug and alcohol misuse

There are 8 proposals in this section.

Proposal 11: Public Health commissioning			
This proposal relates to the falling out of non-recurring contract costs and liabilities that were brought forward from the NHS upon transfer. It also includes costs associated with the current round of re-commissioning. There will be no direct impact on citizens who use services or partners.			
Saving in 14/15 £0.000	Saving in 15/16 £1.250m	Saving in 16/17 £2.500m	Saving in 17/18 £2.500m

Question: Do you agree with the proposal to use these non-recurring costs as a saving?

If you would like to comment please use the People Directorate 2014-2015 Proposed Budget Consultation Questionnaire.

Proposal 12: Public Health - de-commissioning teenage pregnancy and sexual dysfunction services

This proposal relates to the de-commissioning of some sexual health services relating to teenage pregnancy and sexual dysfunction. Support to a small number of schools regarding teenage pregnancy will be ceased. This is because the teenage pregnancy rate has dropped across the city to the national average, the new sexual health system will be asked to work in areas with very high rates which may change over time. We will also stop support to the Connexions Service which looked to deter pregnancy amongst young people Not in Employment, Education or Training (NEET). Support for those with sexual dysfunction due to psycho-social problems will also be ceased. This is because this is not the responsibility of the local authority.

Saving in 14/15	Saving in 15/16	Saving in 16/17	Saving in 17/18
£0.000m	£0.150m	£0.150m	£0.150m

Question: Do you agree with the proposal to cease funding teenage pregnancy and sexual dysfunction services?

If you would like to comment please use the People Directorate 2014-2015 Proposed Budget Consultation Questionnaire.

Proposal 13: Public Health - decommissioning school nursing

This proposal is about bringing greater efficiency in how we contract with school nursing. We believe that these are management savings and should not affect service delivery to Birmingham schools. The current provider to Birmingham schools may reduce services to accommodate budget changes. This will require a re-commissioning process.

Saving in 14/15	Saving in 15/16	Saving in 16/17	Saving in 17/18
£0.000m	£0.308	£1.200m	£1.200m

Question: Do you agree with the proposal to have greater efficiencies in how the Council contracts school nursing?

If you would like to comment please use the People Directorate 2014-2015 Proposed Budget Consultation Questionnaire.

Proposal 14: Public Health - decommissioning place based services

This proposal is that we will discontinue support for two community projects, namely Castle Vale and Saltley/Alum Rock. Whilst this will affect those communities, support is not provided for other communities from the Public Health allocation. We would phase these savings as we are aware of the impact of previous cuts on these organisations.

Saving in 14/15	Saving in 15/16	Saving in 16/17	Saving in 17/18
£0.000m	£0.030m	£0.045m	£0.045m

Question: Do you agree with the proposal that the Council ceases support to community projects in Castle Vale and Saltley/Alum Rock from Public Health budgets?

If you would like to comment please use the People Directorate 2014-2015 Proposed Budget Consultation Questionnaire.

Proposal 15: Public Health – decommissioning pregnancy outreach

This proposal is to stop funding initiatives around pregnancy support. These services have been running as a pilot for some time and are awaiting evaluation. These services could be supported through the Health Visitor expansion, a responsibility of NHS England. Pregnancy outreach is not a traditional responsibility of the local authority. The cessation of these services will affect the most disadvantaged communities.

Saving in 14/15	Saving in 15/16	Saving in 16/17	Saving in 17/18
£0.000m	£0.516m	£0.516m	£0.516m

Question: Unless the evaluation shows good outcomes, should we decommission these services?

If you would like to comment please use the People Directorate 2014-2015 Proposed Budget Consultation Questionnaire.

Proposal 16: Public Health – Streamlining contracts with BVSC

This proposal seeks to streamline the contracts with Birmingham Voluntary Sector Council (BVSC). There will be no direct impact for service users but we accept that it may impact upon the overall delivery by BVSC. We would not wish to do this before 2015 as it may impact on our re-commissioning of services which requires building of capacity in the voluntary sector.

Saving in 14/15	Saving in 15/16	Saving in 16/17	Saving in 17/18
£0.000m	£0.040m	£0.040m	£0.040m

Question: Do you agree with the proposal for greater efficiency in the Council’s contracts with the Birmingham Voluntary Sector Council?

If you would like to comment please use the People Directorate 2014-2015 Proposed Budget Consultation Questionnaire.

Proposal 17: Public Health - re-commissioning of substance misuse & sexual health

This proposal relates to the re-commissioning of Substance Misuse and Sexual Health services. We believe that this process will release £6m. The re-commissioning will focus on disadvantaged communities and groups and should not negatively affect users of the services.

Saving in 14/15	Saving in 15/16	Saving in 16/17	Saving in 17/18
£0.000m	£2.888m	£6.011m	£6.011m

This proposal has been partly implemented.

Proposal 18: Public Health – decommissioning obesity services

This proposal is to reduce some of the specialist adult ‘face to face’ obesity interventions. Specialist obesity services are part of the NICE approved pathway for adults with severe obesity and should be the responsibility of NHS England. . We will work with NHS England to mitigate risks in this pathway. It affects small numbers of people who have a severe problem.

Saving in 14/15	Saving in 15/16	Saving in 16/17	Saving in 17/18
£0.000m	£0.099m	£0.099m	£0.099m

Question: Do you think the Local Authority should continue to fund this service?

If you would like to comment please use the People Directorate 2014-2015 Proposed Budget Consultation Questionnaire.

5. Supporting People (SP)

Supporting People is a national programme which began in 2003 and brought together a number of separate programmes that funded housing related support services for a range of vulnerable client groups.. In Birmingham, SP-funded services deliver housing related support to approximately 45,000 vulnerable people. This includes a range of services that assist people to secure and maintain suitable accommodation. The services are recognised as contributing to supporting the most vulnerable in the community and in many instances prevent more costly interventions being required. There are 3 proposals in this section.

Proposal 19: Supporting People - integrated commissioning - Substance Misuse

The People Directorate has identified opportunities to release resources through closer working between Supporting People, Public Health, and services commissioned from the third sector via grant funding through Adults and Communities. This proposal relates specifically to the re-commissioning of Substance Misuse contracts. Future support for people with substance misuse will be delivered through an integrated pathway with public health treatment and recovery services. There will no longer be a stand-alone service for substance misuse housing support. However, housing support for related issues, such as homelessness, will be available whilst service users are receiving or following treatment for substance misuse.

Saving in 14/15 £0.500m	Saving in 15/16 £1.100m	Saving in 16/17 £1.100m	Saving in 17/18 £1.100m
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Question: Do you agree with the proposal to integrate more closely with Public Health contracts for Substance Misuse?

If you would like to comment please use the People Directorate 2014-2015 Proposed Budget Consultation Questionnaire.

Proposal 20: Supporting People - non-core services

The proposal is to stop funding non-core services within Supporting People. The funding concerned relates to a housing support service, which forms part of the lettings suite activity to support new tenants of council housing. It is a short term intensive housing management activity to ensure tenancy sustainment. This work should therefore be regarded as mainstream activity and funded as such by the landlord.

Saving in 14/15 £0.450m	Saving in 15/16 £0.450m	Saving in 16/17 £0.450m	Saving in 17/18 £0.450m
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Question: Do you agree with the proposal to stop funding non-core services within Supporting People?

If you would like to comment please use the People Directorate 2014-2015 Proposed Budget Consultation Questionnaire.

Proposal 21: Supporting People - older people

This proposal is to cease funding housing support services for Older People in sheltered/extra care schemes. In total 7,453 citizens access this service, 46% of them are from black and minority ethnic (BME) communities, 50% have a disability and 32% have problems with mobility. The first phase of savings for 2014/15 involves the immediate removal of Supporting People (SP) funding for internal services provided to sheltered and extra care schemes. From late 2014/15 onwards we anticipate that all SP funding for externally commissioned services (sheltered and extra care schemes) will be removed. The services are delivered by 23 organisations largely third sector with citywide coverage.

Saving in 14/15	Saving in 15/16	Saving in 16/17	Saving in 17/18
£2.800m	£5.600m	£5.600m	£5.600m

Question: Do you agree to the proposal to remove funding for housing support from residents in sheltered and extra care schemes?

If you would like to comment please use the People Directorate 2014-2015 Proposed Budget Consultation Questionnaire.

6. Homelessness Services

The service aims to prevent homelessness and repeat homelessness by tackling the root causes such as family breakdown, debt advice, rent arrears and other social issues. The city has the highest level of statutory homelessness in the country, and accepted a statutory duty to re-house 4,000 households last year. The cost of the service to the Council is £11.207m each year.

There are 2 proposals in this section.

Proposal 22: Income collection

This proposal relates to the need to improve income collection following a stay in temporary accommodation. This could be either from the individuals concerned or from Housing Benefit.

Saving in 14/15	Saving in 15/16	Saving in 16/17	Saving in 17/18
£0.100m	£0.100m	£0.100m	£0.100m

Question: Do you agree with the proposal to improve income collection?

If you would like to comment please use the People Directorate 2014-2015 Proposed Budget Consultation Questionnaire.

Proposal 23: Homeless Services staffing levels

The service is currently undertaking a review of policies and procedures in relation to housing advice and assessing housing needs. Following this a further review of staffing levels will be possible and it is anticipated that some savings will be achievable from 2015/16 onwards.

Saving in 14/15	Saving in 15/16	Saving in 16/17	Saving in 17/18
£0.000m	£0.150m	£0.150m	£0.150m

Question: Do you agree with the proposal to reduce the staffing levels in services for the homeless?

If you would like to comment please use the People Directorate 2014-2015 Proposed Budget Consultation Questionnaire.

7. Healthwatch

The City Council is funding the provision of an independent organisation called Healthwatch, which is required by law to be a local 'consumer watchdog' for health and social care services. It needs to achieve this by involving citizens that use health and social care services. The budget is currently provided by the Council in the form of a grant of £0.65m of which £0.31m is financed from ring-fenced Local Reform and Communities Voices Grant. There is 1 proposal in this section.

Proposal 24: Healthwatch Birmingham

This proposal is to encourage Healthwatch to consider how to generate income so that over the next two years it requires less Council funding. A 35% reduction is proposed.

Saving in 14/15	Saving in 15/16	Saving in 16/17	Saving in 17/18
£0.223m	£0.223m	£0.223m	£0.223m

Question: Do you agree with the proposal to encourage Healthwatch to generate income so Council funding can be reduced?

If you would like to comment please use the People Directorate 2014-2015 Proposed Budget Consultation Questionnaire.

Section 3

Have your say

During the consultation period you might like to discuss our proposals in more detail. We would like you to give your views; you can do this by;

- **Attending one of the public meetings** - you can call 0121 303 5154 to find the details of a meeting in your local district. You do not need to pre-book a place to attend one of these meetings, but please let us know before the meeting if you have any special requirements. This may include specific access requirements, language needs such as an interpreter (including a BSL interpreter), a hearing loop or materials needed in large print (which we can make available on the day).

- **Downloading the documents and completing a questionnaire on-line:**

<http://tinyurl.com/BCCAdultsBudget>

- **Phoning and asking a member of our team for a questionnaire**

Phone: 0121 303 5154

- **Emailing your views to a member of our team**

Email: adultsandcommunitiesbudgetconsultation2014@birmingham.gov.uk

- **Writing to us at the address below using the freepost address provided**

Freepost RATH-GAKE-LCKA
Adult Social Care Budget Consultation
PO BOX 16465
Birmingham
B2 2DG

Scenario 1

Mrs A, who lives in Quinton has a diagnosis of early stage dementia. Mrs A's daughter, who lives in Hall Green thinks her mother is lonely and depressed and is not eating properly since her father died recently. Mrs A's daughter talks to some of her friends about her concerns, but cannot decide what to do for the best. During one of her visits to her mother, she speaks to a neighbour who mentions that a local church holds a luncheon club.

She contacts the church and they confirm that they have space generally on a Thursday. Mrs A's daughter changes her hours at work and picks her mother up and takes her to the club each week for a meal and some friendship.

After a couple of weeks the staff at the club notice that Mrs A is confused and distressed at times when attending the club. The luncheon club co-ordinator suggests that Mrs A's daughter contacts social services and gives her the number for the Adults and Communities Access Point (ACAP)

Mrs A's daughter phones ACAP, who carry out a contact assessment. From this it appears that Mrs A would meet the eligibility criteria for social care. The ACAP member of staff referred Mrs A to the Enablement service - Enablement is short-term intensive service which aims to improve someone's ability to care for themselves.

In discussion with Mrs A and her daughter, the Enablement Team draw up a structured plan, which looks at the tasks that Mrs A can physically do but creates a repeat pattern for carrying them out. The team also refers Mrs A to the telecare service, who install some alarms, so that if Mrs A wanders and attempts to leave the property at night, the alarm sounds with her daughter's voice reminding her not to go out. Mrs A also has a pill dispenser which has a verbal prompt alarm to remind her to take her medication.

During the six week service the Enablement staff undertake an enhanced assessment which indicates that although Mrs A's levels of independence have increased she may well have on-going, presenting needs. The team chat these things through with Mrs A and her daughter. Mrs A is concerned about how she is going to cope, but her daughter feels confident that between herself and Mrs A's friends they can make sure that she retains the skills and patterns learned during enablement as well as building some new social links. The Enablement Team ask a social worker to call to undertake a carer's assessment and refer Mrs A to her GP for further assessments on dementia and access to NHS dementia services.

Mrs A's daughter did not require any services at this point and the case was closed.

Scenario 2

Mr B who lives in Ladywood has been having a number of falls at home and has hurt himself. His son lives in Newcastle and after a telephone conversation Mr B reluctantly agrees to go to his GP for a check-up. During the consultation the GP identifies that Mr B was struggling to care for himself and refers him to the Adults and Communities Access Point (ACAP).

Staff at ACAP undertake an initial and contact assessments and determines that Mr B has unmet eligible needs and refers him to the Enablement service - Enablement is a short-term intensive service which aims to improve someone's ability to care for themselves.

Mr B has a six week period of enablement which helps him with his daily living tasks, such as getting in and out of bed, washing, dressing and going to the toilet. During the six week service the Enablement staff undertake an enhanced assessment which indicates that although his levels of independence have increased, Mr B may well have on-going, unmet eligible needs. As a result the team passes Mr B's case to a social worker who makes contact with Mr B.

The social worker undertakes a Community Care Assessment and discusses Mr B's eligible unmet needs with him and a number of options for how they could be met. After the discussions, the social worker offers Mr B a Direct Payment so he can arrange services to meet his unmet eligible needs, for himself.

Mr B did not want to have to make the arrangements himself and asked if the social worker could arrange the services on his behalf. The social worker explains how a direct payment might benefit Mr B and details the support that was available to help him manage it, including some specialist third sector organisations. The social worker also refers Mr B to the marketplace on www.MyCareinBirmingham.org.uk. Mr B reminds the social worker that he is over 70 and doesn't know how to use a computer. In conversation, Mr B mentions however that his son is an accountant and they decide that Mr B will telephone him and ask him to go on-line.

Having talked to one of the third sector organisations and understood how they could help, Mr B accepts his Direct Payment and arranges his own support with help from his family.

Although the paperwork looks complicated, Mr B finds that the third sector organisation is very skilled and helpful and the carer he employs has some good ideas about ways in which Mr B can continue to regain his confidence.

Scenario 3

Mr C is a single young man with a diagnosis of schizophrenia, he is unemployed, not motivated to care for himself, in financial debt, socially isolated, and living in the community in private accommodation in Saltley. Mr C is supported by his local Multi-Disciplinary Team (MDT) which has already undertaken an assessment and has identified his needs.

At a MDT review meeting it is identified that although some of Mr C's unmet eligible needs are now being met, he still needs support with debt management, a social network and support with improving his confidence and self-esteem. The MDT therefore refers Mr C to an enablement service known as Support, Time and Recovery (STaR) service, to help him access community-based services.

After completing a short period of enablement, which focussed on making him more independent in undertaking his personal care, Mr C still needs community based support to reduce his isolation. The STaR services refers Mr C to a Supporting People provider for on-going support.

Mr C will continue have contact with the Community Psychiatric Nurses and benefits from the MDT approach.

Scenario 4

Mr D is a young adult with Learning Difficulties and challenging behaviour. He is currently living with his ageing parents who can no longer care for him due to their failing health. Mr D is attending a day centre, six miles from home, five days a week. Mr D's parents have telephoned staff at the day centre asking for advice as they are frightened about what would happen to him when they are too ill. The day centre staff suggest that Mr D's parents talk this through with a social worker at their son's annual review.

Having raised their concerns at the review, the social worker contacts Mr D's parents and arranges for a multi-disciplinary re-assessment to take place. As part of the re-assessment Mr D's parents are offered a carers' assessment. During the re-assessment it is decided that Mr D would benefit from a period of Enablement - Enablement is an intensive service which aims to improve someone's ability to care for themselves.

The suggested Enablement service is a bed-based one. Although this is a few miles away from his home, Mr D has his own room and soon settles into using the kitchen and communal room each day. The purpose of a bed-based service is to allow the Enablement Team to observe and help Mr D with his daily living skills, such as getting in and out of bed, washing, dressing, going to the toilet and keeping tidy.

At end of the enablement period Mr D's independence has increased and in discussion with him and his family it is suggested that Mr D would be able to live independently in a Shared Lives placement- Shared Lives involves moving into an established family setting and being supported by that family who are trained and paid for by the Council.

Mr D and his family agree to arrange for him to enter into a Shared Lives placement. Due to the Council's recruitment drive for Shared Lives carers, Mr D's family are happily surprised to find a placement within their local community. Mr D soon settles in and his family visit him regularly. The carers also make sure that Mr D has plenty of opportunities to meet his old friends from the day centre.

Mr D's parents also benefit from their carers assessment which helps them through the transition of their son leaving home.

Mr D has an annual review and the MDT provide support to the Shared Lives carers to ensure that they are meeting Mr D's needs in the best way.

Scenario 5

Mrs E is an older adult who has been in a residential home placement in Perry Barr for the past 5 years. Mrs E has lived in Perry Barr all of her life, but her only daughter now lives in the Selly Oak area. Mrs E is self-funding her care, but now her disposable income has dropped below the national capital threshold. Mrs E's family has approached the Adults and Communities Access Point (ACAP) as she is no longer able to pay for her own care. The cost of Mrs E's current placement is £800 per week and her family have no access to funds to support her care costs.

ACAP undertake an initial and contact assessment and Mrs E is referred to the social work team.

A social worker visits Mrs E and her family and carries out an assessment in the residential home. As part of the assessment the social worker explains that Birmingham City Council may not be able to fund Mrs E's current placement if it is in excess of the average cost of care in the market for someone with similar needs. As part of the assessment, the social worker talks to Mrs E and her family to develop a Support Plan, which identifies Mrs E's needs and how they might be met.

The social worker explains that the Support Plan will be passed to a colleague called a broker, who will be able to help them identify the most appropriate residential placement which can meet Mrs E's needs. This is done using a process called micro-tendering which allows residential care providers to describe how they will meet Mr E's identified needs. The broker will then assess the providers' descriptions against the quality of the service provided at that residential home, the cost of the service and the location of the home – Mrs E's family had requested that the home be within 5 miles of their address.

The provider with the highest score, combining both quality and price will be suggested to Mrs E and her family. The broker informs the social worker of which home best meets Mrs E's needs.

Although a particular home has been identified, Mrs E's family could chose an alternative at the same cost, or they could choose another home and use their own resources to pay any additional charges.

Mrs E has an annual review.

Scenario 6

Ms F is aged 30 with learning difficulties and challenging behaviour, she has been living in a residential care home outside of Birmingham for 12 years.

An annual review is undertaken by the multi-disciplinary team (MDT) to identify whether Ms F's needs have changed and if her existing care is still meeting her needs. The review identifies that Ms F's needs have changed. Therefore, the recommendation is that a reassessment is undertaken by the Social Work team.

After contacting Ms F's family for a suitable date, a multi-disciplinary team, including health professionals begins the re-assessment. It is recognised by Ms F's family that the placement is a distance from them and they are now finding the travelling more difficult.

As the re-assessment is completed it is suggested that Ms F could be supported in a community setting as this would both promote her independence and allow her to be nearer to her family. The social worker also raises the point that the cost of the placement is not providing value for money. Through Person Centre Planning and a referral to Housing Pathways suitable properties begin to be identified.

Ms F and her family are anxious and concerned about the suggested placement. Although they have been involved in the assessment and have received regular updates from the MDT Ms F's parents disagree with her being moved as she is settled in her current home and has a number of friends.

Ms F's family raise their concerns with their MP, who contacts the Strategic Director. In response to the concerns raised, a response is provided that outlines why the City Council supports an enabling approach to meeting care needs, the reduction in out-of-City placements as well as commissioning care of an appropriate quality and cost. The social worker is informed of the family's on-going concerns and visits to re-assure them.

The social worker explains that Ms F will undertake a period of bed-based enablement before moving into her placement. The purpose of a bed-based service is to allow the Enablement Team to observe and help Ms F with her daily living skills, such as getting in and out of bed, washing, dressing, going to the toilet and keeping tidy. Following a successful period of enablement, Ms F takes a tenancy in a Supported Living scheme – in Supported Living, Ms F will have her own home as a tenancy and will receive on-going support from a care package to maintain her independence. Supported Living is usually a small community of 4-6 people, supported by a single care provider. The social worker also explains that this is more cost effective and Ms F would return to Birmingham nearer to her family. A support plan is drawn up and a care broker uses this to micro procure and identify the most suitable support provider.

Ms F and her family are involved and kept informed about the assessment however, they disagree with her being moved as she is settled in her current placement. Her family has sought legal advice and contacted their local Member of Parliament to complain.

A multi-disciplinary case conference was arranged and the outcome was that Ms F's case was handled correctly, it followed Council policy and the recommended move went ahead. Ms F's new placement will be monitored and reviewed.