

Directorate for People

2016+ Proposed Budget Consultation

Consultation Document

4th January 2016 – 5th February 2016

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Foreword

This document is part of the Council's 2016+ Budget Consultation and it gives information about proposals for changes to the Directorate for People.

Across 21 proposals, the Directorate for People considers how to reduce its revenue budget by a further £94m by 2019/20. The proposals include both new ideas as well as those which have been previously consulted upon.

As some of you may have already learned, the 2015 Comprehensive Spending Review has enabled Councils with responsibility for adult social care, to raise an additional 2% from Council Tax. In Birmingham, this would raise approximately £5.6m.

1 – Investment in Children's Social Care

The service has moved from an initial period of stabilisation to the implementation of a series of critical changes in line with the agreed Improvement Plan. The focus in year 2 (2015/16) of the Plan shifted to the quality of practice and more effective and early interventions with families aimed at enabling positive changes, preventing family breakdown and improving care planning for children and young people. The service is working to a clear plan approved by the Department for Education (DfE) and with the support of the DfE appointed Improvement Partner, Essex County Council.

There is now a firm foundation on which to build, together with partners, effective and sustainable early help and children's social care services. We remain committed to seeing the plan through to the end of year 3 (2016/17).

In order to support the improvement in Children's Social Care, the Council is investing an additional £31m between 2015/16 and 2017/18.

Our new proposals for 2016+, which can be found below include:

- PFB 1: Resilient Families; and
- PFB 2: Improved process and productivity

2 - Special Educational Needs and Disabilities (SEND)

Children and young people with disabilities are a particularly vulnerable group in society. In order to ensure that these individuals are supported to reach their potential it is important that there is provision of effective health, education, social and voluntary care at the appropriate stages of their lives. They are a diverse group of individuals with varying needs, some requiring very little external agency input and others requiring multiagency support across health, social services and education for highly complex needs.

Birmingham has a high proportion of children with special educational needs and disabilities; higher than the average for England and higher than levels in other areas of the country that have similar demographics to Birmingham. By 2021, initial estimates indicate that there could be 5,000 more children with SEN than in 2011, whose needs will have to be met from fewer resources.

We believe that we have a duty to create a space to work together, to co-produce a future which offers an opportunity for young people and adults to reach their potential and to actively participate in community life throughout their lives. At the same time we must also provide a sustainable platform for service delivery

Our new proposals for 2016+, which can be found below include:

- MIA 2: Design and implement a new approach to SEND and move away from a high dependency model; and
- MIA 3: Promote independent travel and reduce reliance on council funded transport, underpinned by clear policy.

3 – Younger Adult (18-64 years) Social Care

In April 2014 we began an ambitious programme to promote independence and community life for younger adults who were already receiving adult social care. Many parents and carers have expressed their concerns and we have not been able to achieve the targets that we set for ourselves. We still believe that our proposal would lead to better lives for young people and therefore we need to look at how we can work together to re-focus our efforts.

In recognition of the sensitivity and complexity before us, the Council has reduced the requirement for 2016/17 by £15m.

We must also look again at the services the City Council runs itself, particularly day centres and short breaks services. With regards to the 31 beds provided at The Laurels and Brook House only 10, on average, have been used for short breaks between April and August 2015. Some of our day centres are large establishments and have a daily capacity of over 100 places and in many ways the model of care has not dramatically changed over recent years. We must know think seriously if this is the type of care people want. Are there different ways of delivering day opportunities?

Our new proposals for 2016+, which can be found below include:

- MIA 5: Internal Care Services – Younger Adults Day Care; and
- MIA 21: Internal Care Review – Learning Disability Short Breaks.

4 – Older Adult (65+ years) Social Care

We want Birmingham to be a city where getting older is a good experience; a place where people “age well”. That means a city where older people are as independent as possible, connected with their local communities, and able to access the right support at the right time that enables them stay at or close to home.

Our new proposals for 2016+, which can be found below include:

- MIA 8: Redesign and integrate services at scale across the health and social care economy
- MIA 10: Older Adults Offer
- MIA 17: Internal Care Review – Home Care Enablement;
- MIA 18: Internal Care Services – Care Centres
- MIA 20: Internal Care Review – Older Adults Day Care

5 - Education

In addition to the information given here, we are consulting with Schools Forum and other stakeholders as part of the process of determining and finalising 2016/17 budget allocations to schools and other providers funded from the ring-fenced Dedicated School Grant.

Another proposal which could affect parents and school children is about school crossing patrols and can be found in the consultation arranged by the Economic Directorate: “work with schools to develop safer active travel to school plans.”

Please also be aware that there is an “Early Years Health and Wellbeing Consultation” which closes on **28th February 2016**. Please take a moment to look at the proposals: <https://www.birminghambeheard.org.uk/people-1/early-years-1>

We fully appreciate that some of the proposals outlined below still have a lot of detail to be thought through. As a minimum this will mean that additional consultation and for some, re-assessments will occur, but we will work much more closely together in the coming weeks and months as we look to make joint proposals on the future of services in Birmingham.

Introduction

What are we consulting on?

This Directorate for People consultation supports the Corporate Budget Consultation for 2016+.

The Council continues to struggle with massive cuts in government funding. As a city council we have had to look at what, and how, we will provide services in the future. This may mean that we work in partnership with others to provide front line services to those people who currently receive our services, or it could mean that we may have to remove certain services for those people who may be able to get help and support from others.

This document explains specific proposals for Adult social care, Children’s social care, Homelessness and Education services that are provided by the Directorate for People. It also explains how we will be consulting you about these proposals.

In December 2015, the Council published its corporate public consultation. More information about this can be found at: Birmingham.gov.uk/brumbudget16.

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 2016+ closes on 8th January 2016.
2. The Directorate for People consultation and Equality Impact Assessment on the consequences of the implementation of the various proposals. This Directorate budget consultation for 2016+ closes on 5th February 2016.

How will we consult people?

1. We will be asking for views on our proposals from citizens who use services, carers, city council staff, and health partners, organisations that provide adult social care services in the private or voluntary sectors and the general public;
2. We will be asking for your views by means of a questionnaire, participating in consultation meetings, by emailing us or phoning us. We will listen to, and take note of all your comments;
3. We will publish and make widely available what we find out from the consultation and what we plan to do next. We will show where we have changed our proposals as a result of listening to people's views. Where we have not made changes to our proposals we will explain why this was the case;
4. 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; and
5. A number of consultation events will take place between the 4th January and 5th February. We will be visiting a wide range of public places and community groups. They will have information about the proposals, dates of public meetings and take note of any comments from citizens.

How long will this consultation run for?

This Directorate Budget Consultation begins on Monday 4th January and finishes on Monday 5th February 2016.

Who will be affected by the results of this consultation?

This consultation affects:

- all adults living in Birmingham who receive or need adult social care services;
- young people who may need adult social care services in the future;
- children and young people who may need social care;
- all adults living in Birmingham who may need adult social care services in the future
- disabled children and young people who go to school in Birmingham and their parents;

- carers for adults who live in Birmingham;
- Birmingham City Council staff;
- health services organisations in Birmingham and their staff; and
- private, Third Sector and voluntary providers of children's and adult social care services and their staff.

Background Information

To set this consultation in context, below is additional text for you to consider before you respond to the consultation questions in the key service areas affected by the consultation.

Preventing Family Breakdown

Families are the centre of children's lives. Family is the place more than anywhere else that children learn and develop. Parents are responsible for the development and well-being of their children. For a minority of parents additional support is needed to enable them to parent well. We seek to support disadvantaged families through a range of interventions so that their children can thrive.

We will work positively with families to enable them to identify what they want to change and support them to make changes that improve their children's lives. We want to target support to families so that where they are struggling we can help them to improve their parenting skills so that children are safer and more secure. Working with families in this way will help reduce conflict within families and the need for children to come into care. We are developing edge of care services that will particularly help teenagers and their families.

We recognise that supporting children with additional needs can place additional pressures on families and we want to work alongside these families to help them to be as independent and resilient as possible.

We recognise that there will always be some children who are unable to live within their family. For these children we want to provide high quality long-term alternative family care through, adoption, special guardianship or foster care based on each child's individual needs. This requires good social work that listens to children and builds and implements clear plans to find stable long-term solutions for them.

By working in this way we will deliver savings by only having those children in care who need to be, and for those children we will support them in more local, less costly family settings. This approach will deliver the savings listed.

We also think we can work more efficiently and make some saving by reducing the number of agency staff and managing staff turnover better.

We are also consulting on an entirely new approach to services for young children. We want to integrate health, learning and parenting support services for Early Years in a new model of provision targeted at those most in need

across the City. The Early Years consultation was launched on 30th November.

Maximising Independence of Adults

Older people of Birmingham tell us they want less formal 'care' but more informal and community support in their local areas. We are working to achieve this with our partners across the city.

To do that, we know our current health and social care system has to change. The Council must work with partners in health – hospitals, GPs, nurses, commissioners – and community organisations to make that happen. But, most importantly, all of these organisations need to work together and with our citizens to make sure the changes being proposed are the right ones and that the transition from previous to new ways of working are carried out properly.

More integration of services and support will be successful if it is designed around the City's people. More specifically, health and care organisations need to work much harder to help Birmingham citizens and their families to be able to look after themselves. We need to reduce costs but we also want to change the over reliance on formal care. Across the West Midlands, we have the highest number of people leaving hospital and then being placed into residential care rather than alternative support and care packages being put in place locally.

We are starting from a good place: in the City, we have good quality hospitals, GP surgeries, residential homes and community based care like extra care (and most importantly of course, hundreds of families/carers in the community providing invaluable support). However, each part of the system is struggling to cope with less money and more people wanting to access services.

We also have already an agreed Birmingham Better Care Plan, which we can build on, with four clear top priorities:-

1. Keeping people well where they live
2. Making getting help easier
3. Looking after people better when crises occur
4. Making the right decisions when people can no longer cope

We know we need to be more efficient – the council, hospitals, GPs and health commissioners have plans to do this - but that alone is not enough.

So, it's time for us all to think differently and redesign our health and social care system, with a much bigger ambition as to the scale and impact of change.

We already know that some of the pressure on services is unnecessary. Older people may have too many falls which lead to an emergency hospital admission – but a property adaptation, like a handrail, could have prevented the fall.

Too many older people are unable to leave hospital because their homes aren't suitable any longer. And too many older people end up in residential care because the hospitals don't have a good understanding of the range of better alternatives for leaving hospital, or for other reasons, older people and their families cannot easily access these services. No one wants to spend more time in hospital than absolutely necessary. No one wants to spend time in hospital or care homes when they could be in their own home and doing what they want to do.

If we fix these things, by aiming to have a modern health and care system where medical and social care services are fit for purpose but are regarded more as a necessary last resort, we think people in Birmingham will be able to stay independent and out of hospital for longer, and this will reduce unnecessary spending by a significant amount, over time. For example, the City Council believes that it may be able to reduce or replace adult care spending, through whole system changes, by up to a further 15% or £40m over the next 4 to 5 years, starting in 2016/17.

We are confident that by working more closely across health and social care and building better community support services, we can reduce the number of people who need to use A&E or go into a residential care home. In our vision of the future, people stay active and independent for longer and our limited resources are focused on those with the highest levels of need.

Making this happen requires a shared ambition and for all partners to work together to figure out what the new system will look like. That needs to start now! Changing the system will take some time: we estimate 5 years. We have already started working together and to accelerate the process, the Council is intending to put its money for adult social care services, along with other relevant spend, assets and other support into a single pot with hospitals and GP surgeries. We are also demonstrating our commitment by funding the first year of investment needed to deliver change.

We are committed to investing in appropriate care where people need it, for example by implementing the living wage for care staff. Everyone knows that

the care home industry is in crisis and this requires a transformational approach to the use of such investment.

The City Council are asking you the public if you agree with this approach, recognising, of course, that much, much more detail about the necessary service changes that will flow from this will need to be described, discussed and agreed in the coming years.

The savings planned reflect the reality of the cuts to public funding, but also the need to continue to develop an approach to older people that reflects more what they want as independent adults in Birmingham on a community level and less of what they don't want in terms of more formal, traditional models of care.

This is a big change for the citizens of Birmingham who use these services; some will be affected by the change in services more than others. As a city council we will be looking to families first to assist us with maximising independence for those in need of care services.

Other areas for consideration as part of this budget consultation include;

- A withdrawal of funded Telecare, users who require this support may be required to fund it themselves.
- An increase in how the City council will work with third sector organisations to provide more services to help prevent the need for social care services.
- Procure more home care enablement services and day care services from the private and voluntary sector, which will mean we reduce services provided by the city council.
- A change in the focus for the use of the city council's four care centre buildings which will now be used to provide intensive residential dementia care, but with staffing provided by the private sector.

Services for vulnerable younger adults

We would 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 for younger adults will be to provide support, advice and information to those people who need our services to enable them to access services independently. The city council will only intervene where this is not possible.

We will allocate our resources based on the needs of our service users. This will ensure equity across all service user groups.

We will encourage and promote the use of direct payments rather than offer admittance to residential care as the first and only option. People live longer lives if they can remain independent and in their local communities. Direct payments can be used to meet needs from local communities.

Section 1 - Specific Savings Proposals

This section contains the specific savings proposals from the Directorate for People.

| | | Saving in | Saving in | Saving in | Saving in |
|--|----------------------------|-----------------|-----------------|-----------------|-----------------|
| | | 16/17 | 17/18 | 18/19 | 19/20 |
| | | £m | £m | £m | £,m |
| Resilient families | Discussed in the last year | 0.000 | 0.000 | 0.000 | 0.000 |
| | New proposal | (0.705) | (3.667) | (5.247) | (8.636) |
| | Total Saving | (0.705) | (3.667) | (5.247) | (8.636) |
| Improved Process and productivity | Discussed in the last year | 0.000 | 0.000 | 0.000 | 0.000 |
| | New proposal | 0.000 | (1.964) | (1.964) | (1.964) |
| | Total Saving | 0.000 | (1.964) | (1.964) | (1.964) |
| Design and implement a new approach to Special Educational Needs and Disabilities (SEND) and move away from a high dependency model. | Discussed in the last year | 0.000 | 0.000 | 0.000 | 0.000 |
| | New proposal | 0.000 | 0.000 | 0.000 | (10.000) |
| | Total Saving | 0.000 | 0.000 | 0.000 | (10.000) |
| Promote independent travel and reduce reliance on Council funded transport underpinned by clear policy | Discussed in the last year | (0.710) | (1.910) | (1.910) | (1.910) |
| | New proposal | (1.753) | (0.724) | (0.724) | (944) |
| | Total Saving | (2.463) | (2.634) | (2.634) | (2.854) |
| Internal Care Services - Younger Adults Day Care | Discussed in the last year | 0.000 | 0.000 | 0.000 | 0.000 |
| | New proposal | (0.702) | (1.113) | (1.288) | (1.288) |
| | Total Saving | (0.702) | (1.113) | (1.288) | (1.288) |
| Health and Prevention | Discussed in the last year | 0.000 | 0.000 | 0.000 | 0.000 |
| | New proposal | 0.000 | (0.238) | (0.484) | (0.489) |
| | Total Saving | 0.000 | (0.238) | (0.484) | (0.489) |
| Older Adults Offer | Discussed in the last year | 0.000 | 0.000 | 0.000 | 0.000 |
| | New proposal | 0.000 | 0.000 | (0.957) | (2.098) |
| | Total Saving | 0.000 | 0.000 | (0.957) | (2.098) |
| Redesign and integrate services at scale across the health and social care economy | Discussed in the last year | (2.339) | 6.061 | 6.061 | 6.061 |
| | New proposal | (20.000) | (50.000) | (60.000) | (60.000) |
| | Total Saving | (22.339) | (43.939) | (53.939) | (53.939) |
| Improving the Customer Journey | Discussed in the last year | 0.000 | 0.000 | 0.000 | 0.000 |
| | New proposal | (0.500) | (0.900) | (1.954) | (1.969) |
| | Total Saving | (0.500) | (0.900) | (1.954) | (1.969) |
| Introduce charges for Telecare and reducing spend on joint equipment contracts | Discussed in the last year | 0.000 | 0.000 | 0.000 | 0.000 |
| | New proposal | (1.600) | (1.600) | (1.600) | (1.600) |
| | Total Saving | (1.600) | (1.600) | (1.600) | (1.600) |
| Internal Care Review - Occupational Therapy | Discussed in the last year | 0.000 | 0.000 | 0.000 | 0.000 |
| | New proposal | (0.020) | (0.020) | (0.020) | (0.020) |
| | Total Saving | (0.020) | (0.020) | (0.020) | (0.020) |

| | | Saving in 16/17 | Saving in 17/18 | Saving in 18/19 | Saving in 19/20 |
|--|----------------------------|--------------------|--------------------|--------------------|--------------------|
| | | £m | £m | £m | £m |
| Internal Care Review - Home Care Enablement | Discussed in the last year | (0.300) | (1.500) | (1.500) | (1.500) |
| | New proposal | (1.200) | 0.0000 | (2.200) | (2.200) |
| | Total Saving | (1.500) | (1.500) | (3.700) | (3.700) |
| Internal Care Services – Care Centres | Discussed in the last year | (0.062) | (0.062) | (0.062) | (0.062) |
| | New proposal | (0.238) | (0.638) | (1.438) | (1.438) |
| | Total Saving | (0.300) | (0.700) | (1.500) | (1.500) |
| Internal Care Review - Older Adults Day Care | Discussed in the last year | 0.000 | 0.000 | 0.000 | 0.000 |
| | New proposal | (0.218) | (0.345) | (0.510) | (0.510) |
| | Total Saving | (0.218) | (0.345) | (0.510) | (0.510) |
| Internal Care Review - Learning Disability Short Breaks | Discussed in the last year | 0.000 | 0.000 | 0.000 | 0.000 |
| | New proposal | (0.192) | (0.364) | (0.364) | (0.364) |
| | Total Saving | (0.192) | (0.364) | (0.364) | (0.364) |
| Homelessness | Discussed in the last year | (0.350) | (0.350) | (0.350) | (0.350) |
| | New proposal | (0.200) | (0.200) | (0.200) | (0.200) |
| | Total Saving | (0.550) | (0.550) | (0.550) | (0.550) |
| Public Health Grant Reduction | Discussed in the last year | (5.780) | (5.780) | (5.780) | (5.780) |
| | New proposal | 0.000 | 0.000 | 0.000 | 0.000 |
| | Total Saving | (5.780) | (5.780) | (5.780) | (5.780) |
| Step-up of previous Early Years savings | Discussed in the last year | (1.000) | (5.100) | (5.100) | (5.100) |
| | New proposal | 0.000 | 0.000 | 0.000 | 0.000 |
| | Total Saving | (1.000) | (5.100) | (5.100) | (5.100) |
| Reductions in Adult Social Care Running Costs | Discussed in the last year | (1.111) | (1.111) | (1.111) | (1.111) |
| | New proposal | 0.000 | 0.000 | 0.000 | 0.000 |
| | Total Saving | (1.111) | (1.111) | (1.111) | (1.111) |
| Step-up Third Sector Commissioning and Supporting People | Discussed in the last year | (3.400) | (4.500) | (4.500) | (4.500) |
| | New proposal | 0.000 | 0.000 | 0.000 | 0.000 |
| | Total Saving | (3.400) | (4.500) | (4.500) | (4.500) |
| Step-up Younger Adults | Discussed in the last year | (3.819) | (8.819) | (13.819) | (18.819) |
| | New proposal | 0.000 | 0.000 | 0.000 | 0.000 |
| | Total Saving | (3.819) | (8.819) | (13.819) | (18.819) |
| Total Directorate for People savings | Discussed in the last year | (18.871) | (23.071) | (28.071) | (33.071) |
| | New proposal | (27.328) | (61.773) | (78.950) | (93.720) |
| | Total Saving | (46.199) | (84.844) | (107.021) | (126.791) |

Proposal 1:

Preventing Family Breakdown

PFB1: Resilient families

Working with families to reduce need for children to come into care, improving and speeding up care planning for children in care so they move more quickly to a permanent family or are supported to independence. Providing more local foster placements for children in care and fewer expensive placements outside the City.

About this service

Preventing family breakdown gives children a better chance in life. Targeted Family Support and Social work interventions with families with high needs help families solve problems and improve parenting, improve school attendance and attainment, reduce conflict and the need for children coming in to care. Good care planning helps children who do need to come into care find permanent families quickly. The focus is on helping parents in need overcome their difficulties so that their children are able to develop safely and well.

Proposed changes

By improving our early help and social work service we propose to support more children to live safely and thrive at home. We propose doing this by providing support to our staff to work creatively with disadvantaged families to bring about positive change. Where children do have to come into care, we will provide more local foster placements and we will speed up the process of children in care finding permanent families.

The amount currently spent on the whole service across which these savings apply and the proposed reduction is shown below.

| Total Spend 15/16 | Income 15/16 | Net Spend 15/16 | | Saving in 16/17 | Saving in 17/18 | Saving in 18/19 | Saving in 19/20 |
|-------------------|--------------|-----------------|----------------------|-----------------|-----------------|-----------------|-----------------|
| £156.721m | (£7.609m) | £149.112m | Gross Saving | (£2.145m) | (£6.819m) | (£8.673m) | (£12.491m) |
| | | | Implementation Costs | £1.440m | £3.152m | £3.426m | £3.855m |
| | | | Net Saving | (£0.705m) | (£3.667m) | (£5.247m) | (£8.636m) |

What would this mean?

Families and children in need of support and protection will receive a better service. They will be listened to more and their needs and aspirations built into children's plans. We will work with children and families and involve them in all aspects of care planning whenever possible.

We will recruit more local foster carers to provide caring stable family homes for children in care of all ages. We will more quickly match younger children with adoptive families.

We will try to reduce the impact by:

We will try to work with families openly and collaboratively, but where children need to be protected from significant harm, we will always intervene to make sure that they are protected.

What next?

Questions:

1. Do you agree or disagree with this proposal?
2. Have you got any ideas for delivering these services differently in the future that would save money by making them more effective?
3. Do you have any other views or comments on the intentions or the savings set out?

If you would like to comment please use the "Directorate for People 2016-2017 Proposed Budget Consultation Questionnaire."

Proposal 2:

PFB2: Improved Process and productivity

Through better management of the service it is intend to improve process and productivity including the better use of staffing resources.

About this service

Children's services are provided by family support and social work staff working directly with children and families, usually from disadvantaged backgrounds, to make sure children's needs are met and they are cared for and looked after well. The service is very staff intensive and staff require good professional skills and the ability to think and reflect.

Proposed changes

By supporting staff better through supervision, staff development, manageable caseloads and a learning culture we propose to reduce reliance on agency staff and manage a staff vacancy factor (turnover rate) of 4% for specific groups of staff.

The amount currently spent on the whole service across which these savings apply and the proposed reduction is shown below.

| <i>Total Spend</i> 15/16 | <i>Income</i> 15/16 | <i>Net Spend</i> 15/16 | <i>Saving in</i> 16/17 | <i>Saving in</i> 17/18 | <i>Saving in</i> 18/19 | <i>Saving in</i> 19/20 |
|-----------------------------|------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| £156.721m | (£7.609m) | £149.112m | £0.000m | (£1.964m) | (£1.964m) | (£1.964m) |

What would this mean?

We can make these savings by better management of our service, through a more stable permanent workforce, without reducing the quality of the service to children and families.

We will try to reduce the impact by:

Ensuring the family support and social work cases are always allocated without delay.

What next?

Questions:

4. Do you agree or disagree with this proposal?
5. Have you got any ideas for delivering these services differently in the future that would save money by making them more effective?
6. Do you have any other views or comments on the intentions or the savings set out?

If you would like to comment please use the “Directorate for People 2016-2017 Proposed Budget Consultation Questionnaire.”

Proposal 3:

Maximising Independence of Adults

MIA 2: Design and implement a new approach to Special Educational Needs and Disabilities (SEND) and move away from a high dependency model

About this service

SENAR, the Special Educational Needs Assessment and Review Service, is responsible for the assessment of and planning for children with special educational needs. In line with legislation, from 1 September 2014, Birmingham City Council no longer issues a “statement” to a child but instead issues an “Education, Health and Care Plan” meeting all of the child’s educational, health and social care needs in one integrated plan.

This is supported by the offer of a Personal Budget by 2018 to access services. The percentage of children and young people in Birmingham subject to an Education Health and Care Plan is well above the national average. The Council does not currently have some of the more flexible support and access to services seen in councils with lower rates of plans.

Proposed changes

We want to work with parents and partners to develop a joint approach which has a shared understanding of the complex factors impacting on these services, a collaborative approach and shared responsibility, and strategic partnership and leadership across the system.

This will also contribute to developing a more sustainable school system. The Council is proposing a long-term, wide-ranging development of the services to children with special educational needs. This would involve working with the children, families and partner organisations to design and implement the optimum approach to these services shaped by the use of shared data and intelligence, learning and best practice.

This may include commissioning of new services, changes to the way services are delivered, and potentially de-commissioning of services. The intention would be to give children with special educational needs access to services which help them to prepare for adulthood so that they will have the best possible level of independence into later life.

The proposed changes might well include activity that has already been suggested through the Council's desire to make services more efficient, for example, having a single assessment process, the Early Help and Children's Social Care Improvement Plan and the early work around the Preparation for Adulthood Project, as well as activity already underway or desired by partners.

It is too early in our thinking to give other specific examples of what the changes might be as our intention is to fully involve those involved in developing these proposals.

The amount currently spent on the service and the proposed reduction is shown below.

| Total Spend 15/16 | Income 15/16 | Net Spend 15/16 | Saving in 16/17 | Saving in 17/18 | Saving in 18/19 | Saving in 19/20 |
|----------------------|-------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| £247.356m | (£97.106m) | £150.250m | £0.000m | £0.000m | £0.000m | (£10.000m) |

This budget relates to spend funded by the Dedicated Schools Grant on services to children with special educational needs and General Fund spending on services to adults with learning disabilities, physical disabilities and mental health needs.

What would this mean?

Collectively we will want to determine what the outcomes and success measures would be but the potential benefits for families and their children are likely to be

- The best possible level of independence into later life for the child, which might mean better or more appropriate support and potential employment opportunities
- A more independent family
- Families with improved knowledge about how the public sector can support them
- Families with greater understanding about what they can do for themselves
- Providing families with information about what is available to support them in their local community
- Reducing the number of families in crises

- promoting the most inclusive environment, particularly encouraging and promoting the use of Direct Payments

Some of the benefits might be an increase in supported living and more placements with families as well as sustainable jobs, where possible.

We have been working with the school community to develop the strategic partnership and leadership across the system, to promote inclusion positively alongside our other equal opportunities work and champion our vulnerable children. Head teachers and SENCOs are identifying the issues that have led to an increase in exclusions and children out of school alongside a large and growing demand for special school and alternative provision. Together we are developing examples of good practice and ways forward for a sustainable funding model.

We will try to reduce the impact by:

Working closely with partners including social care and housing, NHS colleagues, relevant community groups and charities, Schools, Department for Work and Pensions, skills organisations and businesses.

Engagement and consultation with families and children with special educational needs, and adults with learning disabilities, physical disabilities and mental health needs.

We will review how the optimum approach matches up to what we all do currently.

What next?

Questions:

7. Do you agree or disagree with this proposal?
8. What ideas do you have that might help children with Special Educational Needs become more independent?
9. Have you got any ideas for delivering these services differently in the future that would save money by making them more effective?
10. Do you have any other views or comments on the intentions or the savings set out?

If you would like to comment please use the “Directorate for People 2016-2017 Proposed Budget Consultation Questionnaire”.

Proposal 4:

Maximising Independence of Adults

MIA 3: Promote independent travel and reduce reliance on Council funded transport underpinned by clear policy

About this service

The Home to School Transport team work with children and young people with significant special educational or medical needs and their families to develop travel solutions to access education.

Travel solutions that are provided include travel passes, Pupil Guides to escort children and young people on public transport, independent travel training or a seat on a minibus/specialist vehicle.

Over 6000 pupils are provided with a transport solution, including just over 4000 on specialist transport.

Nearly 600 Pupil Guides are provided, depending upon the individual circumstances of the child or young person and the vehicle they will be travelling on.

Proposed changes

Wherever possible we want to work with the family or young person to develop travel solutions that enable them to access education in the same way that members of their peer group who do not have a special educational need or disability would access their education.

This includes travelling independently for young people and family based travel solutions for younger children. We want to actively encourage children and young people's independence which can result in them developing a skill for life and will help to develop their confidence and social skills as well as increase their future options for continuing education/training and employment.

In the short term we will continue to:

- Promote personal transport budgets, so that more pupils can change from specialist transport to a direct payment
- Provide Independent Travel Training to pupils, so that more can change from specialist transport to a bus pass
- Provide individual programmes to enable more pupils to change from a low occupancy taxi to a seat on a minibus

These proposals will allow us to continue making the savings agreed last year, plus further savings in future years.

In addition we propose to make new savings by:

- Improving the contractual arrangements with our transport providers that maximise cost savings (as young people move to more independent travel solutions) and include the provision of pupil guides where we have staff vacancies or where we require new routes.
- Introducing an independent body to process appeals for a more consistent application of the policy

The amount currently spent on the service and the proposed reduction is shown below.

| Total Spend 15/16 | Income 15/16 | Net Spend 15/16 | Saving in 16/17 | Saving in 17/18 | Saving in 18/19 | Saving in 19/20 |
|-------------------|--------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| £15.949m | (£0.238m) | £15.711m | (£2.463m) | (£2.634m) | (£2.634m) | (£2.854m) |

What would this mean?

Many of the changes we intend to make build on our existing work. We will begin to have different conversations with parents and young people when we make our initial decision and when we review existing travel packages that have been put in place.

As more families receive a personal transport budget and young people are independently travel trained then less specialist vehicles will be required. These changes are not about removing specialist transport from those vulnerable families who require it.

The majority of Birmingham children and young people with special educational needs or a disability including those with a Statement of Special Educational Needs or an Education Health and Care plan do not receive or require specialised travel support from the Council in order to access education.

We will try to reduce the impact by:

- working to understand the motivations and attitudes of families, showing them where a difference is being made and supporting them through change.

- collaborating closely with all our key partners, such as schools, to present a consistent, structured message and keep them up to date about our developments.

What next?

Questions:

11. Do you agree or disagree with this proposal?
12. What ideas do you have that might help children with Special Educational Needs become more independent?
13. Have you got any ideas for delivering these services differently in the future that would save money by making them more effective?
14. Do you have any other views or comments on the intentions or the savings set out?

If you would like to comment, please use the “Directorate for People 2016-2017 Proposed Budget Consultation Questionnaire”.

Proposal 5:

Maximising Independence of Adults

MIA 5: Internal Care Services - Younger Adults Day Care

About this service

Specialist Care Services (SCS) provide a wide range of day activities for people aged 18 years and over who have learning disabilities and physical disabilities in Birmingham. There are 10 large day centres and several smaller centres. These services are mainly building based with special adaptations that are able to meet the needs of people who have very high dependency of care support needs and who may require high levels of personal care.

Referrals to SCS day services are made via social workers for those citizens who meet the national eligibility criteria.

Activities on offer range from gardening and horticulture, basic food preparation, arts, crafts, leisure activities, IT skills, music and drama. Within the day care offer we have some specialist services for those people who are growing old with a learning disability and dementia.

Proposed changes

Birmingham City Council intends to reorganise its internally provided services, so that people may choose to buy these or different community based services which meet their assessed needs directly. Currently the law prevents the use of a Direct Payment to purchase services run by their Council.

Birmingham City Council is committed to developing services for people that help them to live as independently as possible, exercising choice and control over the planning and delivery of the support they need.

In the short term we intend to make better use of spare capacity in these services. We intend to undertake a detailed piece of work to identify which centres we propose to close. We intend to consult further once these proposals have been developed.

The Council gives people a personal budget, of which all or some can be taken as a Direct Payment to spend on their care and support services. In the longer term this means we need to move away from block funding the present Council Day Services and instead give people who are eligible for support a

personal budget. We will encourage eligible service users to take this budget as a Direct Payment, from which they can buy a range of services including traditional day care, support from a personal assistant, or other types of community based support to meet their individual needs. The Council's approach will be to encourage people to manage their own resources and care wherever they can to maximise their independence.

To do this we intend to:

- Involve people in deciding the type and style of services that are needed and, where required, develop local alternatives that people can choose to spend their Direct Payment on should they choose to have their eligible needs met in this way.
- Explore closing Council run services or look at running these services under different ownership such as a social enterprise or a user led organisation on which people can chose to spend their Direct Payments.
- Work with communities and other care providers to develop alternative community based services that people can purchase with a Direct Payment. We will not make any changes to people's services until we have carried out a reassessment of people's needs.

The amount currently spent on the service and the proposed reduction is shown below.

| Total Spend 15/16 | Income 15/16 | Net Spend 15/16 | Saving in 16/17 | Saving in 17/18 | Saving in 18/19 | Saving in 19/20 |
|----------------------|------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| £7.854m | (£0.161m) | £7.693m | (£0.702m) | (£1.113m) | (£1.288m) | (£1.288m) |

What would this mean?

The proposed changes will have an impact on people using the services, including:

- A possible change to the type and style of services offered or available to people. People will have the opportunity to develop new support plans and choose alternative services to meet their identified needs and outcomes.
- Some services being closed or joined together. People will have the opportunity to develop new support plans and be able to choose alternative services to meet their identified needs and outcomes.

We will try to reduce the impact by:

- Offering people a reassessment of their needs and working with them to plan their future support.
- Securing specialist support planning services to help people to develop their own support plans.

What next?

You may also be interested in the MIA 21 proposals on Learning Disability Short Breaks.

Questions:

15. Do you agree or disagree with this proposal?
16. Do you agree with the proposal to work with communities and other care providers to develop alternative community based services that people can purchase with a Direct Payment if they choose?
17. Would you be interested in thinking about or finding out more about joining together with a group of other service users to own, run and manage your own Day service under different ownership such as a social enterprise or user led organisation, where people can choose to spend their Direct Payments?
18. Have you got any ideas for delivering these services differently in the future that would save money by making them more effective?
19. Do you have any other views or comments on the intentions or the savings set out?

If you would like to comment please use the “Directorate for People 2016-2017 Proposed Budget Consultation Questionnaire”.

Proposal 6:

Maximising Independence of Adults

MIA 7: Health and Prevention

About this service

Adult Social Care supports adults of a working age and older people who have disabilities, mental health problems, a sensory loss or general frailty.

Proposed changes

This proposal is about reducing the need, and therefore the demand for, long term care services.

The Council will encourage the development of a number of health and social care prevention schemes which aim to support people to live independently for as long as possible and help reduce the long term reliance upon support from Council services.

Examples of these schemes include:

- Community befriending e.g. the promotion of community support groups
- Consider ways to help people plan for middle and later life including future accommodation choices
- Encouraging individuals to have a healthy lifestyle
- Encourage and promote early dementia support
- Promote the Five Steps to Well Being:
 - **Connect** – with your friends, family, neighbours and people at work. Have a conversation, pass the time of day, make time for a chat
 - **Be Active** – find a physical activity that you enjoy, go for a walk. Run or cycle, try gardening
 - **Take Notice** – be curious; take time to look at the day. Catch sight of the beautiful. Remark on the unusual
 - **Keep Learning** – Try something new, whether it's a new recipe, fixing the bike or even signing up for a course
 - **Give** – Smile, do something nice for a friend or neighbour, make time for others

The amount currently spent on the service and the proposed reduction is shown below.

| Total Spend 15/16 | Income 15/16 | Net Spend 15/16 | Saving in 16/17 | Saving in 17/18 | Saving in 18/19 | Saving in 19/20 |
|-------------------|-------------------|------------------|-----------------|-----------------|-----------------|-----------------|
| £150.679m | (£37.061m) | £113.618m | £0.000m | (£0.238m) | (£0.484m) | (£0.489m) |

This is the Older Adults care budget.

What would this mean?

Encouraging active and healthy lifestyles should allow more people to remain independent and reduce or delay their need for long term care.

We will try to reduce the impact by:

Working with citizens and partners to promote prevention activities that increases the opportunity for an independent life. This includes; providing details of companies who can meet individuals' care and support needs on MyCareinBirmingham.gov.uk and closer working with health to promote healthy living and eating schemes.

What next?

You might also be interested in the MIA 10 and MIA 8 proposals on Redesign and Integrate services at scale across the health and social care economy, and the Older Adults Offer.

Questions:

20. Do you agree or disagree with this proposal?
21. Do you have any ideas how we might work with citizens and partners to promote prevention activities that increase the opportunities for an independent life?
22. Do you have any other views or comments on the intentions or the savings set out?

If you would like to comment please use the "Directorate for People 2016-2017 Proposed Budget Consultation Questionnaire".

Proposal 7

Maximising Independence of Adults

MIA 8: Older Adults Offer

About this service

Adult Social Care supports adults of a working age and older people who have disabilities, mental health problems, a sensory loss or general frailty.

This proposal relates to implementing a new offer (Fair Deal in Times of Austerity) to all adults.

Proposed changes

Social Care produced, consulted and implemented 'A Fair Deal in Times of Austerity'. This policy has become a corner stone of how social care operates and details key principles for social care in Birmingham City.

In line with the Care Act and new ways of thinking we need to consider 'A Fair Deal in Times of Austerity' and its implications over the forthcoming years – for example we need to be explicit about what this means for citizens and their responsibilities.

The amount currently spent on the service and the proposed reduction is shown below.

| Total Spend 15/16 | Income 15/16 | Net Spend 15/16 | Saving in 16/17 | Saving in 17/18 | Saving in 18/19 | Saving in 19/20 |
|-------------------|-------------------|------------------|-----------------|-----------------|-----------------|-----------------|
| £150.679m | (£37.061m) | £113.618m | £0.000m | £0.000m | (£0.957m) | (£2.098m) |

This is the Older Adults care budget.

What would this mean?

The document 'A Fair Deal in Times of Austerity' will be re-visited and either reviewed or re-written.

We will try to reduce the impact by:

There is an expectation that any revisions would require consultation with a clear communication strategy.

What next?

Questions:

23. Do you agree or disagree with this proposal?
24. Do you have any other views or comments on the intentions or the savings set out?

If you would like to comment please use the “Directorate for People 2016-2017 Proposed Budget Consultation Questionnaire”.

Proposal 8

Maximising Independence of Adults

MIA 10: Redesign and integrate services at scale across the health and social care economy

About this service

Last year, the Government launched the Better Care Fund and the City Council and the three Clinical Commissioning Groups (CCGs) agreed a plan to improve health and social care for older people in the City. This built on earlier joint working and included a vision that by 2019:

- The most vulnerable people are identified and supported to improve their health and wellbeing
- We improve the resilience of our health and care system
- We manage crises better only utilising hospitals and long term residential care when needed
- We support people to stay in control and at home for as long as possible
- We support people to effectively manage their conditions themselves but easily get help when they need it
- We support people to remain as active members of their communities for as long as possible
- We support communities to help their members to be healthy and well for as long as possible

And from this we have four top priorities:

1. Keeping people well where they live
2. Making getting help easier
3. Looking after people better when crises occur
4. Making the right decisions when people can no longer cope

Proposed changes

The Better Care Fund proposals last year included savings through the efficiencies of joint working in 2015/16 and 2016/17. The first part of this proposal takes into account that further savings are likely to be made in 2017/18 and future years if these arrangements continue.

The City Council needs to meet its statutory responsibilities in relation to adult social care as embodied in the Care Act 2014, but with a much-reduced budget. The second stage of this proposal is essentially about trying to achieve this by jointly pooling/combining the entire Council spend on older adults, not just on adult social care, with all relevant NHS spend. This would extend over the next 5 years the current Better Care Fund of around £90m to a total which may be in excess of £600m. This would be supported by far more comprehensive structural front-line integration of staff, services, information and assets on the ground.

A lot more work needs to be done to fully understand the consequences, for the local NHS and the Council, and of course, for Birmingham patients and residents more generally.

The amount currently spent on the service and the proposed reduction is shown below.

| Total Spend 15/16 | Income 15/16 | Net Spend 15/16 | Saving in 16/17 | Saving in 17/18 | Saving in 18/19 | Saving in 19/20 |
|-------------------|-------------------|------------------|-----------------|-----------------|-----------------|-----------------|
| £150.679m | (£37.061m) | £113.618m | (£20.000m) | (£50.000m) | (£60.000m) | (£60.000m) |

The budget spend figures only relate to the City Council Older Adults social care services. The City Council's intention is to include other relevant spend, assets and change capacity in this much larger integration programme.

Hence the projected savings relate to whole health and care system savings that would reduce or replace existing adult social care expenditure.

What would this mean?

There is already a plan which explains this in more detail; The Birmingham Better Care Fund Plan can be viewed along with other information at the dedicated website www.birminghambettercare.com

We are confident that by working more closely across health and social care and building better community support services, we can reduce the number of people who need to use A&E or go into a residential care home. In our vision of the future, everyone wins: people stay active and independent for longer and our limited resources are focused on those with the highest levels of need.

The health and care integration ambition suggested here does require much more discussion, clarification and agreement between the relevant statutory partners – who have other pressures and demands to accommodate – over the coming months. Partners are also mindful of recent Government announcements regarding the potential to increase local Council Tax rates to

support adult social care, and a proposal to increase the national Better Care Fund provision by some £1.5 billion by 2019/20. These are very significant developments which need to be fully understood and discussed in due course.

It is important to stress that local NHS leaders will need to have a much greater say in how adult social care and other City Council services and resources are used in order to help prevent older people needing hospital or permanent residential care.

We will try to reduce the impact by:

Making this happen requires a shared ambition and for all partners to work together to figure out what the new system will look like. More importantly, this is a big change for the citizens of Birmingham who use these services; some will be affected by the change in services more than others. As a city council we will be looking to families first to assist us with maximising independence for those in need of care services.

Changing the system will take some time: we estimate 5 years. We have already started working together and to accelerate the process, the Council is intending to put its money for adult social care services, along with other relevant spend, assets and other support into a single pot with hospitals and GP surgeries. We are also demonstrating our commitment by funding the first year of investment needed to deliver change.

The City Council are asking you the public if you agree with this approach, recognising, of course, that much, much more detail about the recent Government announcements about adult social care and the necessary service changes that will flow from this will need to be described, discussed and agreed in the coming years.

What next?

You might also be interested in the MIA 7 and 8 proposals on Health & Prevention, and the Older Adults Offer.

Questions:

25. Do you agree or disagree with this proposal?
26. What can social services and the NHS do differently to prevent people having to go into hospital or residential care?
27. Do you have any other views or comments on the intentions or the savings set out?

If you would like to comment please use the “Directorate for People 2016-2017 Proposed Budget Consultation Questionnaire”.

Proposal 9

Maximising Independence for Adults

MIA 12: Improving the Customer Journey

About this service - Assessment and Support Planning

This is our Adult Social Work service. The Social Workers' responsibilities are:

- Carrying out statutory assessments for adults and carers of adults.
- Discharging statutory duties under Mental Health legislation.
- Discharging statutory duties under Mental Capacity legislation.
- Undertaking Fairer Charging and Charging for Residential Accommodation Guide (CRAG) assessments.
- Adult Safeguarding.

Proposed changes

There are two aims of this proposal:

- To support staff with improved technology
- To increase the way citizens contribute to the assessment process by introducing on-line information and forms

The aim of this proposal is to support social work staff in Assessment and Support Planning to be as efficient as possible in making sure every citizen has their adult social care needs met in the best way.

The amount currently spent on the service and the proposed reduction is shown below.

| Total Spend 15/16 | Income 15/16 | Net Spend 15/16 | Saving in 16/17 | Saving in 17/18 | Saving in 18/19 | Saving in 19/20 |
|-------------------|-------------------|------------------|-----------------|-----------------|-----------------|-----------------|
| £150.679m | (£37.061m) | £113.618m | (£0.500m) | (£0.900m) | (£1.954m) | (£1.969m) |

This is the Older Adults care budget.

What would this mean?

The introduction of an on-line form will give citizens an extra way to share information with us, at a time to suit them, to begin the conversation about their support needs.

The new improved technology will increase the time staff have to support citizens.

We will try to reduce the impact by:

We would try to maximise the benefits of this proposal through good communication and staff training and development.

What next?

You might also be interested in the MIA 8 proposal on the Older Adults Offer.

Questions:

28. Do you agree or disagree with this proposal?
29. Have you got any ideas for delivering these services differently in the future that would save money by making them more effective?
30. Do you have any other views or comments on the intentions or the savings set out?

If you would like to comment please use the “Directorate for People 2016-2017 Proposed Budget Consultation Questionnaire”.

Proposal 10

Maximising Independence of Adults

MIA 14: Introduce charges for Telecare and reducing spend on joint equipment contracts

About this service

Birmingham City Council currently provides funding to enable additional support services to be provided to citizens to help them to retain their independence. These services include the:

- **Birmingham Community Equipment Loans Service (BCES)**

The BCES is a statutory service and is responsible for the delivery, installation, maintenance, and recycling of equipment to help support people to live independently. The equipment is provided to all ages in Birmingham and includes medical, aids to daily living (ADL), mobility, sensory, adaptations, lifting, hoisting, and continence supplies.

- **Birmingham Telecare Service (BTS)**

The BTS is a 24 hours a day service that provides community alarms packages free of charge to people to help them to live safely within their own homes. This includes call alarms and alerts, for example, for falls which are monitored remotely.

Proposed changes

The Council have already begun talks with partners who are proposing the development of an entirely new approach based on our principles of supporting more informal and earlier choices to improve support to people at home. These proposals would also continue to maintain our ambitions for Telecare to be available at current volumes.

This proposal may mean that equipment will only be provided based on assessed need. Requests for additional equipment, for example smoke detectors, bed pressure sensors for service users at risk of falls, and flood detectors for dementia patients, may not be supported if there is a sufficient caring package already in place.

This proposal may also mean the removal of the free Telecare service to the majority of citizens. Citizens would be given advice and information about buying assistive technology services directly from organisations. This would provide people with more choice of suppliers and services.

The amount currently spent on the service and the proposed reduction is shown below.

| Total Spend 15/16 | Income 15/16 | Net Spend 15/16 | Saving in 16/17 | Saving in 17/18 | Saving in 18/19 | Saving in 19/20 |
|-------------------|------------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| £7.017m | (£4.518m) | £2.499m | (£1.600m) | (£1.600m) | (£1.600m) | (£1.600m) |

This is the 2015/16 forecast expenditure for the Equipment Loans Store and Telecare services.

What would this mean?

Currently Birmingham City Council funds a service to citizens which is more than we are required to provide. We need to review these services to develop new ways of working so that we can continue to meet the assessed eligible needs of citizens. We think we should develop a new market of services from which citizens can buy the support they need.

We will try to reduce the impact by:

More detailed consultation and engagement will take place before any changes are carried out, to get feedback from citizens including current users of the service. Work will be undertaken with the market of suppliers to increase the range of options available. This will ensure that any potential gaps in service that may be created are addressed before any permanent changes are made.

Care will be taken to address affordability issues and ensure that support remains in place to enable us to meet our statutory duties and help the most vulnerable.

What next?

Questions:

31. Do you agree or disagree with this proposal?
32. To what extent do you agree, or disagree, with the proposal to introduce charges for telecare services?
33. If the council implemented its proposal to stop paying for these services for you, would you be able to pay for them yourself?
34. Do you currently have any items from Careline, Medequip, or Tunstall in your home e.g. mobility aids, specialist seating or a community alarm system?
35. If yes, how important are these items to you?
36. Do you feel that these changes might affect you in your everyday life?
37. Have you got any ideas for delivering these services differently in the future that would save money by making them more effective?
38. Do you have any other views or comments on the intentions or the savings set out?

If you would like to comment please use the “Directorate for People 2016-2017 Proposed Budget Consultation Questionnaire”.

Proposal 11

Maximising Independence of Adults

MIA 16: Internal Care Review - Occupational Therapy

About this service

The formation of the People Directorate in 2014 brought together Adults' and Children's services under one strategic leadership team. Currently there are two Occupational Therapy teams – one providing services for children and young people, and one for adults.

Occupational Therapists in adults carry out assessments for:

- major/minor adaptations to people's homes
- specialist equipment
- blue badge discretionary applications
- health and housing applications
- enablement programmes

The Occupational Therapy area teams in Adults consist of in excess of 50 staff and handle more than 22,000 referrals per year. They work in partnership with other organisations like the National Health Service (NHS) to ensure delivery of good outcomes for people, for example, safe discharge from hospital to home.

The occupational therapy service in children's carries out assessments for:

- major / minor adaptations
- specialist equipment

Occupational Therapists in the children's service are based in multi disciplinary teams and work alongside social workers and family support officers.

Proposed changes

The Council is proposing to bring together both the Adult's and Children's Occupational Therapy teams into one service. This will enable:

- Greater 'joined up' service provision, delivering improved outcomes for children, adults and those people in transition from child to adult services.
- Greater flexibility in terms of service delivery arising from a combined overall staffing resource.

- Streamlined management, delivering improved efficiency and savings in workforce costs.

The amount currently spent on the service and the proposed reduction is shown below.

| Total Spend 15/16 | Income 15/16 | Net Spend 15/16 | Saving in 16/17 | Saving in 17/18 | Saving in 18/19 | Saving in 19/20 |
|----------------------|-----------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| £2.525m | £0.000m | £2.525m | (£0.020m) | (£0.020m) | (£0.020m) | (£0.020m) |

What would this mean?

There will be no reduction in the level of service provided and proposed changes will not have an adverse impact on people using the service.

There may be some 'operational' changes, for example people may have a different Occupational Therapist or the contact number for the service or the Therapist may change.

We will try to reduce the impact by:

Communicating any 'operational' changes to you so that service delivery is not interrupted.

What next?

Questions:

39. Do you agree or disagree with this proposal?
40. Have you got any ideas for delivering these services differently in the future that would save money by making them more effective?
41. Do you have any other views or comments on the intentions or the savings set out?

If you would like to comment please use the "Directorate for People 2016-2017 Proposed Budget Consultation Questionnaire".

Proposal 12

Maximising Independence of Adults

MIA 17: Internal Care Review - Home Care Enablement

About this service

The Home Care Enablement service helps people to re-learn skills and continue living as independently as possible in their own home.

An initial assessment of an individual's social care need is carried out and, in accordance with that; an enablement care plan may be put in place. The enablement care plan will set out the aspects of the daily living that the individual wishes to regain in order to maximise their independence. It identifies the areas an individual needs help with and how they want us to give them that help.

The Home Care Enablement service provides Home Care Assistants that support people in their homes with daily living tasks such as personal care, assistance with getting in and out of bed and help with getting in or out of a bath or shower. We can support people with dressing and undressing, preparing meals and snacks and learning new ways of doing things.

The aim is to prevent admissions to a care home or hospital in the first place, or if people are in hospital, to help them return home safely as soon as they are well enough.

The service also offers support to other family members, friends or neighbours to carry on supporting people they care for.

Enablement support is offered for up to six weeks. At the end of this period, there will be a reassessment of the individual's needs, in line with national eligibility criteria, to determine the level of any ongoing support needed.

There is no charge for the Home Care Enablement Service for the first six weeks. After this, there may be a charge payable towards the cost of any care provided. How much an individual has to pay will depend on an assessment of their financial means.

The service is available between 7am and 10pm, seven days a week and we can provide a service to all adults over the age of 18 that meet the criteria.

Proposed changes

- Exploring opportunities to work closer with our NHS partners in the development of future enablement services.
- Exploring opportunities to deliver enablement in different ways through different providers.
- The original consultation outlined the proposal of externalising the provision of Extra care sheltered accommodation and Night care services over three years. The first year of this has been delivered. The proposal is to bring this forward and complete in 2016/17. The number of staff employed on Extra care and Night care would be reduced by the Council and alternative provision procured from the market to provide traditional home care.

The amount currently spent on the service and the proposed reduction is shown below.

| Total Spend 15/16 | Income 15/16 | Net Spend 15/16 | Saving in 16/17 | Saving in 17/18 | Saving in 18/19 | Saving in 19/20 |
|----------------------|-----------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| £13.707m | £0.000m | £13.707m | (£1.500m) | (£1.500m) | (£3.700m) | (£3.700m) |

What would this mean?

The proposed changes will have some impact on people using the services. These include:

- The Council possibly not being the provider of this service in the future. The service may be provided by a different organisation or a range of organisations.
- A change to the way the service is delivered, or who delivers the service in the future.

We will try to reduce the impact by:

- Ensuring future providers have the skills and abilities to deliver better outcomes for people.
- Ensuring that the way in which enablement services are provided deliver better outcomes for people.
- Continuously monitor providers to provide assurance of quality.

What next?

Questions:

42. Do you agree or disagree with this proposal?
43. Do you agree with the proposal to work jointly with Health colleagues and external providers to develop an enablement service whereby service users would be given the opportunity of either being thoroughly assessed to determine their correct level of need or maximise their independence?
44. Have you got any ideas for delivering these services differently in the future that would save money by making them more effective?
45. Do you have any other views or comments on the intentions or the savings set out?

If you would like to comment please use the “Directorate for People 2016-2017 Proposed Budget Consultation Questionnaire”.

Proposal 13

Maximising Independence of Adults

MIA 18: Internal Care Services – Care Centres

About this service

As part of the Council's Older Adults modernisation programme, which was a response to the poor quality of the Council's own residential stock, four care centres were built. Care centres provide long and short term residential provision as well as a range of services to enable people to maximise their independence.

Proposed changes

The Council feels that it cannot provide residential care for older adults in the Care Centres in a way which represents value for money when compared to providers of similar services within the care market. In order to ensure that it achieves better use of the public purse it must now explore alternative options for their future operation. These could include:

- Exploring alternative uses for the Care Centres to meet gaps in the service delivery market, including exploring demand for dementia/enhanced assessment beds
- Exploring options for further integration and shared use with the National Health Service (NHS) so the Care Centres deliver better health and wellbeing outcomes for those who use the service
- Exploring options to transfer the operation of the Care Centres to other care providers in the market.
- Exploring options to consolidate the residential units into one or more Care Centres.

Any proposed changes will not be made until we have undertaken a reassessment of people's needs.

The amount currently spent on the service and the proposed reduction is shown below.

| Total Spend 15/16 | Income 15/16 | Net Spend 15/16 | Saving in 16/17 | Saving in 17/18 | Saving in 18/19 | Saving in 19/20 |
|----------------------|------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| £10.724m | (£1.784m) | £8.940m | (£0.300m) | (£0.700m) | (£1.500m) | (£1.500m) |

What would this mean?

The proposed changes will have an impact on people using the services. This may include:

- A change to the way in which the Care Centres are used, including ceasing to provide residential care at one or more care centres. This could mean that people have to be reassessed and alternative care and support services put in place, or possibly moving to alternative accommodation.
- The Council ceasing to be the service provider and an alternative organisation operating the service. This could mean different management and staff supporting people.

We will try to reduce the impact by:

- Offering people a reassessment of their needs and working with them to plan their future support.
- Commissioning alternative services from other care and support providers to meet people's identified needs and outcomes.

What next?

Questions:

46. Do you agree or disagree with this proposal?
47. To what extent do you agree or disagree that Birmingham City Council should explore alternative uses for the Care Centres?
48. To what extent do you agree or disagree that Birmingham City Council to explore options for further integration and shared use with the NHS so the Care Centres can deliver better health and wellbeing outcomes for those who use the service?
49. To what extent do you agree or disagree that Birmingham City Council should explore options to transfer the operations of the Care Centres to other providers?
50. To what extent do you agree or disagree that Birmingham City Council should explore options to consolidate the long term residential units into one or more Care Centres?
51. Have you got any ideas for delivering these services differently in the future that would save money by making them more effective?

52. Do you have any other views or comments on the intentions or the savings set out?

If you would like to comment please use the “Directorate for People 2016-2017 Proposed Budget Consultation Questionnaire”.

Proposal 14

Maximising Independence of Adults

MIA 20: Internal Care Review - Older Adults Day Care

About this service

The Older Adult Day Services provide day care to people who meet national eligibility criteria.

There are eight day centres in Birmingham aimed at older people who are frail or have dementia. The day centres offer people light physical exercise and mental agility exercises with the opportunity to meet and socialise with peers. The service broadly operates between 9am and 5pm Monday to Friday, although a number operate on Saturdays.

The service provides a break to carers allowing them to either continue working or have valuable respite from their caring role.

Proposed changes

Birmingham City Council intends to reorganise its internally provided services, so that people may choose to buy these or different community based services which meet their assessed needs. Currently the law prevents the use of a Direct Payment to purchase services run by their Council. Birmingham City Council is committed to developing services for people that help them to live as independently as possible, exercising choice and control over the planning and delivery of the support they need.

In the short term we intend to make better use of spare capacity in these services. We intend to undertake a detailed piece of work to identify which centres we propose to close. We intend to consult further once these proposals have been developed.

The Council gives people a personal budget, of which all or some can be taken as a Direct Payment, to spend on their care and support services. In the longer term this means we need to move away from block funding the present Council Day Services and instead give people who are eligible for support a personal budget. We will encourage eligible service users to take this budget as a Direct Payment, from which they can buy a range of services including traditional day care, support from a personal assistant, or other types of community based support. The Council's approach will be to

encourage people to manage their own resources and care wherever they can to maximise their independence.

To do this we intend to:

- Involve people in deciding the type and style of services that are needed and, where required, develop local alternatives that people can choose to spend their Direct Payment on, should they choose to have their eligible needs met in this way.
- Explore closing Council run services or look at running these services under different ownership such as a social enterprise or user led organisation, on which people can chose to spend their Direct Payments.
- Work with communities and other care providers to develop alternative community based services that people can purchase with a Direct Payment. We will not make any changes to people's services until we have carried out a reassessment of people's needs.

The amount currently spent on the service and the proposed reduction is shown below.

| Total Spend 15/16 | Income 15/16 | Net Spend 15/16 | Saving in 16/17 | Saving in 17/18 | Saving in 18/19 | Saving in 19/20 |
|-------------------|------------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| £3.227m | (£0.083m) | £3.144m | (£0.218m) | (£0.345m) | (£0.510m) | (£0.510m) |

What would this mean?

The proposed changes will have an impact on people using the services, including:

- A possible change to the type and style of services offered or available to people. People will have the opportunity to develop new support plans and choose alternative services to meet their identified needs and outcomes.
- Some services being closed or joined together. People will have the opportunity to develop new support plans and be able to choose alternative services to meet their identified needs and outcomes.

We will try to reduce the impact by:

- Offering people a reassessment of their needs and working with them to plan their future support.
- Securing specialist support planning services to help people to develop their own support plans.

What next?

Questions:

53. Do you agree or disagree with this proposal?
54. Do you agree with the proposal to work with communities and other care providers to develop alternative community based services that people can purchase with a Direct Payment if they choose?
55. Would you be interested in thinking about or finding out more about joining together with a group of other service users to own, run and manage your own Day service under different ownership such as a social enterprise or user led organisation, where people can choose to spend their Direct Payments?
56. Have you got any ideas for delivering these services differently in the future that would save money by making them more effective?
57. Do you have any other views or comments on the intentions or the savings set out?

If you would like to comment please use the “Directorate for People 2016-2017 Proposed Budget Consultation Questionnaire”.

Proposal 15

Maximising Independence of Adults

MIA 21: Internal Care Review - Learning Disability Short Breaks

About this service

The Short Breaks service provides planned and unplanned short breaks for people with learning disabilities and respite services for carers. Unplanned short breaks enable the Council to respond to situations such as long term hospitalisation of carers, break down in a placement and in the worst scenario, where there has been a sudden death of a carer/parent.

The Short Breaks service operates over two sites:

- The Laurels - Stechford
- Brook House – Lozells

Proposed changes

Birmingham City Council intends to reorganise its internally provided services, so that people may choose to buy these or different community based services which meet their assessed social care needs. Currently the law prevents the use of a Direct Payment to purchase services run by their Council.

Birmingham City Council is committed to developing services for people that help them to live as independently as possible, exercising choice and control over the planning and delivery of the support they need.

In the short term we intend to make better use of spare capacity in these services. We intend to undertake a detailed piece of work to identify which centres we propose to close. We intend to consult further once these proposals have been developed.

The Council gives people a personal budget, of which all or some can be taken as a Direct Payment to spend on their care and support services. In the longer term this means we need to move away from block funding the present Council Short Breaks Services and instead give people who are eligible for support a personal budget.

We will encourage eligible service users to take this budget as a Direct Payment, from which they can buy a range of services including traditional residential short breaks, support from a personal assistant, or other types of community based support. The Council's approach will be to encourage people to manage their own resources and care wherever they can to maximise their independence.

To do this we intend to:

- Involve people in deciding the type and style of services that are needed and, where required, develop local alternatives that people can choose to spend their Direct Payment on should they choose to have their eligible needs met in this way.
- Explore closing Council run services or look at running these services under different ownership such as a social enterprise or user led organisation, on which people can chose to spend their Direct Payments.
- Work with communities and other care providers to develop alternative community based services that people can purchase with a Direct Payment. We will not make any changes to people's services until we have carried out a reassessment of people's needs.

The amount currently spent on the service and the proposed reduction is shown below.

| Total Spend 15/16 | Income 15/16 | Net Spend 15/16 | Saving in 16/17 | Saving in 17/18 | Saving in 18/19 | Saving in 19/20 |
|----------------------|------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| £1.395m | (£0.004m) | £1.391m | (£0.192m) | (£0.364m) | (£0.364m) | (£0.364m) |

What would this mean?

The proposed changes will have an impact on people using the services, including:

- A possible change to the type and style of services offered or available to people. People will have the opportunity to develop new support plans and choose alternative services to meet their identified needs and outcomes.
- Some services being closed or joined together. People will have the opportunity to develop new support plans and be able to choose alternative services to meet their identified needs and outcomes.

We will try to reduce the impact by:

- Offering people a reassessment of their needs and working with them to plan their future support.
- Securing specialist support planning services to help people to develop their own support plans.

What next?

Questions:

58. Do you agree or disagree with this proposal?
59. To what extent do you agree or disagree that Birmingham City Council should reorganise its internally provided services so that people may choose to buy these or different community based services that meet their assessed social care needs.
60. To what extent do you agree or disagree that Birmingham City Council should make better use of spare capacity in its internal services.
61. To what extent do you agree or disagree that Birmingham City Council should close one of the Learning Disability Short Breaks centres.
62. If you had a Direct Payment to spend on short breaks or respite care, what type of services or activities do you feel need to be developed to provide you with sufficient choice?
63. Would you be interested in thinking about or finding out more about joining together with a group of other service users to own, run and manage your own Day service under different ownership such as a social enterprise or user led organisation, where people can choose to spend their Direct Payments?
64. Have you got any ideas for delivering these services differently in the future that would save money by making them more effective?
65. Do you have any other views or comments on the intentions or the savings set out?

If you would like to comment please use the “Directorate for People 2016-2017 Proposed Budget Consultation Questionnaire”.

Proposal 16

Maximising the Independence of Adults

MIA 30: Homelessness

About this service

There are two main elements to this service:

- Preventing homelessness - by providing advice and offering a range of housing options to households threatened with homelessness.
- Responding to homelessness - by providing temporary accommodation to people who are eligible.

Proposed changes

The City Council is continuing to strive to improve its services for homeless households in Birmingham. On 4 December 2015 the Council launched a consultation on the Housing Advice Service which provides assistance with joining the Council Housing list, discussing housing options, seeking temporary accommodation and assistance with homelessness or homelessness prevention. This can be accessed through the following link: [Birmingham Housing Advice Service consultation](#).

We are proposing to make further changes to the service to improve the Council's services for homeless households in Birmingham. This will include two specific changes:

- A review of existing staffing structures, including a small reduction in the number of posts.
- An increase in the income secured through the letting of temporary accommodation.

This will also require closer joint working with other Council services, particularly Landlord Services.

The amount currently spent on the service and the proposed reduction is shown below.

| Total Spend 15/16 | Income 15/16 | Net Spend 15/16 | Saving in 16/17 | Saving in 17/18 | Saving in 18/19 | Saving in 19/20 |
|----------------------|-------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| £16.961m | (£11.697m) | £5.264m | (£0.550m) | (£0.550m) | (£0.550m) | (£0.550m) |

What would this mean?

The reduction in staff may have a small impact on service users in regards to the length of time it may take to make a decision on a homeless application or resolve their issue. It will not impact on the provision of temporary accommodation which will continue in line with the legislation and current practices.

The increase in the collection of rents for temporary accommodation by using more cost effective temporary accommodation will not have a negative impact on customers.

We will try to reduce the impact by:

Continuing to ensure we only provide temporary accommodation that is affordable for a homeless household by maximising housing benefit income.

What next?

Questions:

66. Do you agree or disagree with this proposal?
67. Have you got any ideas for delivering these services differently in the future that would save money by making them more effective?
68. Do you have any other views or comments on the intentions or the savings set out?

If you would like to comment please use the “Directorate for People 2016-2017 Proposed Budget Consultation Questionnaire”.

Proposal 17

Maximising Independence of Adults

MIA 31: Public Health Grant Reduction

About this service

The role of the Public Health service is to help people and communities stay healthy and protect them from threats to their health. It includes reducing the harmful effects of substance misuse, services to improve sexual health, encouraging healthy lifestyles including the health check programme, smoking cessation services and improving levels of physical activity, as well as other preventative activities for both adults and children.

The amount we spend on Public Health is ring-fenced. This means that we are told how much we have to spend on Public Health and we need to spend all of it on Public Health activities.

Proposed changes

The Government has announced significant reductions in the Public Health grant and is likely to change the formula which is used to allocate grant to local authorities. Our estimate of the impact of these changes is shown in the table below.

This will severely limit the number of areas of health prevention activity which can be funded by the Council. Detailed proposals will depend on further Government announcements which are expected over the next month. However, we anticipate that it will be necessary to reduce expenditure particularly in Lifestyle services such as weight management, smoking cessation, and promotion of healthy living, including the Wellbeing Service. We may also have to cease funding a range of services provided largely by the voluntary sector to support the 'Early Help Offer' to families.

| Total Spend 15/16 | Income 15/16 | Net Spend 15/16 | | Saving in 16/17 | Saving in 17/18 | Saving in 18/19 | Saving in 19/20 |
|-------------------|--------------|-----------------|--|-----------------|-----------------|-----------------|-----------------|
| £103.258m | (£103.258m) | £0.000m | Estimated Reduction in Grant Income | £11.387m | £13.683m | £16.012m | £18.281m |
| | | | Offsetting Expenditure Reduction | (£11.387m) | (£13.683m) | (£16.012m) | (£18.281m) |
| | | | Net Saving | £0.000m | £0.000m | £0.000m | £0.000m |

On 1 October 2015 Public Health services for 0-5 year olds transferred to the Council and the grant was increased in line with this additional responsibility and expenditure. The budget figures include a full year effect of this transfer to provide a comparable base to the savings.

What would this mean?

We would stop all weight management services except a small service for children. We would try to ensure that the early years commissioning specification included Startwell principles but not separately specify this service. We would only actively support smoking cessation services from primary care – linked to either Health Checks or targeted groups. This would be on a Payment by Results (PBR) model.

We are currently implementing a re-design of the in-house staffing structure which supports all of the Public Health services and this has released a number of vacant posts which will be deleted.

We will try to reduce the impact by:

Working closely with partners including NHS and social care colleagues, relevant community groups and charities, provider organisations and businesses.

What next?

Questions:

69. Do you agree or disagree with this proposal?

70. Have you got any ideas for delivering these services differently in the future that would save money by making them more effective?

71. Do you have any other views or comments on the intentions or the savings set out?

If you would like to comment please use the “Directorate for People 2016-2017 Proposed Budget Consultation Questionnaire”.

For information:

P22: Step-up of savings re: Early Years

About this service

Early Years Services support parents from the time a child is conceived, up until the age of 5. How well a child does in their early years has a huge impact on how they do in the rest of their lives.

Birmingham's Early Years Services provide support to around 100,000 parents and 80,000 children at any one time.

Proposed changes

Birmingham City Council's Business Plan 2015+ said: "We are proposing to transform services for young children and families. The aim is to achieve better outcomes for young children and families for the level of resource we have, but to spend less and to close some services as our overall budget reduces.

The transformation plan will include early years' services, children's centres, nurseries, the Think Family programme, and the opportunities provided by health visiting services transferring to the city council."

On 30 November 2015 a consultation including plans for a new model for delivering a more joined early years offer to support parents and young children was launched. The new services are planned to be in place by 1st September 2017. The consultation can be accessed at:

<https://www.birminghambeheard.org.uk/people-1/early-years-1>

The savings shown on this factsheet are the increases in savings which have been built into previous consultations. These savings will be achieved through a review of services pending the wider review.

The amount currently spent on the service and the proposed reduction is shown below.

| Total Spend 15/16 | Income 15/16 | Net Spend 15/16 | Saving in 16/17 | Saving in 17/18 | Saving in 18/19 | Saving in 19/20 |
|-------------------|-------------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| £74.478m | (£19.701m) | £54.777m | (£1.000m) | (£5.100m) | (£5.100m) | (£5.100m) |

This budget includes those elements funded by the Dedicated Schools Grant. The net General Fund budget is £18.870m.

What would this mean?

This is set out in the Early Years Health and Wellbeing Consultation Document. This consultation runs from today **Monday 30th November 2015 to 28th February 2016** at <https://www.birminghambeheard.org.uk/people-1/early-years-1>

The changes next year will aim to minimise any impact to front line services. They will include alignment of our services with recent changes to the legal framework for Quality Improvement.

We will try to reduce the impact by:

Once we have got your views on the principles of how the changes set out in the Early Years Health and Wellbeing Consultation should work we may then develop more detailed proposals for services. We will hold a second period of consultation once we have these proposals to check we have heard you correctly and got the detail right. In addition to the formal consultations there will be opportunities for people to get more involved in working with us to develop the proposals.

What next?

This is not a new proposal and is included here for information.

For information:

P10: Reductions in Adult Social Care Running Costs

About this service

Adult Social Care supports adults of a working age and older people who have disabilities, mental health problems, a sensory loss or general frailty.

Proposed changes

For a number of years the Council has been seeking to ensure that the administration and management of all services is as efficient as possible. This means continually reviewing spend on supplies and services, transport and premises costs and indirect employee costs.

The amount currently spent on the service and the proposed reduction is shown below.

| Total Spend 15/16 | Income 15/16 | Net Spend 15/16 | Saving in 16/17 | Saving in 17/18 | Saving in 18/19 | Saving in 19/20 |
|----------------------|-----------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| £27.529m | £0.000m | £27.529m | (£1.111m) | (£1.111m) | (£1.111m) | (£1.111m) |

What would this mean?

This proposal will not have any direct impact on the services provided by the Directorate to those in receipt of social care services.

We will try to reduce the impact by:

Identifying expenditure which can be reduced with little or minimal impact on services we provide.

What next?

This is not a new proposal and is included here for information.

For information:

P17 & P20 : Step-up of savings re: Third Sector Commissioning and Supporting People

About this service

Third Sector Commissioning includes universal preventative services provided by charities and not for profit organisations for younger and older adults who do not have ‘substantial’ or ‘critical’ needs. These services include providing information and advice, early intervention and services designed to prevent or delay the need for care and support. At present, these are mainly delivered by Third Sector organisations.

Supporting People is a prevention programme which commissions housing support services for a wide range of vulnerable people. The support provided helps people develop skills to gain and maintain greater independence e.g. stay in their own home, improve their mental and physical health, engage in volunteering, training and employment. The client groups supported include homeless people, young people, people with learning disabilities and/or physical disabilities, older people, people experiencing domestic violence, and people with mental health problems.

Proposed changes

We propose to re-commission services provided through the third sector, reduce funding for housing support services to people with physical or sensory disabilities by 50%, and commission a redesigned Supporting People ‘Disability housing support service’.

The amount currently spent on the service and the proposed reduction is shown below.

| Total Spend 15/16 | Income 15/16 | Net Spend 15/16 | Saving in 16/17 | Saving in 17/18 | Saving in 18/19 | Saving in 19/20 |
|----------------------|------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| £36.035m | (£0.600m) | £35.435m | (£3.400m) | (£4.500m) | (£4.500m) | (£4.500m) |

This is the budget for Supporting People (£28.0m net) and Third Sector Grants (£7.4m).

What would this mean?

The following services are included in the re-commissioning of integrated prevention services:

- 1) Supported accommodation and housing support to people living within their own homes for people with learning disabilities and mental health.
- 2) A learning disabilities hub, to provide community based support and resources to vulnerable people, families and their carers.
- 3) A specific service for people with Autism due to the increase in diagnosis and subsequent increase in the numbers of people with Autism requiring specific support.
- 4) A service for people with Sickle Cell for vulnerable people that require wellbeing support at the point of diagnosis.
- 5) A support service for people with physical and sensory disabilities which delivers three specific areas of support; support to overcome isolation, short term housing support interventions and general information advice and guidance.
- 6) A support service for people (adults and children) with HIV and TB to ensure that, where required, treatment and housing support services are linked to optimise health outcomes.

We will try to reduce the impact by:

Previous experience of the contract mobilisation period demonstrates that this can be a complex process and may be unsettling for service users; learning from previous experience will be called on to minimise disruption and to ensure contracts are mobilised on time.

What next?

This fact sheet refers to savings which were agreed by Cabinet in March 2015, with an implementation report being agreed by Cabinet in October 2015.

For information:

P2 & P4 - P9 Step up of savings re: Younger Adults (18-64 years of age)

About this service

This factsheet is about adult social care for younger adults and it covers Learning Disability, Physical Disability and Mental Health services.

Proposed changes

In 2014 we began a programme which recognised 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.

| Total Spend 15/16 | Income 15/16 | Net Spend 15/16 | Saving in 16/17 | Saving in 17/18 | Saving in 18/19 | Saving in 19/20 |
|-------------------|--------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| 145,794 | (12,325) | 133,469 | (3,819) | (8,819) | (13,819) | (18,819) |

What would this mean?

We will support individuals and their families to consider alternative care arrangements such as a shared lives placement, Supported Living, or a Direct Payment. This would be accompanied by a re-assessment of the individual's care needs.

We will try to reduce the impact by:

Working closely with the individual's family.

What next?

This is not a new proposal and is included here for information.

Section 2

Have your say

During the consultation period there are various ways in which you can find out more and give us your views. You can do this by:

Attending one of the public meetings:

These are public meetings at which a senior manager from the Directorate for People will explain the proposals. Everyone is welcome; you do not need to book a place in order to attend. Please let us know before the meeting if you have any special requirements, for example; an interpreter, a hearing loop or large print materials.

| | |
|---|---|
| MONDAY 18 Jan 2016 - 6:00PM until 09:00 PM | Queen Alexandra College, Court Oak Rd, Harborne, Birmingham, B17 9TG |
| TUESDAY 19 Jan 2016 - 2 PM until 5 PM | The Saffron Centre, 256 Moseley Road, Highgate, Birmingham, B12 OBS |
| THURSDAY 21 Jan - 10:00 AM until 1 PM | Sutton Coldfield Town Hall, Upper Clifton Road, Sutton Coldfield, B73 6AB |

Downloading the documents and completing a questionnaire on-line:

All the details of this consultation will be on our consultation website. You can read information about the proposals, find meeting dates and complete a questionnaire online at:

<https://www.birminghambeheard.org.uk/bcc/peoplebugdet16>

Printed copies of documents:

If you prefer to have a printed copy of the proposals and questionnaire please contact us. Our details are below.

How to contact the Consultation Team

Please contact us if you have any other questions or concerns:

By email:

peoplebudget@birmingham.gov.uk

Call on: 0121 303 5154

Write to us at:

People Budget Consultation

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Birmingham

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