

Further essential background and detail on the proposal

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Section 1: Introduction

This report informs Cabinet of the outcomes of the consultation undertaken in relation to the proposed budget reduction to the Supporting people (SP) budget and describes the recommendations for the next steps to implement the savings delivery for 2017/18; and plans to work in coproduction with key stakeholders and system partners to develop new affordable ways to safeguard our most vulnerable people by reducing reliance upon costly and complex services in order to deliver further savings in 2018/19.

Section 2: Background to budget reduction

Bristol City Council approved its budget in February 2017. Included in the budget decided by the Full Council was the requirement to achieve budget savings across a number of identified areas.

Reluctantly, one of the identified areas was a requirement to reduce spend on Supporting People services. The council currently spends £7.2m on these services every year, but there is a need to reduce our spend by £1.8million. The required savings are £643k in 2017/18 with a further £1.16 reduction in 2018/19.

Section 3: Context for the Supporting People consultation

Supporting People services are free to people who use them and available to help a wide range of vulnerable people to live more independently in their community. They are preventative services providing early intervention. In many cases the support offered will avoid the need for people to access care and higher cost services. Examples of how the money is used include:

- buying services that help people to remain independent
- supporting people who may become homeless without this help
- helping people keep a tenancy
- stopping people needing more social care
- keeping people safe and well

There are a diverse range of services run by 43 different providers, providing 11 different types of services. These services are provided both `in house` by the council and by the independent and voluntary sector and include:

- supported living accommodation for people with mental health issues or a learning disability
- sheltered housing alarm and warden services
- welfare advice and training services
- a range of “floating support” that supports people in their own homes
- a community based mental health support service, including support for carers

3.1 Changes to national Supporting People programme

Supporting People services were first introduced by the Government in 2003 when funding was top sliced from housing benefit and rent to create a distinct revenue stream to support people who needed `housing related support`. This was support for vulnerable adults to live in specific supported accommodation or be provided with floating support into their own

tenancies. Initially this revenue came from central government funds and was ring-fenced for Supporting People services.

Over subsequent years, central government reduced the Supporting People funding, removing the ring-fence for the grant in 2009 at which time the funds and responsibilities were transferred to local authorities to allocate and administer the programme. Most all local authorities have incorporated the funding for these services into core budgets and have reduced their spend on these types of services over time.

3.2 Local changes to Supporting People

In Bristol, the Supporting People services have been through many changes since 2003. Initially when the ring-fence was removed Supporting People services remained the same followed by bringing the commissioning arrangements for these services in line with the council structures at the time. Drug and alcohol services, domestic violence and abuse services and homelessness preventions services have been re-commissioned by respective commissioners within the Safer Bristol and the housing and homelessness prevention services. The budgets for these services have also been reduced over time as pressure has built on council budgets and as a result these specialist floating services have been closed which has increased the demand on the floating support remaining in Supporting People services described below.

Services for older people, people with a learning disability and or mental health issues, people with sensory impairment issues and the Advice Services & Welfare Rights and Money Advice Services (WRAMAS) services have been overseen by adult social care commissioners. These services, except for the mental health floating support services have not been through a re-commissioning process.

As a result, these services remain as they were originally purchased in 2003 but with some changes to the way services are delivered as a result of demand change and reductions in funding year on year in negotiation with individual providers.

3.3 Context of the council's corporate and adult social care strategy

The current Supporting People services focus upon supporting vulnerable citizens, preventing crisis, improving outcomes and reducing reliance upon more costly and complex services by means of early intervention.

The recommendations in this report for making the required reductions in Supporting People services are made in the context of:

- the council's corporate strategic theme Empowerment and Caring, to work in partnership across Bristol and beyond, to play a leading role in creating a city where everyone can share in its success and people who need help are supported and cared for to reduce dependency and therefore cost to public services
- direct alignment with the Three Tier Model which underpins the aims of the adults social care 'Better Lives - improving outcomes for adults in Bristol programme. The vision of the Better Lives programme is to make cost savings whilst holding our ambition to improving outcomes, commissioning and delivering quality services and keeping people at the heart of what we do

Therefore, the recommendations in this report are intended to ensure our most vulnerable people are kept safe, and by working in partnership with key stakeholders across the city,

the wellbeing of these people are supported to maximise their independence and minimise reliance on more costly statutory services.

3.4 Context of recent and upcoming welfare reform changes

The majority of people in receipt of the Supporting People services are on benefits of some kind depending on their needs and are tenants of the council, social landlords (housing associations/ charities) or private landlords. They are also likely to be in receipt of Employment Support Allowance and/or Personal Independence Payment (PIP) and Housing Benefit but will soon be moved onto Universal Credit (full service) as this is rolled out. Appendix 1 provides a brief summary of each these welfare reform changes and their impact on vulnerable people.

As a result of the people who currently receive Supporting People services being directly affected, the recommendations in this report should be seen in the context of these ongoing changes to welfare reform and benefits that continue to impact all vulnerable people in Bristol.

3.5 Context of demand for population affected by Supporting People services

Attached as Appendix 2 is further information to provide the context of demand across the populations currently in contact with services provided by the current Supporting People funding. These include:

- general demographics on the population of Bristol
- Black and minority ethnic groups (BME)
- Older people
- Learning disabilities and autism
- Long term health problems of disability
- Mental health
- Unemployment, low income, debt and benefits
- Prevalence of HIV
- Housing and homelessness
- Alcohol

Section 4: The Supporting People consultation process

The Supporting People consultation proposed four options on how to reduce the annual budget by £1.8m. These options are described in more detail in Table 1 – Options for making savings.

The Supporting People consultation was clear that views from the public, service users and providers would be sought before final decisions on implementation are made. The consultation was open between 13 June and 5 September 2017 and comprised an on-line survey (bristol.citizenspace.com/people/reductions-to-supporting-people-budgets) and face-to-face consultation at eight public events and 25 meetings with service providers, users and other stakeholders.

Paper copies of the survey and alternative accessible formats were available on request and at the consultation meetings and paper copies of the survey were also available in all libraries. Comments, requests and suggestions received in letters and emails during the

consultation have been reviewed and considered alongside the survey results and face-to-face feedback.

The full consultation report prepared by the council's public relations, consultation and engagement team is provided as Appendix B of the Cabinet report and describes the methodology and presents the detailed findings of the Supporting People consultation including:

- quantitative data from 732 survey responses received by 5 September 2017;
- analysis of free text answers/comments for the 732 survey responses which were received by 5 September 2017;
- comments and suggestions received at eight public meetings which were held between 29 June and 24 July 2017 and attended by 437 members of the public;
- issues raised at other meetings with service providers, users and other stakeholders to 5 September 2017.
- other correspondence received by 5 September 2017.

It should be noted there has been an extensive consultation period and an open and transparent approach to fully and actively engage with service users, providers and the general public on the options for making budget reductions to Supporting People services.

Section 5: Consultation findings

The detailed consultation report attached as Appendix B of the Cabinet report has been used to inform development of the proposals and recommendations in this report for final decision by Cabinet. A summary of key findings and feedback is provided below.

5.1 Key findings from the on-line survey

5.1.1 Options for making the savings

The survey presented four alternative proposed options for how the savings to the Supporting People budget could be achieved. These options are shown in Table 1 – Options for making savings.

Table 1 – Options for making savings

No.	Option	Description
A	Reduction of 25% for all services	All services will need to reduce either the number of people they help, or the level of support they can offer. They will probably have to reduce staff numbers as well.
B	No reductions to Accommodation Based services and some low level Mental Health and advice support. Reduction of 49% to all Floating Support services	This will mean there is no reduction to accommodation places and would protect people with high levels of need. But there would be significant reductions in the floating support services on offer
C	A reduction of no less than 6% across all services and further reductions based on specific criteria.	These criteria include: how complex the needs are of the people that service supports, Mayoral priorities, highly specialist services, cost per service user. This option allows more targeted reductions.
D	Application of criteria to determine the reductions but with a maximum reduction of 51% applied to any service area	This means that we will apply the same criteria as described in Option C, but ensure that no one service area will have reductions greater than 51%. This will mean some services will need to take a higher level of reduction than in Option C.

Of the four proposed options for how the savings to the Supporting People budget could be achieved, respondents expressed the strongest preference for **Option C**: a reduction of no less than 6% across all services and further reductions based on specific criteria. (48% of respondents ranked this as their most preferred option, with a further 24% as their second preference.)

The option with support among fewest respondents was Option B: no reductions to Accommodation Based services; reduction of 49% to all Floating Support services. (8% of respondents ranked this as their preferred option, with 11 % as their second preference).

5.1.2 Criteria for making further savings to Supporting People services

The survey presented four criteria which the council identified could help it decide how to make further savings to the Supporting People budget. The criteria are shown in Table 2 – Criteria for making further savings.

Table 2 – Criteria for making further savings

Criteria	Explanation
How complex the needs are of the people that the service supports	Some of these services support people who otherwise would quickly develop care needs that the council would need to provide for. Other services, whilst providing a preventative service, support people whose needs are at a lower level.
Mayoral Priorities	The Mayor has stated that making sure that there are support services for people with mental health issues is very important.
Where there is a clear specialism in a service that cannot be delivered in another service	An example of this is the Sensory Support Service which has workers qualified to a very high level in British Sign Language. This is a unique language and it is difficult for service users to discuss complex or unusual issues if the person that they are speaking to is not fluent in their language.
Costs per person using the service	Some services have high unit costs. This means that when you consider the actual cost per person using the service the amount spent is high. In some cases this is justified but we think that people may be able to get what they need in alternative and cheaper ways.

The survey asked respondents to say how important each of four criteria is to them. Of 732 respondents to the Supporting People consultation, 714 (98%) responded to this question, with slightly different numbers providing their views on each criterion. Two criteria were considered, by a clear margin, to be the most important. These were:

- ‘How complex the needs are of the people that the service supports’ was viewed as important or very important by 635 (87%) of the respondents.
- where there is a clear specialism in a service that cannot be delivered in another service was stated as important or very important by 621 (85%) of the respondents. The other two criteria were thought to be of lower importance, as follows.
 - ‘Costs per person using the service’ was viewed as important or very important by 381 (52%) of the respondents.
 - ‘Mayoral Priorities’ was viewed as important or very important by 369 (50%) of the respondents

5.2 Key feedback from meetings with service users and providers

Attached as Appendix 2 of this report are tables which provide a summary of the consultation findings from meetings with service providers/users for each element of the Supporting People services, considered to be most relevant to inform the proposed recommendations for making the budget reductions.

Section 6: What the consultation feedback tells us

The council currently commissions a programme of services under the banner of 'Supporting People' that delivers a combination of floating and accommodation based housing related support to vulnerable people in Bristol. The primary aim of these services is to enable people to achieve and maintain independent living.

On the whole, current contracted providers continue to provide good quality services and are open to recommendations for further improvement. Providers are well aware of the financial constraints and have worked with the council to reduce costs where possible with the minimum impact on service users.

These housing related support services have been in place for many years but the needs of those using them have increased or changed during this time. Feedback from stakeholders and organisations providing these services gathered during the consultation, demonstrates that client needs are becoming more complex. In response to this, many providers have sought or are now seeking new innovative ways of providing services to meet changing needs or in response to wider legislation such as the welfare reforms.

From the meetings with service providers it is apparent that there is wide variation of provision across the range of accommodation and floating support services, where opportunities for efficiencies can be made. It would also appear that the legacy of using Supporting People funding has extended wider than housing related support to compensate for reduced funding in other areas which impact on wellbeing, for example mental health needs for people diagnosed with HIV.

There is also an agreed perception across health and care that there is a gap in lower cost accommodation options and early intervention/prevention community support that vulnerable people (particularly those with mental health and learning disabilities) require to maximise living independently. This is evidenced by the lack of availability of suitable supported living housing which has resulted in voids in take up; as well as a shortage of suitable accommodation for people to move on from short term accommodation such as Buckley Court (sensory and physical impairment accommodation) and for people with mental health and learning disabilities to move on to longer term accommodation.

Feedback from service users and providers strongly suggests that reduction in the current Supporting People services could result in vulnerable people tipping over into needing more costly statutory services across social care, housing and health. This relates particularly to the people who are vulnerable because of mental health, learning disabilities, HIV and age related conditions as well as those with chaotic lifestyles due to public health and/or antisocial risk-taking behaviours.

The specialist role of the physical and sensory impairment service should also be noted. Without the specialist communication skills of the staff (who in some cases are deaf themselves), the service users who attended the consultation meetings or submitted survey responses made it very clear that without this specialist support they would struggle with complex form filling and accessing universal support to live independently.

The consultation feedback has emphasised the need to accelerate the pace of change to improve pathways and links with housing, support for people with mental health and learning disabilities as well strengthening the transition of young people to adults.

The challenge in making the required budget reduction is to maintain the ability to effectively and efficiently respond to needs of vulnerable people within the current budgetary challenges for the council. This is also at a time of significant policy and service changes in areas which affect these client groups such as changes to welfare benefits and cuts to health and social care provision.

Section 7: Taking the outcome of the consultation forward – recommendation

The outcome of the consultation survey on how to achieve the required year on year savings of £1.8m is in favour of applying Option C:

Take out no less than 6% savings with further reductions based on specific criteria. These criteria are:

- *how complex the needs are of the people that the service supports*
- *Mayoral priorities*
- *highly specialist services*
- *cost per service user*

The outcome of the survey for rating these specific criteria favoured:

- how complex the needs are of the people that the services support. For example, these are people who otherwise would quickly develop care needs that the council would need to provide for
- where there is a clear specialism in a service that cannot be delivered in another service. For example, these are people who have a physical and or sensory impairment and it is difficult to discuss complex issue with them unless the workers have specialist communication skills such as British Sign Language

In favouring Option C, it should be noted this states that a *minimum of no less than 6% savings* be taken out and that no maximum % is stated. During discussions with service providers, there was awareness that for some, further reductions of up to 100% of their funding could be taken out based on applying the specified criteria. On this basis it is proposed to take a higher % from across all services but compensate for this with a longer lead in time to implement the change.

Recommendation:

To implement Option C to reduce the annual budget for Supporting People by £1.8m by:

- 1. applying a budget reduction of 15% across all current Supporting People funded services with effect from 1 April 2018**
- 2. taking a productive approach with service users, providers and key partners to shape the longer term provision of targeted preventative services for vulnerable adults with effect from 1 January 2019**

Rationale for recommendation:

The required savings of £643k in 2017/18 will be delivered through savings from voids in sheltered accommodation. The further reduction of £1.16m in 2018/19 will be delivered by the full year effect of making 15% reduction across all Supporting People services from 1 April 2018; and by implementing new contracts from 1st January 2019 this will deliver the balance of the savings target and contain expenditure within funding available.

Details of the savings schedule are illustrated in Section 9.1 of this report and the rationale and process for implementing new contracts is described as follows.

The application of the specified criteria was intended to guide further targeted reductions and it is proposed to build on what people told us in the consultation to shape the longer-term solutions to ensure we spend the available budget in a way that will target the most vulnerable people to keep them away from statutory services across the system in social care, housing and the health services.

We will work in coproduction with service users, providers and key partners across the health and care system and voluntary sector to shape the provision of targeted preventative services for vulnerable adults that will maximise independent living, reduce the need for higher levels of care and support and deliver further reductions within available funding.

With the help of their expertise, and in partnership with public health, housing services and health through the clinical commissioning group, a new delivery model will be designed that will maximise independent living in line with the council's strategic theme for Empowerment and Caring, and the Three Tier model approach underpinning the Better Lives adult social care programme. The valuable insight gained through the consultation process on how to reach the vulnerable people who use these services will be used to effectively engage with service users.

Support for taking this approach can be seen in the consultation feedback. In the survey, respondents were asked for any suggested criteria of their own that could be applied across all the services. There were 234 free text responses for this question, out of which:

- 57 (24%) comments stated that the service should prioritise early preventative care to prevent untreated needs escalating and causing higher downstream costs and harm to users.
- 49 (21%) stated that individual needs/risk assessments are important to prioritise services to people who need them most. Two recurrent sub-themes were that service users should be involved in identifying what help they need and that the needs assessments should be undertaken without delay.

The future model will be developed and commissioned to effectively and efficiently meet identified need and demand whilst providing value for money and maximum impact. By working in coproduction with the service users, providers and partners, this will enable a greater knowledge of the needs of these client groups, as well as assist with understanding the interdependencies and how future provision of targeted preventative services will effectively contribute to maximising independent living.

By offering new contracts for service providers, this will ensure that more adults are able to access support services at an early stage to reduce their dependency on essential services at a later stage. It is proposed that this will enable vulnerable adults to be more

independent, enable us to respond more quickly to changes in people's circumstances and to reduce some duplication in the services that are available and:

- identify opportunities for simplifying and integrating pathways
- strengthen partnership working in order that investment in care and health is collectively aligned
- develop interventions that are evidence-based and targeted to deliver better outcomes for lower costs

It will also ensure the embedding of a performance management framework that will clearly measure the impact of:

- enabling individuals and communities to do more for themselves and others
- working with partners to increase independence and provide targeted care, support and protection to those who need it

Priorities for funding will focus on interventions that minimise the impact of increased need for more complex, costly statutory care. Funding will be targeted at prevention of future crisis together with the need to maximise opportunities afforded by working closely with partners and the voluntary, community and faith sectors to ensure best value and local connectivity – for example funding the new delivery model will be prioritised in order to:

- resolve immediate crisis
- improve self-sufficiency with the aim to prevent future crisis
- prevent or reduce demand on statutory services
- ensure that services are not duplicated
- maximising other sources of funding

Service providers will be measured on the outcomes that they achieve with the people – for example:

- feeling connected to community
- improved health and wellbeing
- living independently
- taking an active role in the community
- being in education and or employment
- being in control of finances/ promoting economic wellbeing

These priorities for funding and measured outcomes will be explicit in the new commissioning arrangements and service providers in the market will be required to offer solutions that offer a variety of ways of working with people to meet these outcomes.

Section 8: Equality and Eco impact assessment on the recommendations

Equality Impact Assessment

The requirements of Section 149 of the Equality Act 2010 state that Public Bodies must have due regard to the need to:

- eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act
- advance equality of opportunity between people who share a protected characteristic and people who do not share it
- foster good relations between people who share a protected characteristic and people who do not share it

The council has carried out a full and comprehensive Equality Impact Assessment (EIA) on the recommendations which is included as Appendix E of the Cabinet report. The assessment has considered what impact the recommendations could have on the protected characteristics: age, disability, gender re-assignment, pregnancy, maternity, race, religion or belief, sex and sexual orientation as well as carers and action that will be taken to mitigate the risk of disproportionate impacts upon protected characteristics.

The Equality Impact Assessment will continue to be developed as part of an iterative process to work with providers to take out 15% of their budgets and inform the coproduction work to develop the new model to deliver further reductions within available funding. Mitigating actions will continue to be developed to ensure the savings can be delivered both safely and safeguard some of Bristol's most vulnerable people. However, it should be noted that reducing service capacity could have the following consequences:

- future service users may not get a service where previously they would have received a service. Where possible citizens will be sign-posted to locally based universal services appropriate to their needs
- current and future service users may receive less support than they would in the past. For example, the time spent with individuals and/or the frequency of visits they receive may be reduced or support may be provided over a shorter period of time than in the past. Wherever reasonable, some flexibility to temporarily increase to individuals where this is required to prevent crisis or to achieve a better outcome
- all services will work to move people towards independence at the earliest stage: the aim is to achieve the same or better outcomes over a shorter period of time, increasing the rate at which people move out of services and reducing the rate at which they are present to services

In summary, these proposals will have some impact on all present or future people seeking to access services currently funded by Supporting People funds. The council will work in coproduction with service users, provider and partners to develop further mitigating actions to ensure there are no unmitigated disproportionate effects on any one specific protected group.

Eco Impact Assessment

Environmental impacts may occur through re-modelled services and changes to contract specifications, but at this stage it is not known if these will be significant. New tenders will be subject to council procurement procedures, which include a requirement to consider sustainability impacts.

Section 9: Delivery of savings

9.1 Savings proposals

The schedule of savings proposals is illustrated in Table 3 below.

Table 3 – Schedule of savings proposals

Years	Budget reduction £000s	Cumulative budget reduction £000s	Comments
2017/18	643.00	643.00	Void in sheltered housing
2018/19	1,080.00	1,723.00	Apply 15% reduction across all contracts with effect from 1st April 2018
	77.25	1,800.00	Implement new contracts from 1 st January 2019 to contain expenditure within funding available, will deliver the balance of savings target

9.2 Implementation and timeline

Should the recommendations be approved, the process of implementation will be from the beginning of January 2018. This will be the start of 12 months transition working in coproduction to firstly implement the 15% reduction across all Supporting People services. Implementation will continue work with our suppliers and partners to deliver targeted preventative services for adults that offer improved value for money and outcomes that achieve reduced demand for services, change behaviours to promote independence and the deliver evidence-based interventions.

Implementation of the savings proposals will take the form of 4 phases. Phase 1 and 2 activities will take place at the end of year 2017/18 rolling into 2018/2019 with the realisation of 15% savings from 1 April 2018. The remainder of the saving reductions will be realised in the last quarter of the year 2018/19 with the implementation of new contracts with service providers that will ensure that more adults are able to access support services at an early stage to reduce their dependency on essential services at a later stage.

Key activities of the four phases are as follows:

Phase 1 – December 2017 – January 2018

- Cabinet decision to make 15% savings across all existing SP services and proposal to work in coproduction to remodel services and commission targeted preventative services for longer term
- Issue variations to contracts for existing providers to confirm 15% budget reduction with effect from 1 April 2018

Phase 2 - January 2018 – July 2018

- Set up stakeholder co-production group
- Coproduction group meet regularly to agree new model and develop service specification for targeted preventative services for adults
- Hold stakeholder and market development events to channel new ideas and ways of working

Phase 3 - July 2018 – December 2018

- Run tender process - providers submit bids to deliver the new model
- Competitive process and evaluation of bids received
- Re-commissioning process complete
- New contracts awarded to successful bidders to start new services in January 2019

Phase 4 – January 2019- April 19

- Realisation of further savings from January 2019
- Implementation phase of new contracts
- Transition period to new ways of working

9.3 Risks and mitigation

The saving proposals will continue to support the council's aims of reducing dependency, increasing personal independence and helping to move people towards work through the development of new delivery models. Whilst the saving proposals will require a reduction in the overall number of people that can be supported at any one time, increases in service efficiency to support people to independence more quickly will mitigate this impact through the year as more people take up vacancies created by people moving on into independence.

It should also be acknowledged however that reducing the capacity of support services and the transition of current support models to improved targeted, preventative services for adults does include a level of inherent risk for the council, providers and people; all of which will need to be carefully managed. In addition to potential reputational risks to the council of reducing investment in preventative services, other key risks involved are detailed in Table 4.

Table 4 – key risks and mitigating actions

Risk description	Risk mitigation
People may need to wait to receive support as service capacities are reduced	The development of funding criteria as part of the development of the new model will enable targeting of support to people most in need
Some people may no longer receive a support service	Where possible people will be signposted to locally based universal services appropriate to their needs
Increased costs to public service due to reduction in prevention services resulting in more people reaching crisis	Introduce funding criteria to ensure services are targeted on those with the highest level of need
When budget reductions are agreed, providers may refuse to accept mid-year reduction of 15%	The council will have the option of not extending the contract beyond the provider's contractual notice period. The council will also be offering a 12-month extension to existing contracts whilst working in coproduction of the new delivery model which will be an incentive for providers to accept the 15% reduction
Risk of further cuts to services as a result of next council budget consultation for 2018/19	Any requirement for further reductions will be incorporated into the coproduction work to develop the new delivery model

Section 10: Summary and recommendations

This report has described the approaches proposed to reduce Supporting People expenditure by £1.8m. The scale of the budget proposals is significantly challenging and the council has worked to ensure the most vulnerable people are protected and the consequences on protected groups under Equalities Legislation has and will continue to be fully considered.

The proposals set out in this report will ensure the council is able to realise the required savings whilst ensuring progress is made to move forward with a modernised service that supports the council's priority to reduce dependency, meets the council's legal obligations and continues to protect and support the most vulnerable people.

There has been an extensive consultation period and an approach to fully and actively engage with service users, providers and the general public on these proposals. Although the consultation feedback raises concerns about some aspects of the proposals, implementation plans will provide reassurance to Bristol's vulnerable people that any impact on current services will, in so far as possible, be mitigated by reforming and improving services longer term.

Recommendation:

To implement Option C to reduce the annual budget for Supporting People by £1.8m by:

- 1. applying a budget reduction of 15% across all current Supporting People funded services with effect from 1 April 2018**
- 2. taking a coproductive approach with service users, providers and key partners to shape the longer term provision of targeted preventative services for vulnerable adults with effect from 1 January 2019**

*Option C - A reduction of no less than 6% across all services and further reductions based on specific criteria

Context of recent and upcoming welfare reform changes

Replacement of Disability Living Allowance (DLA) by Personal Independence Payment (PIP)

This is ongoing since 2013. At February 2017 there were still around 8,800 individuals in Bristol who remain on DLA and will be invited to claim under the new PIP rules over the next few years. It is expected that a quarter of these individuals will lose some or all of their entitlement when they claim PIP. Many will require support with the claim process and many will also require assistance/representation to appeal outcomes. In Bristol, 84% of represented claimants are successful in appealing PIP decisions.

Employment and support allowance (ESA) replaces Incapacity Benefit/Severe Disablement Allowance (IB/SDA)

This is ongoing since 2008. The DWP no longer publishes statistics on IB/SDA claimants but the last published numbers (May 2016) recorded several thousand people in Bristol who awaited ESA assessments. Income related ESA is being phased out by Universal Credit but the 'work capability assessment' continues in UC. Due to health conditions/disabilities, many households will require support to access their entitlement. Many claimants require representation with the appeal process. In Bristol, 92% of represented claimants are successful in appealing these 'capability for work' outcomes.

Impact of the roll out of Universal Credit (full service) to all claimants:

UC (full service) is digital only making applications for UC a struggle for those who find it difficult to manage Information Technology. It is also a key requirement for claimants to regularly view, respond to messages and update their information on their UC 'online journal'. As a result, there are significant difficulties in claiming and receiving the right UC payments for vulnerable households which often include people with mental ill health, learning difficulties, language considerations, illiteracy etc. Failure to respond raises the risk of facing financial and other sanctions, which could result in tenancy failures for vulnerable service users.

There has been a 6-week minimum wait between making a UC claim and being paid which leads to issues of food, fuel and poverty arising from this gap. It is possible that interim advance payments can be requested of DWP.

It is very likely that one of the impacts of the implementation of UC, is that it will cause high rent arrears across tenures due to the wait for payment. This may lead to an increase in evictions due to rent arrears in a very difficult housing market, which is what has happened in other local authorities where UC (full service) has already been rolled out.

Council Tax reduction public consultation

As stated above, majority of people within these services also are in receipt of benefits including Housing Benefit and therefore, some reduction to their council tax. The recent proposal to change the Council Tax Reduction for those on benefits could also have a significant impact on income of these citizens.

Context of demand for population affected by Supporting People services

Population of Bristol

The total population of Bristol is around 442,500 people and increasing. The population of Bristol is projected to increase 9.7% to 474,400 by 2022.

The impact of cuts to welfare services will disproportionately affect those on benefits or low income, young people, black and ethnic minorities and people with disabilities and mental health.

Black and minority ethnic groups (BME)

16% of Bristol's population are from black and minority ethnic groups. The child population is increasingly ethnically diverse. The 2011 national census showed that 28% of Bristol children belong to a BME group compared to the Bristol average of 16%.

Older people

The proportion of older people 65 and over (13.3%) is lower than the national average (17.7%). Bristol has 58,800 older people aged 65 and over, an increase of over 700 in the last year. There are projected to be 8,100 additional older people by 2022, a 14.2% rise. The rise has been mainly in the North and West locality.

Falls

Bristol's rate of emergency admission for injuries due to falls is significantly higher than the England average. During 2014/15, 1640 people in Bristol aged over 65 were admitted to hospital in an emergency following a fall.

Analysis of 2012/13 to 2014/15 data showed that 7% of all falls related admissions were from residential and nursing care homes and 93% were from those living at private addresses (including extra care housing and supported housing)

Learning disabilities and autism

There are around 8480 adults with learning disabilities and autism. In 2014 residents were asked how well they are managing financially. 23% of disabled people and BME groups and half (51%) of people of muslim faith stated they were managing their finances with difficulty.

A review of health checks for people with learning difficulties in 2012/13 suggests that this groups have an increased number of health conditions and a significantly worse health profile than overall Bristol population.

Data from GP patient registers indicates there are around 1,940 people recorded as having Learning Difficulties in Bristol. This will be those with moderate to severe LD who are more likely to require support. This represents 0.5% of the patient population which is similar to the England average.

In terms of overall population prevalence, there are estimated to be 3,570 adults in Bristol with some level of autistic spectrum condition in 2016 (18+, including 560 people over 65)

Long term health problems or disability

There are 71,700 people with a long-term health problem or disability. 34,550 (8%) have day to day activities that are limited a lot and 37,150 (9%) that are limited a little.

Mental health

30,100 (7.6%) Bristol patients received a new diagnosis of depression in the last year, above the national average. (7.3%)

The data for anxiety and depression shows a mixed picture. Bristol (41,027, 12.67%) is higher than the England average (9.48%) for anxiety and depression, average 17009, 5.3%) for generalised anxiety and lower than average for depressive episodes (5480, 1.69%). Anxiety and depression is also higher among social care users (57.9%)

The numbers of people suffering from anxiety and depression are predicted to increase to 45111 by 2021.

Mental health is the largest cause of Employment & Support Allowance claims in Bristol (54%), 6th highest rate in England.

Economic & social costs of mental health in Bristol estimated at £1.57bn p/annum

6.8% of Bristol residents reported a low life satisfaction score, significantly more than nationally (4.8%), 2014/15.

Local data shows 13% have "below average mental wellbeing", but significantly more in deprived areas (20%).

Unemployment, low income, debt, and benefits

Unemployment rate in Bristol remains high at 8.3% compared to 6.4% in England.

35% of the population in Lawrence Hill (36%) and 35% in Filwood are income deprived.

This is compared to 17% of Bristol population.

Around 18000 children live in low income families in Bristol, this is significantly higher than the England average. (18.6%)

A report by the money advice service has stated that 62213 adults (17.1%) are over-indebted in July 2017. "Over-indebted" individuals are defined as those who are likely to find meeting monthly bills a "heavy burden" and/or those missing more than two bill payments within a six-month period. This is compare to an average of 15.8% for England https://masassets.blob.core.windows.net/cms/files/000/000/811/original/Over_indebtedness_2017_Stats_PDF.pdf

Prevalence of HIV

The overall HIV prevalence rate for Bristol increased in 2014 to 2.07 per 1000 residents aged 15-49. This is above the threshold for expanded HIV testing. Recent HIV surveillance data shows that 45% are considered to have a late diagnosis which is slightly higher than the national average (42%) This is linked to an increased rate of illness and hospital admission. This may have an impact on the need for floating support.

Housing and homelessness

The average house price in August 2017, according to hometrack.com was £268,400 compared to a UK average of £210,500. This has increased 3.4% in the last 12 months.

Affordability is measured by the relationship between the price of the cheapest homes and lowest level earnings. In 1997 the ratio was 3.19 in Bristol, but rose to a peak of 7.91 in 2007. Recent data indicates a ratio of 6.83. The private rented sector represents a growing proportion of the market.

In 2013/14 the rate of households accepted as statutorily homeless in Bristol rose to 2.6 per 1000 households. This is above the national average (2.3 per 1000)

The number of total homeless decisions made has increased significantly from 345 in 2011/12 to 1323 in 2015/16.

Alcohol

Bristol has higher rates than the national average of alcohol related harm as well as higher alcohol-specific and alcohol-related mortality. In Bristol there were over 3,500 admissions to hospital to alcohol specific conditions in 2015/16 and over 9,500 admissions due to

alcohol related conditions. Bristol alcohol related admissions have been consistently higher than the England average, with a rate of 2,682 persons per 100,000 population admitted in 2015/16 compared to England rate of 2,179 admissions per 100,000. Local alcohol profiles estimate there are 26.3 alcohol specific deaths per 100,000 men in Bristol, significantly higher than the England rate of 15.9.

Physical disability or sensory impairment

There is a projected demand that the number of supported housing units for younger people with physical disabilities will need to rise by around 6% in England and around 4% in Great Britain over the next 15 year period.

Summary of the consultation findings from meetings with service providers/users of current Supporting People services

Type of service	Number of service users at any one time	Current budget
Advice Services, Welfare Rights and Money Advice Service (WRAMAS) (1 provider, 2 contracts)	134	£279,532
<p>Current provision – the way the service is provided These are advice services provided by the Welfare Rights and Money Advice Service (WRAMAS), a service run by the council. They provide training, telephone support and information for support workers. They also take referrals for complex welfare benefits or debt cases and provide casework support for vulnerable people, particularly disabled people and full-time carers. The service supports people to maximise their income.</p>		
<p>Consultation findings Team provide specialist support for highly complex cases and training to other agencies to improve quality of advice given and case handling WRAMAS, directly and indirectly, plays a key role in ensuring that vulnerable households are receiving the benefits they are entitled to and therefore helping to combat poverty, including child poverty, are less likely to request/require social care and/or additional health care, and are far less likely to face homelessness and the generally costly and negative effects of homelessness.</p>		

Type of service	Number of service users at any one time	Current budget
Supported Living – LD and MH (19 providers, 20 contracts)	340	£2,699.641
<p>Current provision – the way the service is provided This service provides places to live with support available where they live for people with learning difficulties and for people with mental health needs. Most of the people who use these services have been living in their supported living homes for a long time. Most of the people living in this type of accommodation would have eligible care needs if they were assessed now.</p>		
<p>Consultation findings</p> <ul style="list-style-type: none"> • service user highlights that removal of services in supported living would make independent living unsafe and so lead to a costly care package • Supporting People (SP) links with Community Support Services (CSS) core support - would be best to look at these together and ask people how to do this for themselves. Service providers need to know what is going on with CSS core support to inform the SP work • capacity of teams in the council has had an impact on the dialogue that happens - provider forums and partnership board has broken down. • Silo-ed commissioning - does not help with creativity • SP - need a conversation about how we define it and how we deliver SP in relation to CSS 		

Other points to note:

There are vacancies in the accommodation available resulting in underspend against this budget which has been removed at the start of 2017/18. This is because the vacant accommodation provision is not suitable for where and how people choose to live.

There is a process underway to review who is living in this accommodation and where people have eligible care needs and they have a care package the top up SP budget will be transferred into the relevant care management budget. Referrals to these schemes in the future will be for people with statutory needs.

For future consideration, accommodation and support should be separate and not tied to specific housing in order support can be reduced or stopped without people having to move from where they live unless they choose to do so.

Type of service	Number of service users at any one time	Current budget
Long term floating support (LD and MH) (6 providers, 6 contracts)	72	£355,201

Current provision – the way the service is provided

This service helps people with mental health needs and/or learning disabilities to remain independent. This includes maintaining housing, support to manage physical and mental health, advice regarding welfare benefits, support with budgeting, managing debts and paying bills and help to access other services

Consultation findings

- Service users all expressed the views that they could not manage their lives if they did not have the few hours of support they receive from their Centre support workers. Most of the SU receive only 1 or 2 hours of support per week. This low level of support prevents them from getting into debt, putting their tenancy at risk, social isolation and mental health problems.
- Service users advised: Option B which protects Supported Living over other services seems the least fair. Options C and D cause feelings of uncertainty, as we do not know how each service will be affected
- Service users were asked if they had any ideas of how things could be done differently. The following ideas were raised by 1 or more SU: Look again at the financial eligibility criteria – a means tested approach may be fairer. Some 1 to 1 support could be replaced with drop-ins or hubs

Type of service	Number of service users at any one time	Current budget
Short term mental health floating support (3 providers, 3 contracts)	260	£1,221,620

Current provision – the way the service is provided

This service gives people with mental health issues help for a short time. This can be up to two years. It normally helps people who are having some sort of unexpected problem that means they need help to ensure that they don't lose their home. This includes

maintaining housing, support to manage physical and mental health, advice regarding welfare benefits, support with budgeting, managing debts and paying bills and help to access other services.

Consultation findings

- I tried to get help from the service from Brookland Hall - got no support at all from the mental health services.
- Support from floating support team has been vital and kept people alive
- 'If I did not have support I would not keep myself clean and tidy and would go downhill and flat would be taken off me'

Type of service	Number of service users at any one time	Current budget
Physical and sensory impairment supported housing (1 provider – Buckley Court)	8	£111,142

Current provision – the way the service is provided

This service is provided directly by the Council. The service accommodates eight people who have sensory disabilities. Buckley Court supports people from age 18 upwards. It is for people to be supported for a period of time and then move out and live independently elsewhere. Some people stay here for up to five years.

Consultation findings

- If Buckley Court were to close or you were to make any cuts then it would affect me and the tenants here; how would we learn new things about access, for example NGT and sign video? They have supported us with so many things, for example, accessing the internet and making our own phone calls through NGT so we can independently phone the gas company, for example. The tenants here need the support of the staff so I think you should not make any cuts.
- Buckley court. We need to learn from this service, cooking, gardening, which are important for our independence.
- 'Being able to talk to people, learn, and understand the processes of different things. That really helped me. Next stage now, I think for me to be able to live independently hopefully through social housing and Home Choice register - I on it at moment, keeping eye open, to see an opening for me to have a flat through the council social housing. Because private sector v expensive - can't afford it, my disability in way of finding full time work - here, been able to successfully gain part time work, which I very much enjoy, and it been achieved through Buckley Court helping me and staff helping me prepare'.

Other points to note:

People appear to stay too long at Buckley Court, once they have gained their independence move on accommodation appears to take too long to arrange via Home Choice Bristol.

Future demand from the 0-25 team and sensory impairment should be obtained alongside strengthening partnership working with housing, education and employment

Type of service	Number of service users at any one time	Current budget
Sheltered housing alarm and warden services (13 providers, 20 contracts)	1593	£758,391
<p>Current provision – the way the service is provided This relates to sheltered housing for older people. Sometimes the only thing that is given is an alarm that people can use to get help if something goes wrong. In other places there is also a warden that comes to check that people are OK. This sort of service helps prevent future problems.</p>		
<p>Consultation findings</p> <ul style="list-style-type: none"> • 'This group identified Option C & D as best for them. There was concern about the phrase ' complexity of needs '. Most in sheltered don't have the most complex needs - but if you miss supporting people earlier on you lose the 'prevention' that is needed with increasing numbers of older people. It will just hit hospitals and adult social care soon. Would prefer if it also said 'or the potential for future costs if this is taken away '. • Most Providers indicated that they are moving away from 'hard wired' alarms - so in future alarms could be provided on a 'need assessed' basis and also provided at a charge at service users request. • Providers highlighted that although current much older users may not generally be tech savvy an increased use of SMART technology should be looked at for the future. • How do we sell sheltered housing – how do we get people to understand what sheltered housing is about now. It has modernised and helps people feel safe and well and prevents needing greater levels of care. We might be asking the wrong people at the wrong time – need to have choice for older people. Only 5 % of housing available for older people – need to ensure we keep that. 		

Type of service	Number of service users at any one time	Current budget
Older people floating support (4 providers, 5 contracts)	156	£345,542
<p>Current provision – the way the service is provided These are similar to other floating support services, providing a range of services to support older people to remain independent. This includes maintaining housing, support to manage physical and mental health, advice regarding welfare benefits, support with budgeting, managing debts and paying bills and help to access other services with some specific support also around managing issues related to alcohol.</p>		
<p>Consultation findings</p> <ul style="list-style-type: none"> • Case studies highlight early intervention and knowledge of services provided by Health & Well Being officers can prevent need for more costly care packages and prevent decline. • 'SP used as a preventative service - if people are not likely to get social care service - helps them stay independent' • 25% all round would be fairest and services would remain rather than disappearing • Cost per service user - a good indicator but need to take into account throughput 		

Type of service	Number of service users at any one time	Current budget
Floating support for people with HIV (1 provider – Brigstowe)	24	£86,053
<p>Current provision – the way the service is provided</p> <p>The service provides similar services to other floating support services but specifically for people with HIV. This includes maintaining housing, support to manage physical and mental health, advice regarding welfare benefits, support with budgeting, managing debts and paying bills and help to access other services.</p>		
<p>Consultation findings</p> <ul style="list-style-type: none"> • Discrimination against HIV status is alive. People have lost homes and been refused treatment as a result. Terence Higgins Trust has lost a lot of funding which compounds the problem. • People living with HIV have told the council that they need a specialist service that understands the condition and how it affects their life. Most of our clients have had negative experiences of accessing non-specialist services and need a service they can trust. Brigstowe is now delivering HIV Awareness to professionals to increase knowledge & understanding. • Several service users described suffering from depression and mental health problems. Community Mental Health teams are Difficult to talk to. Confidentiality still an issue. They don't seem to have a clue about HIV. • HIV clinic at Southmead just tell us to contact Brigstowe for our mental health support and advice after diagnosis • Coming to Brigstowe keeps me alive • The council should calculate the cumulative costs or care, homelessness, mental health needs, compliance with medication, new infections – if Brigstowe were not here 		

Type of service	Number of service users at any one time	Current budget
Physical and sensory impairment floating support – Sensory Support Service (1 provider, 1 contract)	55	£274,760
<p>Current provision – the way the service is provided</p> <p>This service supports up to 55 people with a sensory impairment and is directly provided by the Council. A lot of the staff in this service speak fluent British Sign Language and some members of staff are deaf themselves. They support people to remain independent and help them with tasks such as filling in complex forms and applications. They also provide support for things such as maintaining housing, support to manage physical and mental health, advice regarding welfare benefits, support with budgeting, managing debts and paying bills and help to access other services.</p>		
<p>Consultation findings</p> <ul style="list-style-type: none"> • Service and service users highlighted that British Sign Language (BSL) is more than just another language and that fluent speakers are required in order to understand 		

many deaf citizens issues and provide comprehensive explanations to them.

- The service highlighted the specific issues of older deaf citizens who generally have very poor levels of education and a culture of dependency which has been created for them.
- Many standard official letters are very difficult for them to understand and services very difficult to access due to language barrier and difficulty using phone (with only option of text speak service - which still has limitations around use of written English).
- Service users identified critical nature of service and inability to obtain equivalent elsewhere – delays in booking translators - lack of funds to books translators.

Type of service	Number of service users at any one time	Current budget
Generic floating support (Community Support Teams) (1 provider, 1 contract)	280	£689,699

Current provision – the way the service is provided

These are similar to other floating support services, providing a range of services to support people to remain independent. This includes maintaining housing, support to manage physical and mental health, advice regarding welfare benefits, support with budgeting, managing debts and paying bills and help to access other services. They are a service run by the council and are open to all people.

Consultation findings

- Flaws with the workbook - some organisations measured on through put - some are measured on number of people they see - and some on the hours they do - should be a consistent measure on quality of service.
- G's illness had impacted on his ability to sustain his own finances, family relationships and home. At the point we assessed G, he had no income of his own as was no longer in work due to illness and had been unable to claim relevant benefits on his own. Carol Dutton, from the Huntington's Association, reported to have found G had tried to take a bite out of a frozen pizza as that was all the food he had to eat and was unable to cook it for himself. Income (weekly) at start of support - £0. At end of Support - £326.65 per week
- We have increased LS's main income by applying for relevant benefits he is entitled to. The application for Severe Disability Premium, once in payment, will mean he will have to make a higher contribution towards his care costs, which helps reduce the burden on the social care budget also.
- In the first seven months of 2017, the CST supported 124 people to increase their yearly equivalent incomes by a total of £600,838. Over twelve months, this would equate to over £1 million increase in incomes. Each £1 spent on the Community Support Team (CST) achieved around £1.70 increase in income to vulnerable people. The CST supported people to increase 14 different welfare benefits.

Type of service	Number of service users at any one time	Current budget
Community based support for mental health	451	£394,460

(1 provider – Rethink)		
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Current provision – the way the service is provided

The service provides support to improve mental health in the community. It does this through a variety of different approaches including 1:1 support, community outreach, group work, training, advocacy and carers support.

Consultation findings

- The staff here have a lot of knowledge and understanding. They help people in recovery and offer a holistic service. If you lose this speciality there will be difficulties.
- We are bridging the gap between Primary and Secondary Care, often the first point of interface
- There are no other signposting services for people going through Mental Health. People would spiral out of control if the service was not there.
- Highlighted focus on 3 Tier Model
- Option B not viable for this group