



Consultation period: 14th June – 28th July 2017

Proposed changes to adult social care prevention services commissioned from the voluntary sector 2017

Summary Consultation Report

1. Purpose of the consultation

Adult Social Care carried out a consultation exercise during 2017 on proposed changes to prevention services commissioned from the voluntary and community sector (VCS). The consultation ran from 14th June to 28th July 2017.

The consultation was carried out as part of a review of VCS prevention services. The review has 3 aims:

1. To establish the future direction for ASC's VCS prevention offer;
2. To achieve savings target of £790,000 on VCS services; and
3. To create a grant fund, using ASC underspends, to empower the voluntary sector to provide more flexible and tailored solutions to help manage the risks of people developing needs for social care support.

The purpose of the consultation was to gather views on a range of proposals for the following services:

- Information advice and guidance
- Disabled persons user-led organisation (DPULO) and proposed new 'Service User Voice' service
- Support for carers
- Advocacy
- Lunch clubs
- Support for people who have had a stroke
- Support for people with sight loss

The proposals put forward for consultation varied according to each service. For some it was proposed to decommission, and others to re-procure using different models of provision and at a lower value.

In addition to carrying out a consultation about proposed changes to services, the council also consulted over the design of a proposed new **Prevention & Wellbeing Grant Fund** and a separate report on the consultation on the grant fund will also be available.

2. Summary of methods used in the consultation

The consultation used two main methods:

Survey A survey to gather views on proposed changes to services was carried out. It was provided online and also made available in print. Printed versions were distributed to council community centres, libraries and to the Customer Services Centre on Granby Street. In addition an easy read version was provided where requested, and versions for people with a visual impairment were prepared by Vista.

Responses to survey There were 356 responses to the survey. 46% of respondents were in the 66+ age group. Nearly half were female, and the largest ethnic group was 'Asian or Asian British: Indian' at 40%. The next biggest group was 'White: British' at 29%.

41% of the respondents were disabled. Of those that chose to respond to the question on their type of disability, most had either a physical disability or a long term illness health condition.

Meetings: Separate meetings were held with each provider scoped into the consultation. Some providers provided more than one of the services that were scoped in – in this case all services relevant to each provider were covered in the presentation and discussion.

A number of other meetings were also held or attended. In total officers held or attended 23 meetings as part of the consultation.

Letters: The council also received 8 letters in response to the survey. These were: 1 from CLASP, 1 from VAL, 3 from Age UK; and 3 from people who cared for users of the Age UK lunch club at Catherine House, Evington.

3. Summary of findings

The proposal for each service and a summary of the findings of the consultation, drawn from discussion at meetings, from the survey and from letters received, are summarised below.

3.1 Information advice and guidance (IAG)

The proposal consulted on was:

Stand-alone IAG for older people and for disabled people will continue until 31 March 2018. However the council is considering arranging welfare advice services across the council as a whole in future,

rather than on a department by department basis. It is intended that this new arrangement will start from 1 April 2018.

The main findings regarding IAG from the consultation were that the majority disagreed with the proposal. The key reasons given were:

- IAG should be separated according to people's needs not lumped together. People need specialist advice.
- IAG for older people should be separate as older people's needs are increasing – Age UK are seeing people who are older and more frail who often need one to one support or outreach. ASC is keeping IAG for people with dementia, mental health or caring responsibilities separate – the same should be the case for older people.
- Age UK subsidise their IAG service by around 60% - therefore this value could also be at risk too. There is no guarantee that the service would continue even though it is core business for them.
- Age UK has a demonstrable track record of the benefits their IAG service had delivered to older people.
- IAG for disabled people should be separate as disabled people are the most likely to experience long term poverty.
- More people will end up in crisis because they haven't been given the right support – and they will then come to the council for support
- People are happy with Age UK and Mosiac – these are organisations they know and trust.

3.2 Disabled persons user-led organisation and proposed new 'Service User Voice' service

The proposal consulted on was:

The DPULO service will be ended from 1 April 2018. However we propose to commission a new service for £35,000 to support voluntary and community groups that help people to improve or maintain their health and wellbeing (including groups for disabled people). We welcome your views on what the key priorities for this new service should be. Please let us know in the box below. In addition, voluntary and community sector organisations for disabled people can bid directly into the adult social care Prevention and Wellbeing Grant Fund to support disabled people who are at risk of needing high levels of social care support in future.

The main findings regarding on the proposals on the DPULO service and the proposed new 'Service User Voice' service from the consultation were that the majority disagreed with the proposal. The key reasons given were:

- Spending less and broadening the support beyond disabled groups will reduce the quality and breadth of the service.
- The proposed £35k for the new service is not enough.
- It's just a cost cutting exercise.
- Disabled people need more support now, not less.
- Disabled people need to be empowered and not just be treated as passive recipients of services.
- Current service is good and has developed – why change?

3.3 Carers support

The proposal consulted on was:

It is proposed to commission a single one-stop support service for £154,000 for carers that will support a wider diversity of carers and the people they care for. We believe it will be more efficient for prevention services for carers to come from one place. We will also invite bids for carers support through the adult social care Prevention and Wellbeing Grant Fund.

The main findings regarding carers' support from the consultation were that the majority disagreed with the proposal. The key reasons given were:

- Carers should have choice – not just one organisation.
- It would result in a loss of specialisms for carers, and these are important.
- Carers save the council money – there should be investment in supporting them rather than reductions.
- People reported good experience of services from current providers.
- Ending contracts 1 year early would have a detrimental effect on business planning and employment. In addition – in-roads were still being developed into harder to reach communities which would not be able to be realised if the contracts were cut short.
- For £154,000, any provider will only be able to offer more superficial support, and not the one to one support that is needed by many carers. The proposed new grant fund will not allow organisations to provide the additional and coordinated services that are needed across the City.
- The proposals should not be developed before finalising the new Carers' Strategy.

3.4 Advocacy

The proposal consulted on was:

We propose a single delivery model for £124,000 that will consist of Care Act advocacy for all client groups; the ICAS service; and non Care Act Advocacy specific to carers. We propose to continue the IMHA service as at present.

The main findings regarding advocacy support from the consultation were that the majority disagreed with the proposal. The key reasons given were:

- It's simply a cost cutting exercise – these services are needed.
- Vulnerable people will fall through the net if non Care Act advocacy is reduced, or they will develop greater needs which will then have to be met by the council.
- Support for the LD Partnership Board should continue and be separate from these contracts.
- Specialist advocacy services are needed – and this was the finding of the previous advocacy consultation.
- Carers advocacy should come under carers support and not be part of advocacy services because of potential conflicts of interest.

3.5 Lunch clubs

The proposal consulted on was:

The council would like to see a broader range of support for people who are lonely and isolated. Current lunch clubs funding will finish in March 2018, but the adult social care Prevention and Wellbeing Grant Fund can be used to support people who are lonely or isolated and there are a wide range of activities that could do this. Bids to run lunch clubs – including any from the current lunch club providers – will be welcomed. We would also like to see other proposals for supporting people who are lonely or isolated.

The main findings regarding lunch clubs from the consultation were that the majority disagreed with the proposal. The key reasons given were:

- Lunch clubs help to prevent people from becoming lonely and isolated. In some cases they prevent people from becoming depressed and mentally unwell. Many people who use lunch clubs made this point very strongly throughout the consultation
- Lunch clubs provide other sources of support such as information and advice, which also have preventative value
- Carers get respite when their cared for person goes to a lunch club
- Age UK stated that the Catherine House lunch club is heavily subsidised by Age UK and that if council funding is withdrawn they would not be in a position to increase their level of subsidy. They said that the likelihood is that the service would close down altogether and Catherine House could be sold putting even more pressure on the council.
- There is no assurance that current lunch clubs would be successful in bidding into the proposed grant fund
- However – there was recognition that it is unfair that these groups get funding when others don't – plus there is a need for more creative and varied ideas. Some lunch club providers welcomed the idea of the grant fund and started to think about activities they could put forward to the fund. They also made a number of points about how the grant fund should work – for example: it needs to be easy to apply for and available on paper as well as online etc. All these points are being picked up as part of the separate consultation on the proposed grant fund.

3.6 Sight loss

The proposal consulted on was:

The statutory aspects of services will continue to be commissioned at a cost of £148,259 and a streamlined care pathway will be developed. This will include the maintenance of the city's sight loss register. It is also proposed that a specialist reablement service for deafblind people will be individually commissioned via direct payments. Proposals for further initiatives for people with sight loss can be made into the adult social care Prevention and Wellbeing Grant Fund.

The main findings regarding sight loss support from the consultation were that the majority disagreed with the proposal. The key reasons given were:

- Cuts should not be made to support for people with sight loss. Halving the spending is too drastic.
- Need more clarity about what would go if funding is reduced.
- If the deaf blind service is provided via direct payments, people will have to be assessed as eligible.
- Services are needed as sight deteriorates with age – and the older population is growing.
- Current provider – Vista – do a great job which is much needed.

3.7 Stroke

The proposal consulted on was:

The current contract will end as there are very few referrals into the service from adult social care. Bids to support people who have had a stroke will be welcomed to the adult social care Prevention and Wellbeing Grant Fund.

The main findings regarding stroke support from the consultation were that the majority disagreed with the proposal. The key reasons given were:

- Stroke club has provided people with a good source of support.
- Many people who have had a stroke have additional problems such as mental health problems and it can affect hearing and sight. Some service users are also carers who need support. The Leicester Stroke Club said that as a result, their service can support people through all of those issues.
- Respondents said it is unclear why there are few referrals from adult social care – people have not stopped having strokes. Leicester Stroke Club suggested that the council should do more to communicate about the service.
- When asked whether the council was the club's only source of funding, Leicester Stroke Club responded that they receive contributions from members themselves. They used to get £3,000 from the county council. However they also mentioned that about half their attendees come from across the city boundary

3.8 Overall

Overall comments on the consultation and the proposals put forward were:

- Many saw the proposals as 'just money saving initiatives'.
- There was concern that the consultation had been rushed and that decisions have already been made.
- If implemented, there would be a detrimental effect on Leicester's voluntary sector.
- The proposals are unfair because they impact on most vulnerable people.