Why we consulted?

Over the last four years we have had to make savings of £23m because we've received less money from central government. We have done this by becoming more efficient at what we do, by reducing some of our administrative functions and increasing our income. Throughout this period we have done our best to protect front line services.

We now have to find another £20m over the next four years, with almost £11m to be found in 2016/17. Much of this will come from further efficiencies within the council, but £4.6m will have to come from services that will impact the public.

In order to inform the budget setting process for 2016/17 we published a list of those proposals which would likely have a direct impact on service users, and sought the views from those affected and interested:

- to understand the likely impact
- to identify any measures to reduce their impact
- to explore any possible alternatives

Approach

All the proposals were published on the council's website on 3 November 2015 with feedback requested by 14 December 2015. Respondents were directed to a <u>central index</u> <u>page</u>, with a video message from the Chief Executive outlining the background to the exercise.

Information relating to this proposal was linked directly from this index page. This contained more detailed information on what was specifically proposed, information on what we thought the impact might be, as well as what else we had considered in developing and arriving at this proposal. Feedback was then invited through an online form. and through a dedicated email address.

In addition a meeting took place (8th December 2015) to provide an opportunity for the provider and users of the service to feed into consultation.

Present:

WBC: June Graves, Karen Felgate, Robert Bradfield

Bromford: To remain anonymous, 9 people attending which were a mixture of service users and support works plus one CPN

Each individual budget proposal was placed on our <u>Consultation Portal</u> which automatically notified those registered that an exercise had been launched. Members of the West Berkshire community panel (around 800 people) and local stakeholder charities, representative groups and partner organisations were also emailed directly, notifying them of the exercise and inviting their contributions.

Heads of Service made direct contact with those organisations affected by any of the budget proposals prior to them being made publically available.

A press release was issued on the same date, as well as publicised through Facebook and Twitter.

Background

The Supporting People programme was launched in April 2003. The programme brought together several funding streams, including support provided through the Housing Benefit system, into a single grant from central government for local authorities to fund a variety of services aimed at helping vulnerable people live independently.

Supporting People services can take many forms; for example, refuges for women escaping domestic violence, housing with warden support (residential or floating) for the elderly, and hostels for recovering addicts. People living in supported housing receive 'housing related supported services' in order to enable them to live independently.

West Berkshire was successful in securing a significant level of funding at the outset (circa \pounds 6m), which has been largely protected to continue to deliver these non statutory services over the last twelve years.

The council provides funding for nine people with mental health problems with the aim of helping them remain in their home.

The annual contract value of this service is $\pounds 201,000$. It is proposed to make a saving of $\pounds 100,000$ in 2016/17.

Summary of Key Points

There were 12 responses to this savings proposal:

- 11 online responses

- 1 Bromford Consultation meeting was held: 9 people attending which were a mixture of service users and support works plus one CPN. Notes of this mtg were entered onto the online database.

Organisations that provided a response:

- West Berkshire Council Housing
- Tilehurst Parish Council Service
- UNISON West Berkshire
- GP Chair and Clinical Lead Newbury & District CCG
- Berkshire Healthcare NHS NHS foundation trust
- Pangbourne Parish Council

No other names of respondents were provided

Responses indicated that the proposed budget cuts would impact on vulnerable individuals with Mental Health difficulties. There was concern that the proposed budget cuts would have a greater impact on statutory services (i.e CMHT), which will have a greater cost implication.

Many respondents felt there was no other support available of this nature, although one response indicated that alternative accommodation could be found at Garland Court and Bramble Court.

The following provides a more detailed summary of responses received in relation to the specific questions.

1. Are you, or anyone you care for, a user of this service?

3 of the 7 online responses were from people who use the service.

3 residents attended the consultation meeting

2. What do you think we should be aware of in terms of how this proposal might impact people?

Respondents considered that this would have a significant impact on some of the most vulnerable in our society.

Impact identified included:

- Impact on the emotional & physical well being of individuals & their families
- Impact on the recovery of individuals Successful shift in service as 'step down care' from more intensive services; without such support greater risk of relapse or disengagement.
- Greater risk of homelessness for those individuals who use the service.
- Delayed discharges at Prospect Park Hospital, leading to sub-optimal care in expensive out of area placements
- Increased demand for other services impact will translate to other services (i,e greater demand for CMHT - CMHT do not have the resources to provide the level of support required)

Preventative nature of service was highlighted , and positive impact on people's independence – keeping people out of hospital , preventing people escalating to more intense services (such as Prospect Park hospital), acting as early intervention.

The users that responded reflected the positive impact the service had had on their lives. One service user stated that 'people will die' without this service as the support provided stops people from deteriorating back to very poor levels of mental health and in some circumstances risk of suicide.

One respondent made it clear that WBC had a legal duty under section 117 of the 1983 MHA (Reference made to High Court Judgement 'Stennett') and to assessed needs. They made it clear that they felt that the MH Act, Care Act or MCA was not being implemented by WBC for this group or their Carers.

BHCFT (Berkshire Health Care Foundation Trust) argued that this facility is the only available facility in the district and is a hugely valued resource upon which the Local Community Mental Health Team is highly dependent. It may lead to pressures in other areas of Local Authority budgets as individuals may need to be placed in more expensive residential options.

Conversely; one response indicated that whilst there would be an impact on the people who live at the project there is alternative mental health accommodation provision at Garland Court and Bramble Court. These are support-package led, so residents of Fountain Gardens could still be supported within these schemes if the right package was put in place. Alternatively dependent on the individual circumstances, the Housing Service could work with the support provider to move the individuals into other accommodation.

3. Do you feel that this proposal will affect particular individuals more than others, and if so, how do you think we might help with this?

All respondents indicated that they felt the cuts would be impact on individuals with Mental Health difficulties, particularly those with paranoia and schizophrenia. Child Mental Health / Learning disabilities will be affected by cuts

Over arching feed back that the cuts to this service will mean people will stay in hospital longer and impact families / friends.

Suggestions to how we might help included keeping the service open to prevent strain being transferred to other local mental health services.

4. Do you have any suggestions as to how this service might be delivered in a different way? If so, please provide details.

Suggestions included

- Consider how the 24/7 on call/support is provided, does it have to be 24/.7 . Customers require on site support, but this could be managed in a different way.
- Adjust the hours or days, that the scheme is manned although this may result in job losses, it is better to keep the scheme available to those with mental health issues, rather than closing it and leaving them with no help or support as this would surely result in a larger expense.
- Could drop in support be delivered via GP surgeries?
- Widen the role to deliver outreach services.- The service could be expanded so the staff could offer training to other support providers or outreach to other people not living in the scheme. The provider has offered to do some costings on a reduced level of service which hopefully we can include in the feedback.
- Consider re-purposing the crisis flat to make another unit of supported accommodation thereby meeting more peoples needs.
- For young people- yearly health questionnaires should be completed in school. Those who are at high risk should then be offered counselling in school.
- For other people partnering up with local charities/ leisure centres. Mental health improves with fitness this has been proven. They could have discounts.
- All clients should be re-evaluated at regular intervals to ensure that their needs are being properly met by WBC and if these needs could be provided adequately by other bodies.

Finally, one respondent proposed that the full saving of £201,000, rather than £100,000, is taken from the project this year in order to retain the Supported Lodgings project which helps the Council meet statutory duties. The proposed saving for Supported Lodgings is £100,000, so this would meet the overall requirement for the proposed budget savings but in a different way.

5. Do you have any suggestions on how we can ensure people are aware of other sources of support available? If so, please provide details.

Suggestions included flyers/ promo left at Dr surgeries, at schools, everywhere....

Some respondents indicated that they felt there was no other support of this nature available.

'Eight Bells helps to connect people but doesn't provide same level of support.'

'Although customers can be signposted to other agencies, this has proved not to work for those with Mental Health issues it is not stable enough for them. '

6. Is there any way that you, or your organisation, can contribute in helping to alleviate the impact of this proposal? If so, please provide details of how you can help.

Bromford could support a wider cohort of customers, including those in the community – those leaving hospital and families in need of support.

Increase the use of volunteering

The Housing Service can work with the support provider to find alternative accommodation for the current residents, dependent upon their current needs. This may be via the Mental Health Housing panel for consideration at the other mental health schemes or into more dependent accommodation.

7. Any further comments?

Concern raised that this cut to services, at what could be seen a preventative stage, would mean that more costly intensive support needed in the future.

Consideration of whether Flat 10 needs to go. This was originally an acute flat used for assessment.

Service users feel that Bromford is a lifeline, and many feel they would not be in a good place if the service was taken away. Most would not know where to turn.

Conclusion

Clear concern the impact of proposed cuts in service would mean for vulnerable individuals with Mental Health difficulties.

Concern that the Council was ignoring the preventative nature of the services; loss of this service would have a greater impact on statutory services (i.e CMHT), delayed discharges from Prospect Park which will have a greater cost implication.

Many respondents felt there was no other support available of this nature, although one response indicated that alternative accommodation could be found at Garland Court and Bramble Court.

Please note: In order to allow everyone who wished the opportunity to contribute, feedback was not sampled. Therefore this wasn't a quantitative, statistically valid exercise. It was neither the premise, purpose, nor within the capability of the exercise, to determine the

Budget Proposals 2016-17: Mental Health Supported Living Scheme

Summary of Feedback Received and Key Findings

overall community's level of support, or views on the proposals, with any degree of confidence.

The feedback captured therefore should be seen in the context of 'those who responded', rather than reflective of the wider community.

All the responses have been provided verbatim as an appendix to this report. Whilst this summary seeks to distil the key, substantive points made, it should also be read in conjunction with the more detailed verbatim comments to ensure a full, rounded perspective of the views and comments are considered.

Barbara Billett Quality Assurance Manager Care Commissioning, Housing and Safeguarding 8 January 2016 Version 1 (CB)