

**Supporting People Provider Consultation Meeting**  
**2 July 2012**  
**Goddard Hall**

**Care & Support**

**Minutes**

<b>Present:</b>	Peter Moore	Head of Commissioning & Partnerships
	Lesley McCann	Supporting People
	Keri Lydon	Supporting People
	Lesley Smith	People Directorate
	Andy Bowskill	Autism Initiatives UK
	Barbara Jones	
	Sarah Potts	
	Paula Smith	European Wellcare Lifestyles Ltd
	Colin Humphreys	Expect
	Sue Evans	Expect
	L Harrison	Glenelg Support Ltd
	Nathan Holloran	Imagine Independence
	Louise Hartley	Imagine Independence
	S Beatty	Making Space
	K Smith	Making Space
	Karen Moore	Nugent Care Society – Ainsdale
	Tony Connor	Nugent Care Society – Ainsdale
	Niki McDivit	Sanctuary Carr-Gomm
	Sue Bayes	Sefton New Directions Ltd
	Dave Hughes	Sefton SSD Adult Placement
	Lyndsay Noone	SLC RAGLIN
	Michelle Francis	Warren Care
	Kerry Hardy	Warren Care
<b>Apologies</b>	Anne Lymath	
	Barbara Hemmings	

The following notes summarise a presentation by Peter Moore and a subsequent question and answer session.

No.	Item	Minute
1.	<b><u>Introduction</u></b>	Peter Moore introduced the meeting and attendees, and explained the purpose of the meeting.
2.	<b><u>Background &amp; Context</u></b>	In 2010, the government announced a public sector spending review, with local authority funding being cut by 28% over 4 years. This was significantly front-loaded in 2011/12 with savings of £44m.  By 2014/15 there will have been savings of over £100m. We cannot cut this amount of money without radically changing how we operate. Through Sefton's Transformation Programme, we set out a clear prioritisation of services; we

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		<p>reviewed our own costs and reviewed the charges for services.</p> <p>Supporting People, whilst important, is discretionary and we need to remember that within discussions and decisions.</p> <p>In respect of the Supporting People Programme on 16th February 2012, Cabinet approved a further review to consult on commissioning priorities and how the reduced budget could best be delivered.</p> <p>Progress of this was reported to Cabinet on 21 June 2012 and a link to the report is on Sefton's Website.</p> <p>Having considered the report, Cabinet approved the commissioning principles by which we will commission services and authorised us to talk to providers using these principles and to provide further update on progress on 19 July 2012.</p> <p>We cannot afford any slippage, hence the updates.</p> <p>Our aim is to deliver some service to all client groups.</p> <p>£3m is a 44% reduction in the supporting people budget but we will not be seeking the same level of reduction from all services. We applied the principles and proposals and then looked at the impact. The proportionate allocation doesn't change markedly across the service groups between the current and proposed future spend.</p> <p>The two figures that might prompt questions are the amounts for Excluded and for Care and Support, this is not an increase in funding; traditionally, people chose what groups they went into, we then looked at service delivery and moved some clients from one group to another. Hopefully in the future all groups will come under the one heading of Prevention.</p>
3.	<b><u>Savings Proposals</u></b>	<p>The savings proposals for Care &amp; Support were outlined in the slides as follows:-</p> <ul style="list-style-type: none"> <li>• Managed review of all Care &amp; Support packages in line with assessed care needs &amp; Fair Access to Care criteria</li> <li>• Integrated re-commissioning of supported &amp; assisted living services across the People Directorate</li> </ul> <p>Where possible and appropriate, we will deliver both this year, however, full impact will be realised from April 2013 and will require further engagement</p>
4.	<b><u>Next Steps</u></b>	<p>You need to consider the information provided to you at this meeting. Consult with service users as necessary, i.e. the impact of any changes. Comment on how services should be remodelled and comment on impact and any mitigation.</p> <p>We will provide an easy read document to share with service users, which brings service users up to this point. It will show feedback on previous consultation and where we are at now.</p> <p>We will hold individual meetings with you around our / your proposals and how we will proceed. All responses will be fully considered and Elected Members, who are the decision makers, will be fully informed. A report will be presented on 19 July Cabinet, and will be published a week before the meeting (12 July). Work will continue right up to the deadline and consultation will continue past this date.</p>
5.	<b><u>Questions &amp; Comments from Attendees</u></b>	
	<b><u>Question</u></b>	<p>If the Cabinet Report is to be published by the 12<sup>th</sup> July, that only gives us ten days to consult, is there any reason for the short timescale?</p>

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	<b><u>Answer</u></b>	Yes, Cabinet meetings are held monthly and we are required to publish the report a week before each meeting. Because of the scale of the budgetary issue, Elected Members want regular updates and as we work for a democratic organisation, we have to ensure the decision makers have all of the information necessary. The other constraint we have is that prior to elections there is a period known as Purdah, whereby we are not allowed to consult on issues that are potentially contentious or could be readily politicised and this caused issues for consultation timescales..
	<b><u>Comment</u></b>	Some people may feel that there has not been enough consultation time
	<b><u>Answer</u></b>	The July Cabinet is an update report, it is our intention is to implement changes at the end of September beginning of October and so consultation will continue up to this time, it will not end on 19 July.
	<b><u>Question</u></b>	Can you clarify some services moving from care and support to excluded; how would it apply?
	<b><u>Answer</u></b>	Rather than look at the client group within the services, we looked at service delivery and although some services would appear to fit in the care and support group their type of delivery meant they fit better in the excluded group. When SP groups were split, providers chose which group they thought that their service best fit into.
	<b><u>Question</u></b>	In part 2 of the proposal, what elements will be integrated?
	<b><u>Answer</u></b>	It will be a joint commissioning process identifying what is needed to be commissioned through community care and what is needed through supporting people.
	<b><u>Question</u></b>	Will this be a tender process?
	<b><u>Answer</u></b>	Different processes may be used - we need to identify what is needed and the best way to provide that. There is a need to achieve savings but to ensure continuity of support for service users at the heart of this process.
	<b><u>Question</u></b>	What are the timescales for meetings?
	<b><u>Answer</u></b>	Meetings would be mutually agreed with providers following this meeting.
	<b><u>Question</u></b>	What are the timescales if services are to be decommissioned?
	<b><u>Answer</u></b>	Any changes will be implemented 1 October 2012 – what will be purchased post-October will be decided between now and October
	<b><u>Question</u></b>	Some services are dual funding with another body, and they will be involved
	<b><u>Answer</u></b>	We need to be working together in a co-ordinated way because of the budget challenge, we can't appear to save £'s in one area, then spend more somewhere else. We need to work with partners, which in some cases may be more difficult, any feedback from you would be useful. If there are elements of match funding, wider threats may need to be shared.

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	<b><u>Question</u></b>	We understand the budget constraints but staff have not had a pay rise for four years
	<b><u>Answer</u></b>	The Cabinet is aware of this and while we do accept that there could be providers who accept and can implement changes, we are equally aware that some providers, because of their business model, can't or don't want to provide that service on the remaining funding This is the type of feedback that is needed to inform the Cabinet.
	<b><u>Question</u></b>	Need clarity on the 2 <sup>nd</sup> part of the proposal, April 2013, but it is going to happen in October, what is the difference?
	<b><u>Response</u></b>	It is not possible for the Council to deliver large scale re-commissioning in October 2012, so the earliest would be April 2013. Providers should consider reshaping earlier, the advantage of reshaping now could be you are in a more competitive position with any procurement
	<b><u>Question</u></b>	You mention about Care Co-ordinators reassessing care packages, how can this be done, I have been waiting 5 years for this to be done already?
	<b><u>Response</u></b>	This will be a managed process and we need to pull together a specific resource to do this. We will use existing professionals who know the systems. We will then process those reviews in a consistent and timely fashion.
	<b><u>Question</u></b>	At the Learning Disabilities Provider Forum, the Manager of the Independence Team suggested that we make her aware of how any changes affect our services. When we become aware of what will be affected, can she be made aware? Also people email her with who will be part of the equation?
	<b><u>Response</u></b>	There is a large number of service users who only receive supporting people funding, who don't have a care package and a large number of those who receive both supporting people and have a care package. The manager of the Independence team will be fully informed of the people affected.