

Supporting People Provider Consultation Meeting
3 July 2012
Ballroom – Bootle Town Hall

Excluded - Accommodation

Minutes

Present:	Peter Moore	Head of Commissioning & Partnerships
	Lesley McCann	Supporting People
	Lesley Smith	People Directorate
	J Keating	Adullam Homes Housing Association Ltd
	K Mello	Adullam Homes Housing Association Ltd
	A Bowskill	Autism Initiatives UK
	S Howard	Bosco Society
	Chris Allen	Forum Housing Association
	Michelle D White	Forum Housing Association
	A Baily	Habinteg Housing Association
	D Code	Local Solutions
	M Daly	Local Solutions
	S O'Connor	
	D O'Connor	
	J Barnett	North West Properties Custodians Ltd
	P McKenna	North West Properties Custodians Ltd
	Neil Woodhouse	Sefton Council Housing Options
Apologies:	DISC	
	Kensington Supported Housing Ltd	
	One Vision Housing	
	Sanctuary Carr-Gomm	

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

No.	Item	Minute
1.	<u>Introduction</u>	Peter Moore introduced the meeting and attendees, and explained the purpose of the meeting
2.	<u>Background & Context</u>	<p>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.</p> <p>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 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</p>

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		<p>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.	<u>Savings Proposals</u>	<p>The savings proposals for Excluded Group Accommodation were outlined in the slides as follows:-</p> <ul style="list-style-type: none"> • To reduce overall cost by varying hours, hourly rate and reshaping service delivery • To retain the number of clients accessing a service at any one time • Increase the throughput of clients by varying the length of stay in a support service
4.	<u>Next Steps</u>	<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 have 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 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 19th July Cabinet, and will be published a week before (12th July). Work will continue right up to the deadline, and consultation will continue post this date.</p>
5.	<u>Questions & Comments from Attendees</u>	
	<u>Comment</u>	With the exception of the last slide, everyone who has been working with Peter and Lesley will agree, there are no surprises.
	<u>Question</u>	Can you explain the last proposal for Accommodation. "Increase the throughput of clients by varying the length of stay in a support service."
	<u>Response</u>	For instance if someone is allocated 2 years, after 12 months if they are still there,

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		you could start talking to them with a view to them moving on. This may not suit everyone, but we aim to increase the throughput, but we will listen if this is not achievable for some clients. Our view is that the furthest away from settlement, the more vulnerable people become. There is to be more focus on prevention
	<u>Comment</u>	Most of us operate in that way, but you always have service users needing more hours
	<u>Response</u>	That is accepted however there are some instances, where this does not happen. This is not always the organisation's fault. Sometimes the contract is so tight, there is no flexibility
	<u>Comment</u>	Following on from the above, partners like MerseyCare need to engage and be flexible
	<u>Response</u>	The same is for people who think that if they are offered two years, they should have the full two years. It needs to be brought back to "you can have it, as long as you need it."
	<u>Comment</u>	We need to be smarter so outcomes are immediate. We need to evaluate the services needed. Looking at measuring services and how you are validating the journey.
	<u>Response</u>	Outcome contracts are the way forward. It's about providing outcomes for individuals and recognising when this has been achieved. Maybe getting a different outcome in a greater way through another service.
	<u>Comment</u>	Gathering information will improve work. A lot of us do provide these services and know what comes along with needs and also need to know what is outside
	<u>Response</u>	We will be bringing commissioning teams together with a more integrated approach, so where possible, we will commission only once
	<u>Question</u>	Would providers have to make approaches to you, or the other way round?
	<u>Answer</u>	Hopefully both, we will prioritise but if providers have a situation by which something is being commissioned more than once, let us know
	<u>Question</u>	Is it moving towards, if there is a shortfall, this could be met by somewhere else?
	<u>Response</u>	We would have conversations, but we are guarding against this as it is council funding, and if we go elsewhere, we may not make what would, initially, appear to be a saving. We will commission where possible with other partners, i.e. Health, and Clinical Commissioning Groups (CCGs) from April 2013.
	<u>Comment</u>	We have always worked to a bare minimum. This is nothing we aren't familiar with, but it has to be realistic
	<u>Response</u>	Some providers may say they can't provide a service or won't provide a service on these terms, then we have to rethink the strategy
	<u>Question</u>	For those providers who haven't been in touch or attended Provider Forums, you need to give some leeway, rather than this be over a couple of days

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	<u>Response</u>	Lesley has cleared her diary, and will hopefully see everyone over the next few weeks. Prior to individual meetings, you can send in any details you wish, to be discussed. Also providers may have various decision processes, i.e. board meetings at certain times, you need to let us know the earliest that decisions can be approved.
	<u>Comment</u>	This would be difficult without a starting point
	<u>Response</u>	If you start at a reduction in service/funding of 10% and finish at 50% and see what you can do within that range. We need to move people through the service and be a preventative service. You need to share what you want to deliver, if it is massively different to what we think, then we can discuss the options
	<u>Comment</u>	There will actually be a reduction in staff
	<u>Response</u>	This may be the case, only your own organisation will know this, it is not always the case that just because hours are not being purchased by us that these may not be purchased from somewhere else. It will be different across providers
	<u>Question</u>	We have to show how much we will be paid for services for Finance to calculate their costings
	<u>Response</u>	Service delivery is a starting point. But figures can be moved; some providers will be able to offer more, it's a working progress.
	<u>Question</u>	Can you give us an indication on whether it will be £'s or hours?
	<u>Response</u>	You need to be saying this is what we need to deliver and this will be looked at in the recommissioning of the service.
	<u>Question</u>	Can we have this as a framework prior to the individual meetings?
	<u>Response</u>	Can't promise, but will try
	<u>Comment</u>	It will be good to arrange dates and start discussions, because we have had this information already
	<u>Question</u>	There seems to be some mixed messages since the last meeting, we understand that services need to be remodelled, can you clarify?
	<u>Response</u>	This is about less money, and how much you can provide for what we can give you. We need to share with you what we want, and then you will need to say whether and how you can provide it.
	<u>Comment</u>	This means a complete redesign of services and way of working, but am concerned that if we redesign everything this year, there won't be any scope in the future
	<u>Response</u>	We can't guarantee anything and the heart of best value is continuous improvement in economy, efficiency and effectiveness. If you say you think you can actually deliver a service but need 12 months to do so, and then in 12 months be able to deliver in a different way again, then we can have further discussions
	<u>Comment</u>	There was a 5% reduction last year, we are already struggling, will it be enough
	<u>Response</u>	The north west average hourly rate was discussed at the previous session. There are a lot of people in this area; some are over the north west average rate, so

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		there are savings to be made there, but others have a good hourly rate, so in this instance we can only look at reducing hours. However, we need to discuss at individual levels. Value for money and a complete remodel will vary across providers
	<u>Comment</u>	We prevent people from going into hospital. For older people it is their homes and some have been here for 14 years. People are paid to take them out shopping. This is money wasted, it will be the clients who suffer
	<u>Response</u>	This is a helpful contribution, service users are at the centre of all this. It comes down to affordability and resources available. We have to keep service users at the centre of this and mitigate the impact to them. Remember 70 pence in every £1 of council spending, is spent on the People-related services
	<u>Question</u>	Is there any information that can be shared, where savings have been made?
	<u>Response</u>	All this information is on the Council's website. If you can't find it, then we can send you the link
	<u>Comment</u>	Liverpool Council did a 3 year one, they named the service area, and traffic light system on how each area was affected
	<u>Response</u>	We will feed this information back and see if we can do the same