



CABINET – 1 APRIL 2014

**STRATEGIC REVIEW OF
PREVENTATIVE SERVICES IN LEICESTERSHIRE**

**REPORT OF THE DIRECTORS OF ADULTS AND COMMUNITIES,
CHILDREN AND FAMILY SERVICES AND PUBLIC HEALTH**

PART A

Purpose of Report

- 1 The purpose of this report is to update the Cabinet on the recent strategic review of the Adults and Communities' preventative services and to request permission to consult on future commissioning options.
- 2 The report also details how the commissioning options will ensure delivery against the savings target for prevention, set in the Medium Term Financial Strategy (MTFS), 2014-2018.

Recommendations

- 3 It is recommended:
 - a) That initial findings from the strategic review of the Adults and Communities' preventative services be noted;
 - b) Approval be given for the Director of Adults and Communities to commence consultation on the proposed secondary prevention offer and commissioning options, prior to reporting the consultation outcomes and final commissioning options to Cabinet in autumn 2014;
 - c) That the Director of Adults and Communities be authorised to extend the current contractual arrangements for older person's housing related support, contained in Appendices A, B and C to this report, up to a maximum of 30 September 2015 in order to align these services with the prevention review.

Reasons for Recommendations

- 4 An extension to the contracts for voluntary sector and housing related support services up to a maximum of 30 September 2015 was approved by the Cabinet in June 2013. The extension of contractual arrangements for older person's housing related support for the same period will allow sufficient time for the prevention review to take place and to ensure alignment of services to an overarching, unified prevention offer.

- 5 Rule 31 of the County Council's Contract Procedure Rules (Part 4G of the Constitution) requires that, where contracts were originally approved by the Executive and contract extensions of more than three months are proposed, authority to extend must be gained from the Cabinet.

Timetable for Decisions (including Scrutiny)

- 6 A report detailing the Department's secondary prevention offer and commissioning options as set out in this report will be considered by the Children and Families Overview and Scrutiny Committee on 9 June 2014, the Adults and Communities Overview and Scrutiny Committee on 10 June 2014 and the Health Overview and Scrutiny Committee on 11 June 2014.
- 7 The consultation outcomes and finalised commissioning options will be reported to Cabinet in the autumn of 2014, including proposed timelines for the decommissioning of existing services and procurement timelines for new services.

Policy Framework and Previous Decisions

- 8 The Government's White Paper *Our Health, Our Care, Our Say* (2006), sets out a framework for adult social care in the future and expects local authorities to work strategically with partners to promote independence and provide opportunities for greater choice and control for service users.
- 9 In May 2013 the *Care Bill* was introduced to Parliament and published. It not only proposes reforms about how the law works in respect of health and social care, but also prioritises people's wellbeing, needs and goals so that individuals will no longer feel like they are battling against the system to get care and support. The Bill highlights the importance of preventing and reducing needs and putting people in control of their care and support. For the first time the Care Bill will put carers on a par with those for whom they care. Local authorities will be expected to ensure that local populations receive services and support that prevent their care needs from becoming more serious and that individuals can get the information that they need in order to make good and appropriate decisions about care and support.
- 10 The *Leicestershire Health and Wellbeing Strategy, 2013-2016* has been developed by the County Council's Health and Wellbeing Board and sets out the overarching plan to improve the health and wellbeing of children and adults in the County and to reduce health inequalities with a focus on the local population. The strategy sets out a number of priorities across the life course and cross cutting themes in support of these objectives, and many of these have a clear focus on early intervention and prevention.
- 11 An extension to the contracts for voluntary sector and housing related support services up to a maximum of 30 September 2015 was approved by Cabinet in June 2013 in order to allow sufficient time for the prevention review and ensure alignment of services to an overarching, unified secondary prevention offer.
- 12 In relation to the older persons housing related support services:
- On 14 September 2012, a report was presented to update the Cabinet on work to re-commission housing related support services for older people, including

community alarm services, and to seek approval (granted) to consult on a proposed service model.

- On 12 June 2013, a report was presented to advise the Cabinet on the outcome of the consultation on proposed changes to assistive technology for people aged 18+, mobile response services and housing related support for older people and to seek approval (granted) on how these services are provided and commissioned in the future.
- 13 The following decisions about the Department's preventative adult mental health services and carers' services should also be noted, as they are seen as part of the wider departmental prevention offer but have been reviewed outside of the remit of the prevention review.
- On 9 July 2013, a paper was received by Cabinet updating it on the review of preventative adult mental health services (including social drop-ins, befriending, and dementia services). The paper also sought approval (granted) to undertake a formal consultation exercise in respect of the proposed commissioning options for the social drop-in and befriending services and to undertake further engagement around the proposed service redesign of the Voluntary Services Officers (VSO) service.
 - On 20 November 2013, a paper was received by Cabinet detailing responses to public consultation around proposed commissioning options for the social drop-in and befriending services. It also sought approval (granted) to proceed with the preferred commissioning option for the social drop-in and befriending services and the proposed service redesign of the VSO service. New contracts for the services will be in place by 1 October 2014.
 - On 4 February 2014, the Cabinet was presented with information on the County Council's proposed 2014/15 to 2017/18 MTFS for approval (granted).
 - On the 1 April 2014, the Cabinet will also be presented with a separate report on the Strategic Review of Carers Support Services in Leicestershire (elsewhere on the agenda for this meeting) detailing proposed future commissioning options and requesting approval to undertake a formal consultation process.

Resources Implications

- 14 As set out in the Council MTFS, demographic pressures are increasing as income reduces resulting in a funding gap that needs to be addressed by making an unprecedented level of budgetary savings. Consequently the Adults and Communities Department has a target departmental saving of £21m to make over the next four years and has identified £3.5m to be saved by 2016/17 from "New model of Early Intervention and Prevention Support (S34)".
- 15 The current spend for these contracts is £9.4m so a reduction of £3.5m represents 41% of the budget over the next four years and sets the maximum budget for the Department's preventative services as £5.9m from 2016/17. A £1m reduction in spend is targeted in the interim for and including 2014/15; the majority of which has already been identified.

- 16 This report details proposals for the de-commissioning of all services detailed in Appendices A and B which will deliver the savings target set, and re-investment proposals which will deliver a more focussed, partnership approach to prevention.
- 17 The costs of extending all older persons housing related support contracts up to a maximum of September 2015 is £2,634,096 (a full list of relevant contracts are included in Appendix C).
- 18 The Director of Corporate Resources and the County Solicitor have been consulted on the contents of this report and it has been reviewed by Commercial and Procurement services.

Circulation under the Local Issues Alert Procedure

- 19 This report has been circulated to all Members of the County Council via the 'Members' News in Brief'.

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PART B

Context to the Council's overall approach

- 20 There is a clear recognition of the benefits of developing a more joined up approach to the commissioning of prevention and early intervention services across the Council. This will improve outcomes for individuals, promote better relationships between key stakeholders, and enhance value for money. Given the requirement to achieve significant budget savings, it is vital that these benefits are realised if the Council is to continue to deliver an effective prevention offer.
- 21 A range of work is already underway to develop this more co-ordinated approach. A Prevention Advisory Board has been established with representatives from across different Council departments. This Board has identified a number of areas where different departments are commissioning similar or overlapping services. This has provided an opportunity to co-ordinate commissioning and de-commissioning plans in these areas. This work is at an early stage, but the consultation outlined in this report provides further opportunities to develop the approach. The proposals that will be reported back to Cabinet in the autumn will outline in more detail how the benefits of these opportunities can be realised.
- 22 Prevention is an approach which is cross-cutting and broad in scope. As explained in more detail in paragraph 51, this report focusses on secondary prevention in the context of a broader prevention offer also spanning Children and Young People's Services (CYPS) and Public Health.

Background to the Adults and Communities Review

- 23 The Strategic Planning and Commissioning Team has led on a review of the Department's prevention services, with assistance from the Department's Market Development and Compliance Teams (henceforth known as 'the review team'). The services included within the review were defined as 'early intervention and prevention services' in a report to Cabinet in June 2013 and a full list can be found in Appendices A and B. An extension to the contracts for these services up to a maximum of 30 September 2015 was approved in order to allow sufficient time for the prevention review and ensure alignment of services to an overarching 'prevention offer'.
- 24 As part of the review process, the review team developed a revised secondary prevention and early intervention offer which reflects a longer term strategic vision, offering an opportunity to align investment and service provision to need and to move to an outcome based framework.
- 25 This prevention offer is based upon secondary prevention. The definition of secondary prevention underpinning the review is that put forward by Public Health in 2012:

'Identifying people at risk and halting or slowing down any deterioration. Interventions are aimed at identifying people at risk of specific health conditions or events (such as strokes or falls) or those that have existing low level social care needs'.

- 26 It is recognised, however, that in order for the secondary prevention offer to be effective it is important to consider its development as part of a whole pathway approach, including primary and tertiary prevention.
- 27 It is also recognised that the secondary prevention offer needs to take into account the contributions from many other key partners who share the goal of reducing or delaying the need for health and social care support.
- 28 The wider context of the review includes:
- Significant financial and demographic challenges faced by the Department – including a considerable reduction in the available budget for prevention services, as set by the MTFs;
 - The Council's wider Transformation programme;
 - The need to reduce pressure on social care and health services by identifying effective ways of supporting people to stay fit and healthy;
 - Work on the prevention review has progressed as part of an overarching and integrated approach to the commissioning of preventative services across all of the Council's departments and partners, as reflected in current proposals for the Better Care Fund's (BCF) unified prevention offer (March 2014);
 - Taking into account two related strategic reviews which have been undertaken between 2012-14. These are the Preventative Adult Mental Health Review and the Carers Services Review. Both of these reviews cover services which were included in the list of voluntary sector and housing related support services specified in the paper approved by Cabinet in June 2013 (see above). Cabinet has already approved the commissioning options for the Preventative Adults Mental Health Review (November 2013) and a separate paper requesting permission to consult on Carers Services (elsewhere on the agenda for this meeting) will be presented to Cabinet in April 2014.
- 29 The review process has been supported by a Prevention Advisory Board involving representatives from the Adults and Communities Department, Children and Young Persons' Service, Chief Executives Department, Public Health, Housing (Borough/District Council representation), and Healthwatch Leicestershire.

Scope of Review

- 30 At the point of commencement, the review encompassed those services defined as 'early intervention and prevention services' in a report to Cabinet in June 2013 (see Appendices A and B).
- 31 In June 2013, the Cabinet agreed the commissioning of a countywide assistive technology service and low level housing related support service for older people. While plans for a countywide assistive technology service are progressing, a subsequent tender process was unable to deliver sufficient bids to move forward with the housing related support service.
- 32 This has provided an opportunity to consider housing related support for older people within the wider context of the strategic review of preventative services. This will align housing related support for older people with the approach to other housing related support services, which are already part of the strategic review.

- 33 In order to consolidate older people's housing related support within the overarching prevention offer, it is proposed that contracts for a number of existing services are extended up to 30 September 2015. This would bring these contracts into line with other contracted services already included in the strategic review and ensure that service users continue to receive a service, pending work to establish and re-commission a revised prevention offer. A list of services for which contract extensions are proposed is attached at Appendix C.
- 34 It has also been clarified that the savings targets in the MTFS for prevention have been set against all housing related support and voluntary sector budgets.
- 35 It should be noted that the above detailed changes to the scope of the prevention review have two important implications:
- The savings targets, as set at the commencement of the review, now include savings across the whole of housing related support and the voluntary sector;
 - The targets include several services which have not been part of the prevention review process. Accordingly, further work will be required to review and make additional savings against these contracts.
- 36 In light of the significant savings required. It will be necessary to cease all contracts detailed in Appendix A, B and C between March 2015 and September 2015 (dependent on complexities relating to transition), in order to re-shape the Department's prevention offer and deliver the savings requirement.

The Strategic Review Process

- 37 Initial work focussed on the development of an overall prevention model for the Department, against which to review current service provision and to plan future commissioning options. The work had several key phases:
- Identification of current and future demand for services;
 - Desk-based research to identify examples of preventative interventions that have been evaluated to be successful (internationally, nationally and locally);
 - Establishing a 'Citizens Reference Group' to undertake detailed analysis of social care need and potential interventions from an individual perspective.
- 38 This work broadly confirmed the findings of the Wanless Review (2005)¹, which identified four main causes contributing towards a persons need for social care support:
- Health, mobility and rehabilitation problems;
 - Social reasons – loneliness, fear or crime, abuse etc;
 - Lack or breakdown of informal care/carer stress;
 - Poor or inappropriate housing/environment.
- 39 Taking into account this information and learning, an early draft model for the Department's prevention offer was developed which identified the need to support people to contribute to their community and in turn strengthen the capacity of communities to include and support vulnerable people. Maximising people's own

¹ Wanless Review Team (2005) *Social Care Needs and Outcomes*, Wanless Review Team

assets, support and community resources is an essential part of the model. This is in line with the development of the Local Area Coordinator role as part of the BCF unified prevention offer.

- 40 Current services were reviewed against this model using an established review process. Information about services was gathered, including contract monitoring data, feedback from previous consultation exercises, and client records (where held or accessible by the Department). Further information was requested from current providers (through a standardised questionnaire) and all providers were given the opportunity to submit further information in a written submission or through a 1:1 interview.
- 41 In addition, a series of three provider workshops were conducted during January and February to give the review team insight into current service provision and to further inform the team of risks associated with decommissioning. Further engagement was also undertaken with key stakeholders in addition to the formal Prevention Advisory Board meetings.
- 42 The review also recognised that some services aligned to the prevention review would not comfortably align to departmental priorities. Therefore throughout the review process, risk of decommissioning services was a key consideration.
- 43 The review has also ensured that the proposed model reflects findings from the Carers and Adults Mental Health reviews to ensure a consistent approach.

Financial Analysis

- 44 As summarised in paragraphs 14–18 of the report, the budget for the Department's prevention services has been established as £9.4m (including all housing related support and voluntary sector contracts).
- 45 Financial targets for the prevention review have been set by the MTFs. These are as follows:

Sum of budget for Prevention Services	£9,400,000
Savings to be made 2014/15	£1,000,000
Savings to be made 2015/16	£500,000
Savings to be made 2016/17	£2,000,000
Total budget for Prevention Services post 2016/17	£5,900,000

- 46 This means that by 2017/18, the budget for the Department's prevention services must not exceed £5.9m. This represents a budget reduction of 41% on the current budget over the next three years. This significant reduction in spending on prevention services represents a considerable challenge for the development of an overall secondary prevention offer and future commissioning options, although brings with it an opportunity to ensure the departments contribution to the secondary prevention agenda complements the developing BCF unified prevention offer.

Commissioning options

- 47 The review has progressed to the point where commissioning options for the Department's future prevention offer have been developed. It should also be noted that the outcomes of the carers review and the new preventative adults mental health service model will also form part of the Department's prevention offer.
- 48 The commissioning options described below have been developed with the concept of Local Area Coordination (LAC) borne in mind. By September 2014, early implementation of the LAC will be developed and will further inform the countywide rollout of the LAC model (to be in place by 2016). The commissioning options presented below are intended to enhance and be enhanced by the existence of the LAC model when it is rolled out across Leicestershire. However, the options have also been designed to be sustainable should the LAC model not be pursued Countywide.
- 49 The review outcomes discussed below cover five main areas:
- The overarching Departmental prevention offer;
 - Commissioning options for secondary prevention;
 - Commissioning options for services/client groups straddling secondary and tertiary prevention;
 - Realignment of funding for people eligible for social care support;
 - Overview of all spend against housing related support and the voluntary sector and detail of further work required.
- 50 The areas covered by the commissioning options/outcomes and future potential investment across housing related support and voluntary sector are set out in Table 1 of this report.

Overarching Departmental Secondary Prevention Offer

- 51 The specific commissioning options for secondary prevention set out below form part of an overarching departmental prevention offer, which will over the coming years, form the Department's contribution to the developing unified prevention offer through the BCF.
- 52 This offer is focussed on secondary prevention. Secondary prevention is concerned with identifying those most at risk of needing social care support in the future - for example: a new diagnosis of dementia; those at risk of isolation; low-level mental health problems; and, services for carers. This is distinct from primary prevention (which represents universal services for the whole population and includes families, communities, green spaces, libraries and information and advice) and tertiary prevention (which is concerned with support post-event – for example, after a major health event and include interventions such as reablement [HART, Assistive Technology and adaptations]).
- 53 Research and analysis of local population data in addition to consideration of opportunities to identify, intervene and have an impact has revealed three priority populations for the secondary prevention offer: older people (aged 65 and over); carers; and, people with a mental health need (see Figure 1).

Table 1: Future proposed spend against housing related support and voluntary sector budgets (NB the figures shown below reflect the MTFS)

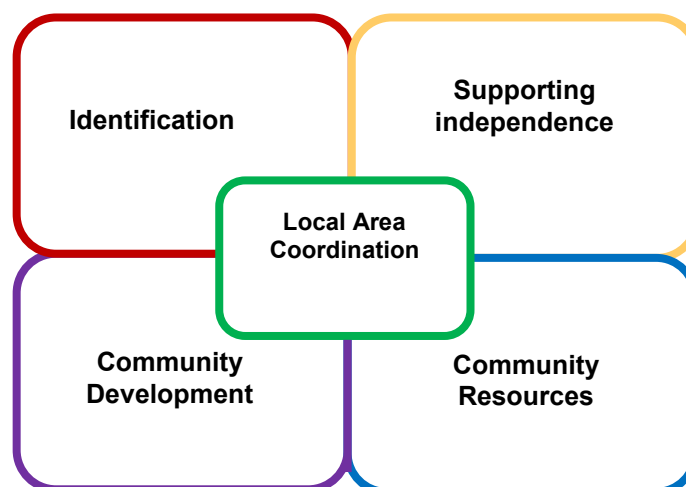
Level of Prevention	Intervention	Target population	Committed Funding (A&C)	Related projects in the Better Care Fund	Proposed re-investment	
Primary / Secondary	Advice and information	Available to all	£ 200,000			
Secondary	Identification	This includes our First Contact scheme and a GP carers health and wellbeing service	All		£ 334,000	Blind register (statutory) £17,000
	Supporting Independence	This includes specialist advice, information and 1-1 support	Carers, Autism and Dementia	£ 460,000	£ 470,000	Older People: £500,000
	Maximising & Enhancing Community Resources	Social groups (peer support, info and advice, addressing isolation).	Mental Health, Carers and Dementia	£ 370,000		Older People: £50,000, Specialist: £50,000
	Community Development	Time banking and Innovation fund - investment in community solutions to prevent or reduce need (other funding sources also identified)	All at risk groups			Timebanking: £35,000
Underpinned by development of Local Area Co-ordination				£ 600,000		
Secondary / Tertiary	Homelessness and domestic violence support, advocacy and support to improve home environment	All	£ 440,895		Homelessness: £300,000 Domestic Violence: £120,000	
Tertiary	Specialist advice, assistive technology, Extra Care Housing, support after hospital	All	£ 1,180,672	£ 1,067,000		
Services for people eligible for Social Care Support	Personal budgets for individuals and carers, including Housing related support for eligible service users	Carers, Mental health and learning disabilities	£ 1,959,000	£ 475,000		
Commissioning Support	Engagement and procurement	All	£ 140,000			
Totals:			£ 4,750,567	£ 2,946,000	£ 1,072,000	

Figure 1: Target population groups



- 54 The proposed departmental offer for secondary prevention is based on the premise that the model should, as far as possible, be determined and led by need and the opportunity to intervene. It should promote an asset-based approach and links to local services and should also reflect expected future demand for support services. The secondary prevention offer is concerned with maximising people's own assets, support networks and community support to reduce demand for commissioned services.
- 55 The proposed commissioning model for secondary prevention covers four main areas with LAC as a key enabler (see Figure 2):

Figure 2: Key elements of the Secondary Prevention Commissioning Model



- *Identification* – this is concerned with the target populations as set out above, identifying those at risk and addressing future demand. Timeliness is a key factor – it is essential to be proactive and to intervene at the right time. The offer may be targeted and in some instances it may be necessary to make a repeat offer of support or to ‘follow up’ with some individuals. To make identification successful, there will need to be a range of information and service access points provided by a range of providers, including Clinical Commissioning Groups where established methods of identifying people at risk are utilised (risk stratification tools). The community should also be playing a key role in early identification;
- *Supporting Independence* – working with people, to identify what their needs are and assisting them to get timely, effective and relevant information and to access community resources. This should be a largely short-term intervention which enhances control, increases resilience, facilitates participation and promotes inclusion. It should be outcomes-focussed and evidence-based and include an element of contingency planning for the future;
- *Maximising and Enhancing Community Resources* – maximising community resources. There should be a wide range of community resources available or developed and should be able to respond to need associated with isolation/loneliness, health concerns, living environments, and carers. This community resource includes families, friends, neighbours, communities of interest, community groups and providers;
- *Community Development* – developing and supporting existing community infrastructures and community development. Key to community development is LAC which harnesses existing and developing social capital, has knowledge of local assets and which can ensure that the right infrastructures are in place to sustain community responses to the needs of groups and individuals.

- 56 As stated above, key to the long term and effective implementation of the four elements is a coordinating role. It is envisaged that this could be delivered by LAC which is based on an integrated approach with partners. The BCF is resourcing a small LAC service in Leicestershire with a view to rolling the model out countywide in 2016 following evaluation. The LAC and the secondary prevention offer outlined above would result in a whole-systems approach in order to avoid duplication in service delivery, commissioning and funding for care and support across the whole of the health and social care system.
- 57 Primary and tertiary prevention services, in addition to Adult Social Care services (for which eligibility according to Fair Access to Care Services [FACS] is necessary) and commissioning support services are also highlighted in order to clarify spend across voluntary sector and housing related support budgets (see Table 1).
- 58 It should be noted that the CYPS have agreed to take responsibility for the review of several services providing support to the 18-25 year age group (funding is aligned to CYPS). It has been agreed however, that CYPS will ensure involvement from the review, in order to fully explore any risks to adult service users in light of future CYPS commissioning intentions.
- 59 In addition to recommended investment for the Department, Table 1 also illustrates how new investment through the BCF aligns and complements the model.

Specific Commissioning Options: Secondary Prevention

60 The secondary prevention offer has four main components:

- a. Identification;
- b. Supporting Independence;
- c. Maximising and Enhancing Community Resources; and
- d. Community Development.

61 The commissioning options for each of these are as follows:

a) Identification

- *First Contact Scheme, Customer Service Centre (CSC), GPs, CCG Integrated/Proactive Care* – these schemes and infrastructures are already in place and outside the scope of the review. However, they form an essential part of the Department's prevention offer in terms of identification;
- *Visual Impairment Register* – maintenance of the visual impairment register is a statutory responsibility for the Council under The Chronically Sick and Disabled Persons Act 1970 and will continue to be a statutory requirement under the new Care Bill. It will be necessary to continue to provide funding for the visual impairment register.

b) Supporting Independence

- This includes services and support for people with dementia, carers (including the Carers Support Fund [CSF]) and autism. These have been allocated funding from the BCF or have been reviewed and commissioning options developed as part of the recent Carers Review;
- The older persons housing related support services were added to the prevention review in February 2014. Further consideration will need to be given to future commissioning options in light of the difficulties experienced through the procurement process, and previous review findings. However, significant resources have been allocated to reflect the fact that older people are one of the Department's priority populations in terms of prevention (see above, paragraph 53 and Figure 1). The formal consultation period will be an opportunity to clarify our future commissioning model for supporting independence for older people within allocated resources, to be shaped through stakeholder engagement, particularly with Borough and District Council representatives. The core principles identified through the prevention review (and during an earlier review of older person's housing related support) will provide a framework for future modelling and echo the principles of the prevention model as described above:

• Needs Led	• Personalised
• Flexible	• Equitable
• People-based	• Outcomes-focussed
• Preventative	• Responsive

In order to undertake the necessary review and resulting procurement work around older persons housing related support it will be necessary to extend these contracts up to a maximum of September 2015.

c) Maximising and Enhancing Community Resources

- The core focus of this element is the provision of social groups (offering a safe environment in which to meet, receive/provide peer support, information and advice, and addressing social isolation);
- It includes social groups for carers and dementia (i.e. memory cafes);
- It also includes social drop-in groups for adults with mental health needs (reviewed as part of the recent preventative adult mental health services review and new contracts to be in place by October 2014);
- It has been identified that there needs to be an allocated resource to develop social groups for older persons. The principle commissioning option in respect of this cohort would be to establish a community seed fund to set up support for social groups/peer support (including Lunch Clubs), prioritising older people;
- It is also recognised that there needs to be a specific offer of social groups for individuals with specialist needs (i.e. individuals with a physical disability, acquired brain injury, autism, and stroke). The principle commissioning option in respect of this cohort would be to establish a community seed fund to support social group/peer support development, prioritising those with specialist needs. Funding will be prioritised according to prevalence and potential impact on health and social care resource.

- d) Community Development - This element includes schemes such as Timebanking and the Innovation Fund which do not form part of the prevention review but are in place to develop low level interventions/services and support in the community. It is recommended that a small amount of funding is allocated to secure the future of Timebanking as it represents a low cost option to provide an infrastructure for developing individual and community assets. Separate funding is in place to support the innovation fund, although further work is required to ensure funding is targeted towards priority populations, developing sustainable interventions to further inform the evidence base relating to prevention.

Specific Commissioning Options: Vulnerable People

- 62 The review process has identified that there are a number of existing housing related support services for vulnerable people (covering homelessness, substance abuse, offenders, domestic abuse, and gypsy and traveller communities) which do not align to the wider secondary prevention offer (as described above). However, the review has identified considerable risks to service users (current and future), the public, stakeholders, partners, providers and the Council if some form of service provision is no longer commissioned for these client groups.

63 Accordingly, two commissioning options for housing related support for vulnerable people (covering homelessness, substance abuse, offenders, domestic abuse, and gypsy and traveller communities) have been identified, as set out below:

Option 1 - Commissioning a Countywide Generic Short Term Floating Support Service

64 This option is based on the following principles:

- a) Decommission existing housing related support services for vulnerable people;
- b) Commission a Countywide Generic Short Term Floating Support service with a focus on vulnerable people requiring an element of specialist support taking into account the following:
 - Explore with local authorities the options available for homeless people that can support any reduction in hostel provision with the exception of domestic abuse refuges where the close link of accommodation need and support is considered valuable;
 - Explore potential to remodel domestic abuse refuges to include some support for victims of domestic abuse other than single women or women with children;
 - Work with partners, such as the Probation Service, to explore specialist support for ex-offenders (especially higher risk groups);
 - Explore options for transferring responsibility for specialist substance misuse services to Public Health;
 - Housing needs of Gypsy and Travellers to be met under homelessness remit of new generic countywide floating support service.

<i>Option 1 – Commissioning Countywide Generic Floating Support Service</i>	
<i>Benefits</i>	<i>Disadvantages</i>
Achieve savings targets	Impact on existing and potential service users
Disaggregation of responsibilities for: <ul style="list-style-type: none"> • accommodation • support services 	Political sensitivities (i.e. decommissioning homeless hostels)
Opportunities for meeting future capacity/need (i.e. reducing length of intervention)	Willingness of partners
Retention of domestic abuse refuges	Ability of local housing authorities to meet accommodation needs
Commissioning options for providers	Potential issues around nomination rights to accommodation based services
	Considerable transitional arrangements

Option 2: Commissioning an element of accommodation-based support and floating support with a preferred provider

- 65 This option is based on the decommissioning of existing housing related services for homelessness, substance abuse, offenders and gypsy and traveller communities. Discussion would be held with key partners (such as Public Health and the Probation Service) to establish responsibilities for elements of support (i.e. supporting substance misusers and high-risk offenders).
- 66 It would lead to the commissioning of a countywide floating support service to support homelessness with a specification for an element of accommodation-based support (i.e. hostel provision); the accommodation element to be provided at nil cost to the Department. This approach would comprise an initial period of market testing/engagement to determine provider appetite, accommodation opportunities and to further shape and scope the service requirements, followed by a formal procurement process.
- 67 In this option, domestic abuse refuges would be maintained but with reduced investment and possible remodelling of existing provision (i.e. possible reduction in number of units countywide).

<i>Option 2 – Commissioning an element of accommodation-based support and floating support with a preferred provider</i>	
<i>Benefits</i>	<i>Disadvantages</i>
Achieve savings targets	Impact on existing and potential service users
Retain domestic abuse refuges and some homeless hostel provision	Risk around securing a preferred provider (i.e. no expressions of interest)
Opportunities service design and development with preferred provider	Longer timescales to implement than standard commissioning process
Potential use of external funding to support service provision	Considerable transitional arrangements
Commissioning options for providers	

Specific Commissioning Options

- 68 It is recognised that primary and tertiary prevention as well as adult social care services (for which eligibility according to FACS is necessary) and commissioning support services are funded through housing related support and voluntary sector budgets (see Table 1) which were not within the scope of the prevention review. These will now be discussed in brief.

Primary Prevention

- 69 This element of the prevention offer represents universal services (including those provided by the Department - i.e. libraries and museums) as well as information advice. The recent Information and Advice project and resulting commissioning of a service providing Advice about Social Care (adults and older people) forms a major part of this element.

Secondary/ Tertiary Prevention

- 70 The secondary/tertiary element consists of the following existing services:
- Home Improvement Agency (HIA)
 - Specialist advice for armed forces (SSAFA)
 - Extra Care housing
 - Advocacy
 - Assistive Technology (AT)
 - Hospital2Home
- 71 The majority of these services (with the exception of assistive technology and extra care) have not been reviewed and further work will be required to establish potential savings or service remodelling.

Eligibility

- 72 During the review it was identified that a number of existing housing related support services need to be aligned with the care pathway as individuals accessing the services are eligible for adult social care services. In addition, services for which individuals are eligible for social care services and which fall within the wider departmental prevention offer include personal budgets for carers (as dictated by the new Care Bill) and carers assessments.

Commissioning Support

- 73 The overall budget also includes funding for an engagement provider and procurement with Eastern Shires Purchasing Organisation. However, these have not been reviewed and further work will be required to establish further savings or service remodelling where applicable.

Consultations

Engagement to Date

- 74 Throughout the review process opportunities have been taken to engage with as many key partners and stakeholders as possible. Engagement undertaken to date includes:
- Meetings of the Prevention Advisory Board;
 - Meetings with key stakeholders including: Public Health; CYPS; Clinical Commissioning Groups (CCG) representatives; Chief Executive's Department; and, operational team managers;
 - Specific providers or teams where an important interdependency has been identified (ie East CCG integrated care; First Contact scheme; and, Multi-Agency Traveller Unit (MATU));
 - Citizen Reference Group workshops;
 - Workshops and offer of 1-1 meetings with current housing related support and voluntary sector involved in the reviews;
 - Workshop with wider voluntary sector providers, facilitated by VAL;
 - Meetings with Healthwatch Leicestershire;
 - Use of existing consultation from Preventative Adult Mental Health Review; Carers Review; and, Information and Advice project;
 - Attendance at various events and forums considered relevant to the review;

- Briefings with Members.

75 Further stakeholder engagement is recognised as essential in the further development of the commissioning options set out above.

Next Steps

76 Cabinet is asked for permission to undertake a formal consultation exercise. Subject to approval a formal consultation exercise on the prevention offer and future commissioning options for adult preventative services will be undertaken between April and July 2014.

77 The consultation will clarify the Department's financial position and make clear that all contracts which have been subject to the review will cease at appropriate dates between March 2015 and September 2015. A co-production approach is being taken to develop more detailed commissioning proposals within the context of future investment

78 The consultation period will be used to further inform:

- Methods for the identification of vulnerable groups and referral/ prioritisation processes;
- Outcomes to be achieved by new services;
- Detailed delivery mechanisms through working with providers, partners and service users;
- Appropriate contract end dates taking into account transitional arrangements;
- Risk and Impact assessments.

79 Workshops will be arranged, across the county at various times and venues. Information will be available online to support participation in the consultation and a short online questionnaire will be produced. A staged approach will be taken to enable initial feedback to be captured and then verified.

80 Current customers will be particularly encouraged to participate and service providers are advising on appropriate methodology for this particular element of the consultation.

81 Active participation in consultation will be sought from all key stakeholders as listed within Appendix D.

82 It is expected that the key milestones of the review will be as follows:

Timescales	
Cabinet – request to consult	April 2014
Formal consultation	April – July 2014
Revision of model	August 2014
Cabinet – outcome of consultation and confirmation of model from 2015/16 onwards	Autumn 2014
De-commissioning of services undertaken and new commissioned services procured	Contracts ending between April 2015 and September 2015, dependent on complexity of transition processes.

- 83 Following the end of the formal consultation period preferred options for future commissioning as part of the department's prevention offer will be established. It should be noted that there may be exceptional circumstances where Cabinet may be requested to extend a small number of contracts for an additional six months (up to March 2016) to allow sufficient time for transitional arrangements between existing and new services. This will be subject to consultation findings and finalisation of commissioning options.

Background Papers

- *Our Health, Our Care, Our Say: A New Direction for Community Services* (2006) – Government White Paper
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/272238/6737.pdf
- *Draft Care Bill* (2013) – Government Legislation
<http://www.parliament.uk/business/committees/committees-a-z/joint-select/draft-care-and-support-bill/>
- *Leicestershire's Health and Wellbeing Strategy, 2013-2016* (2013)
[http://politics.leics.gov.uk/Published/C00000135/M00003397/AI00033271/\\$FFAppendixD.doc.pdf](http://politics.leics.gov.uk/Published/C00000135/M00003397/AI00033271/$FFAppendixD.doc.pdf)
- Report to Cabinet: 12 June 2012 - Request for Exception to Contract Procedure Rules – Voluntary Sector and Housing Related Support Services
[http://politics.leics.gov.uk/Published/C00000135/M00003392/AI00031503/\\$IRequestforExceptiontoContractProcedureRulesVolSectorandHsgRelatedSupport120612.doc.pdf](http://politics.leics.gov.uk/Published/C00000135/M00003392/AI00031503/$IRequestforExceptiontoContractProcedureRulesVolSectorandHsgRelatedSupport120612.doc.pdf)
- Report to Cabinet, 14 September 2012: *Proposed Service Model for Assistive Technology and Housing Related Support for Older People*
[http://politics.leics.gov.uk/Published/C00000135/M00003613/AI00032268/\\$BProposedServiceModelforAssistiveTechnologyandHousingRelatedSupportServicesforOlderPeople110912.doc.pdf](http://politics.leics.gov.uk/Published/C00000135/M00003613/AI00032268/$BProposedServiceModelforAssistiveTechnologyandHousingRelatedSupportServicesforOlderPeople110912.doc.pdf)
- Report to Cabinet, 12 June 2013 - *Proposed Service Model for Assistive Technology and Housing Related Support for Older People - Outcome of the Consultation*
[http://politics.leics.gov.uk/Published/C00000135/M00003632/AI00034758/\\$7proposedmodelassistivetechologyandhousingrelatedsupportolderpeople.docA.ps.pdf](http://politics.leics.gov.uk/Published/C00000135/M00003632/AI00034758/$7proposedmodelassistivetechologyandhousingrelatedsupportolderpeople.docA.ps.pdf)
- Report to Cabinet, 12 June 2013 - *Request to Extend Contracts - Voluntary Sector and Housing Related Support Services to Support Development of a Revised Early Intervention and Prevention Offer*
[http://politics.leics.gov.uk/Published/C00000135/M00003632/AI00034764/\\$13extendcontractsvoluntarysectorandhousingrelatedsupportdevelopmentofrevisedoffer.docA.ps.pdf](http://politics.leics.gov.uk/Published/C00000135/M00003632/AI00034764/$13extendcontractsvoluntarysectorandhousingrelatedsupportdevelopmentofrevisedoffer.docA.ps.pdf)
- Report to Cabinet, 9 July 2013 - *Strategic Review of Adult Preventative Mental Health Services in Leicestershire*
[http://politics.leics.gov.uk/Published/C00000135/M00003857/AI00035014/\\$6StrategicReviewofAdultPreventativeMentalHealthServicesinLeics.docA.ps.pdf](http://politics.leics.gov.uk/Published/C00000135/M00003857/AI00035014/$6StrategicReviewofAdultPreventativeMentalHealthServicesinLeics.docA.ps.pdf)
- Report to Cabinet, 20 November 2013 - *Strategic Review of Adult Preventative Mental Health Services in Leicestershire*
[http://politics.leics.gov.uk/Published/C00000135/M00003636/AI00036274/\\$5strategicreviewadultpreventativementalhealthservices.docxA.ps.pdf](http://politics.leics.gov.uk/Published/C00000135/M00003636/AI00036274/$5strategicreviewadultpreventativementalhealthservices.docxA.ps.pdf)
- Report to Cabinet, 4 February 2014 - *Provisional Medium Term Financial Strategy 2014/15 - 2017/18*
[http://politics.leics.gov.uk/Published/C00000135/M00003987/AI00036934/\\$MTFSCabinetReport4Feb2014.docA.ps.pdf](http://politics.leics.gov.uk/Published/C00000135/M00003987/AI00036934/$MTFSCabinetReport4Feb2014.docA.ps.pdf)

List of Appendices

- Appendix A Contracts that form part of the revised Early Intervention and Prevention offer
- Appendix B Contracts that form part of the revised Early Intervention and Prevention offer but do not need extension
- Appendix C Older Person Supported/Sheltered Accommodation Contracts that form part of the revised Early Intervention and Prevention offer, that require a contract extension
- Appendix D List of Key Stakeholders to be alerted of the consultation

Relevant Impact Assessments

Equal Opportunities Implications

- 84 The extent of decommissioning suggests a number of Equalities and Human Rights Impact Assessments (EHRIA's) will be required under different headers. These will be included in the Equalities programme as per appropriate timescales and the Equalities lead for the Department has been engaged with the review. An EHRIA questionnaire is being prepared and will be available during the consultation period.

Partnership working and associated issues

- 85 Significant engagement with a number of key stakeholders has already been undertaken. However in recognition of the scale of change required full stakeholder mapping has been conducted to ensure the formal consultation period can effectively capture partners perspectives in terms of:
- Impact of the changes;
 - Any other relevant services provided/ commissioned;
 - Future delivery/ commissioning intentions;
 - Alignment with the Department's secondary prevention review;
 - Alignment with the unified prevention offer.

Risk Assessment

- 86 Investment as highlighted in Table 1 will deliver the target savings as set out in the MTFS.
- 87 It is important to highlight that reduced investment in preventative services may lead to an increase in the number of people requiring more intensive interventions in the longer term. This will be a key consideration through the consultation process in order to determine final commissioning decisions.
- 88 A full risk log and impact assessment is being maintained and will be further informed through feedback during the consultation process.
- 89 Future proposed investment options however, have been designed to:
- Ensure funding is focussed on reducing future need;
 - Provide a limited offer for high risk populations in order to mitigate impact/risks.

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