

Leicestershire County Council

Prevention Consultation Summary

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Introduction

A formal 90 day consultation commenced at 12noon on Monday 14th April and ran until 12 noon 13th July 2014 on proposals for the delivery of Adults and Communities secondary prevention offer (please see main cabinet report – 19th September 2014).

The aim of the consultation was to gather feedback on Leicestershire County Council's proposals for non-statutory prevention services in light of the significant budget reduction for these services as set out in the Medium Term Financial Strategy (February 2014). The consultation was specifically interested in:

- views on the proposals for delivering a secondary prevention model;
- support or opposition regarding the different elements of the model;
- whether or not the public agreed with the council continuing support for “other vulnerable people”;
- the allocation of funding; and
- the perception of ‘impact’, both positive and negative, should the proposals be implemented.

The consultation also sought to further establish impact upon partner organisations, identify opportunities for collaborative approaches, and to further identify potential mitigating actions if proposals were to be implemented.

Throughout the consultation period, a broad range of audiences were targeted and considerable efforts were made to raise awareness of the consultation and support opportunities to gather people's views. The target groups broadly consisted of:

- The people of Leicestershire (i.e. members of the public)
- Customers/carers with experience of using or accessing the services affected by the proposal.
- Partners/stakeholders who have knowledge of the services affected by the proposals
- Providers/ Organisations directly and indirectly affected by the proposals

It should be noted that contractual arrangements with current providers meant that the identity of customers currently accessing the services affected by the review were not known to the Council. Accordingly, prior to, and during the consultation period the review team worked with providers affected by the proposals to clarify appropriate approaches and mechanisms for the involvement of customers.

Section 1: Consultation Approach

In order to encourage and support involvement, several engagement methods and approaches to promotion were employed throughout the consultation period.

Promotion methods

The consultation was promoted in numerous ways throughout the three month period with the explicit aim of raising awareness and encouraging people to give feedback on the proposals.

Mechanisms for promotion to members of the public included:

Date	Summary
14th April	Leicestershire County Council announcement of consultation launch Press Release
15th April	Article published in The Leicester Mercury
17th April	Article outlining consultation in Hinckley Times, Pg. 18 Article promoting consultation in Harborough Mail, Pg. 17
24th April	Small article advertising consultation, Melton Times, Pg. 9
Spring 14	Article in Leicestershire Matters
6th May	Article submitted for publication on Leicestershire Villages websites
4th July	Article outlining Charnwood Borough Council's opposition to cuts, Loughborough Echo, Pg. 5
9th July	Final Press Release and First Contact Newsletter published
10th July	Article published in The Leicester Mercury about loss of a sight loss service affected by the review.
11th July	Article promoting consultation, Coalville Times, Pg. 5 Article outlining impact of proposals on homelessness, Loughborough Echo, Pg. 3
18th July	Article outlining consultation in Loughborough Echo, Pg. 26
25th July	Article in Loughborough Echo regarding Loughborough Refuge, Pg. 27
1st August	"'Support' given to county cut bid" article in Loughborough Echo, Pg. 17.

Targeted promotion mechanisms are outlined below:

- information on the Leicestershire County Council website including an online questionnaire and background information in both standard format and easy read, a list of services affected by the proposals and information about how the proposals were developed. Links to this information were on the main landing page for a significant amount of time during the consultation period;
- Leicestershire County Council internal staff bulletins and e-blasts throughout the consultation period;
- posters distributed to hairdressers, leisure clubs, libraries and museums, community centres and venues across the county (approximately 330) promoting the consultation and the public workshops;
- information distributed to East Leicestershire and Rutland Clinical Commissioning Group, West Leicestershire Clinical Commissioning Group, District and Borough Councils in Leicestershire to promote the consultation and the public workshops plus follow up e-blast;
- Healthwatch Leicestershire promotion of the consultation (including the development of the consultation documentation), organising meetings and gathering public feedback on the proposals;
- public promotion by Leicestershire County Council's Adults and Communities Department Engagement Provider (Communities in Partnership) – to members of their database including both individuals and relevant networks.

Additional promotion was arranged across Leicestershire at the mid-point of the consultation, please see table below for specific details:

Publication	District	Towns	Dates	Circulation
Community Eye	Charnwood	Loughborough	23 rd June- 11 th July	7,000 homes
Community Eye	North West Leicestershire	Coalville	16 th June -4 th July	7,500 homes
Swift Flash	Harborough	Lutterworth and surrounding areas	10 th -16 th June	16,470 homes
Hinckley Rock	Hinckley and Bosworth	Hinckley	10 th -24 th June	8,000 homes
Blaby Courier	Blaby	Blaby	20 th June- 11 th July	Unconfirmed

User Meetings

Leicestershire County Council attended 29 meetings with users of the services affected by the proposals. The majority of these meetings were held at the service location so that disruption and travel requirements were minimal and participation maximised.

In addition some providers supported the consultation by holding their own user focused events and where invited, officers from the Council attended these events.

The format of meetings conducted by the review team were developed in partnership with providers and included presentations, informal interviews, question and answer sessions about the proposals, gathered feedback as a group, and support was provided on an individual basis to complete/ distribute of questionnaires where requested.

Provider Meetings

A number of Council led provider meetings were arranged as part of the consultation process. Providers had an opportunity to give feedback on the proposals specifically in relation to the service they deliver, including the likely impact of the proposals as well as input in terms of service user consultation approaches.

Seventeen provider meetings were held within the consultation period with a total 28 providers in attendance.

External Stakeholders

Current services affected by the proposals meet broad requirements and deliver wider outcomes than those specific to Adult Social Care. Therefore the impact analysis of the proposals needed to include other stakeholder feedback. External stakeholders consulted with consisted of:

- East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG)
- West Leicestershire Clinical Commissioning Group (WLCCG)
- NHS Greater East Midland Commissioning Unit (GEM)
- Pharmacies
- Leicestershire Partnership Trust (LPT)
- Housing Authorities (District and Borough Councils)
- Leicestershire Police
- Leicestershire and Rutland Probation Service
- Rutland County Council
- Leicester City Council and
- Leicestershire Healthwatch.(including Health and Social Care Task group)

Engagement consisted of promotion of the consultation material, primarily online but with the offer of alternative formats on request and/ or dedicated meetings to discuss

and gather feedback on the proposals. The consultation welcomed feedback in any format and a total of 28 responses to the consultation were received by letter or email from various stakeholders. These included representation from members of public, users and providers of services affected by the proposals, Public Health, Leicestershire Police, West Leicestershire Clinical Commissioning Group, and Borough and District Councils. A total of sixteen stakeholder meetings took place during the consultation period with 78 representatives in attendance.

Public Workshops

During the consultation period three public workshops were arranged to provide an opportunity for anyone to have a say on the proposed prevention offer. The workshops were held in different areas of the County and were promoted widely.

Due to a low number of bookings, one workshop was cancelled; however, two were attended by a total of 33 members of the public.

Electronic Communication

Seven hundred and sixty outgoing emails (including e-blasts) were sent to stakeholders (both internal and external) throughout the consultation period. This consisted of initial emails designed to raise awareness, elicit interest and encourage participation. Further emails were made in the last 30 days of the consultation to encourage final responses. The delivery and receipt of emails was monitored to ensure any issues with electronic communication were identified and responded to by a follow up contact.

Questionnaire Distribution

In addition to public workshops and service specific meetings, people were invited to have their say by completing a questionnaire, either online or in hard copy format (i.e. printed paper versions). A supporting information sheet was provided and participants were prompted to read the supporting information prior to completing the questionnaire. The questionnaire and information sheet was also made available in easy read format and this proved a popular format for feedback.

A total of 7,036 paper questionnaires and information packs were distributed during the consultation period. Providers of services affected by the review were encouraged to support people accessing their services to give their views on the proposals. Consequently a significant proportion of requests for questionnaires were made by providers affected by the proposals, this amounted to 94 per cent of the total number distributed.

Easy Read versions of the questionnaires and information packs were produced and 78 per cent of all material distributed were in Easy Read format. Requests for questionnaires were heavily dominated by one provider supporting people with visual impairment and dual sensory impairment, who requested 66 per cent of the total questionnaires distributed.

Healthwatch consultation

Healthwatch Leicestershire also sought the views of their members and the general public by conducting their own online survey and submitted a summary response to Leicestershire County Council within the consultation period. The online survey was available for respondents to complete from 24th April to 30th June 2014 and the survey was promoted via emails, social media, media, network meetings and forums. Seventy responses were received and key points made in the Healthwatch response are included in sections 2 and 3 of this summary.

Communication and Engagement with internal Stakeholders

The impact of the proposals set out in the prevention consultation has significant implications for departments, sections and teams within Leicestershire County Council (LCC) therefore considerable work was done to raise awareness and encourage feedback on the consultation for these stakeholders. Meetings and discussions took place with the following LCC departments:

- Public Health
- Children and Families services
- Corporate Resources Department
- Chief Executives Department
- Sections within the Adults and Communities Department

Engagement with this group of stakeholders took place prior to and/or during the consultation period with a focus on gathering information regarding potential impact of proposals and promoting the consultation.

Section 2: Overview of Responses

Volume of responses

In summary, the following responses were received during the consultation process:

Consultation method	Number of responses received
Paper Questionnaires	742 (including 577 easy read versions)
Online Questionnaires	175 (807 unique visits to relevant web pages)
Feedback through Public/ Service User meetings	580
Feedback through stakeholder meetings	78
Emails/ letters submitted (including formal responses from District and Borough councils, RNIB, West Clinical Commissioning group, Leicestershire Police and the Labour group response)	28
Petition signatories specifically concerned with cuts to homelessness services	875
Healthwatch consultation	70

More than half of the questionnaire responses were submitted by people who are, or who have experience of using services (55%), 25% were members of the public, 12 per cent were professionals employed by services affected by the review, 10% were carers, 3 per cent were employed by Leicestershire County Council and 2 per cent were employed by a stakeholder e.g. district/ borough council, Health services etc.

Demographic Representation

Completed questionnaires were received from a range of people and the section below provides a demographic breakdown of respondents to consultation using the questionnaire.

Thirty six per cent of respondents were recorded to be male and 64 per cent were female; 1 per cent of respondents were transgender. Compared to the general population of Leicestershire this is not representative (50.58% females and 49.42 males). However the number of people accessing Local Authority social care services in Leicestershire is 63 per cent females, 37 per cent males) which is similar to the questionnaire responses.

The table below shows the ethnicity of respondents as a percentage compared to the ethnic profile of Leicestershire as a whole, demonstrating an over representation of White/ White British respondents:

	White/ White British	Asian/ Asian British	Black/ Black British	Mixed	Other
Questionnaire Response	94 %	4%	1%	1%	N/A
Leicestershire's Population	91%	6%	1%	1%	1%

Seventy three per cent of respondents were recorded as Christian (all denominations), 18 per cent as no religion, 4 per cent any other religion or belief, 3 per cent Hindu, 1 per cent Buddhist, 1 per cent Muslim and 1 per cent Sikh.

With regard to sexual orientation, 93% of respondents to the questionnaire were heterosexual, 2 per cent were lesbian or gay, 2 per cent were bisexual and 3 per cent were other.

The majority of respondents reside in Charnwood (158) however the highest response rate per thousand inhabitants was Harborough at 1.06. The table below shows response rates by district and borough (actual figure and number per 1,000 inhabitants).

	Number of Respondents	Number of respondents per 1,000 inhabitants
Blaby	54	0.57
Charnwood	158	0.94
Harborough	92	1.06
Hinckley and Bosworth	66	0.63
Melton	42	0.83
North West Leicestershire	52	0.56
Oadby and Wigston	38	0.67
Outside Leicestershire	36	N/A

(including Leicester City)

Feedback on the Overall Proposals

When asked about support or opposition for the proposals overall just under half of respondents supported the proposals (49%) and just over a quarter opposed (28%).

When asked about specific elements of the proposal that people supported, responses mainly related to the importance of identification, supporting independence and retaining specialist support.

'I feel that early intervention is the key to providing appropriate support and in the long term provides the cheapest option'.

There was some variation of support and opposition for the proposals overall between over and under 65s, and professionals and non-professionals in the following ways:

- under 65s were more likely to oppose and over 65s were more likely to support the proposals overall;
- Professionals were more likely to oppose and non-professionals were more likely to support the proposals overall.

When asked about specific areas of opposition, responses mainly referred to the ongoing need for specialist services, support for vulnerable and older people, and comments about inadequate levels of funding.

No alternatives were suggested by respondents but some people thought that overall funding should be increased and that specialist visual impairment/dual sensory impairment services should be maintained. This is reflective of the significant number of responses received by those accessing VISTA services.

'This seems a very sensible way of organising prevention services; the problem is of course the severity of the financial cuts'.

Part 2 of the consultation questionnaire was specifically designed to obtain further detail about the views of people with experience of accessing the services and only these individuals were asked to complete this section. Accordingly, those with experience of using services affected by the review were asked to share what they thought the impact of the proposals would be: 31 per cent thought that the impact would be negative;

‘People in vulnerable situations are already feeling that the help they receive is under threat; any changes in the system will further increase insecurity’.

Whereas 27 per cent of respondents felt that the impact would be positive:

‘Because it will help people to help themselves’

Twelve per cent thought the impact was neither positive nor negative and 20 per cent said that they did not know;

‘With less to spend it is inevitable that the overall provision will be worse but with good management and involvement of outside bodies to ‘take up the slack’ this worsening could be minimised’.

When asked to explain their views, responses generally fell into two main themes: the funding is inadequate and specialist services should be supported. When asked whether there was anything else Leicestershire County Council should consider, responses substantiated previous comments around specialist support;

‘Please try not to make such drastic cuts to community care and in my case Vista and any other organisation offering such vital help and information’.

These themes reflect the key points raised through workshops and meetings held with both the general public and users of services. People accessing services generally were appreciative and complementary of the support provided and expressed concern about the potential loss of that support.

From a stakeholder perspective, the majority commented on specific proposal areas rather than feedback on the overall proposal - the potential short to medium term impact on related services and potential future impact on demand for higher cost services were common concerns. Stakeholders did however recognise the financial challenges faced by the council.

It is recognised some questionnaire respondents found the breadth and complexity of the review a challenge and/or felt that they did not have sufficient information and/or experience of all the areas affected to give fully informed responses.

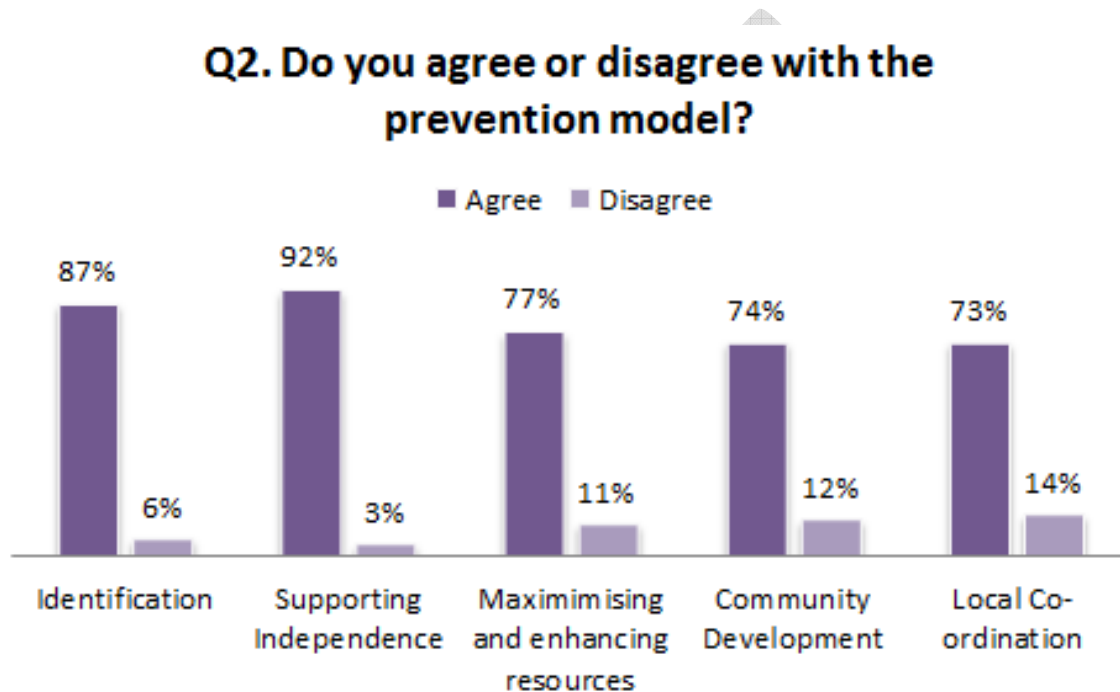
Some respondents also felt that the diverse services affected should not have to compete for resources.

The Secondary Prevention Model

The consultation also aimed to obtain and understand the views of the public, users/ customers, providers and members of the public on the proposed secondary

prevention model, asking questions about the prevention model as a whole, and the different elements.

Sixty nine per cent of people either strongly agreed or tended to agree with the proposed secondary prevention model. There was a variation in opposition and support for the secondary prevention model; professionals and under 65s were more likely to disagree to the secondary prevention model, however those 65 and over were more likely to strongly agree with the model. The table below shows the percentage of agreement and disagreement for the different elements of the model.



‘All elements are of special importance, especially supporting independence’.

‘The 5 things are not just important they are essential to the people in need’

The following variations in support and opposition by different groups have been recognised:

- respondents from Black and minority Ethnic (BME) groups were more likely to strongly agree to the identification element of the model and Community Development’ than other ethnic groups;
- professionals and under 65’s were more likely to disagree with ‘Maximising and Enhancing Community Resources’ compared to other groups;

- respondents under 65 were more likely to disagree with 'Supporting Independence for Older People'. Professionals and respondents under 65 were also more likely to disagree with 'Community Development';
- professionals and under 65s were more likely to disagree or strongly disagree with 'Local Co-ordination';

For those who strongly disagreed or tended to disagree with the overall model (17%) key themes related to the loss of specialist services, concern regarding reliance on the community and the reduction in investment.

“The approach in theory is sound, but the reliance on community capacity concerns me”...

Because reducing support and limiting people's access to support will lead to greater long-term dependency on services.

Feedback obtained by Healthwatch Leicestershire showed that 71 per cent of their members and other respondents agreed with the elements of the prevention model.

Feedback from the workshops held with providers affected by the review indicated some opposition to funding Timebanking within the 'Community development' element of the prevention model.

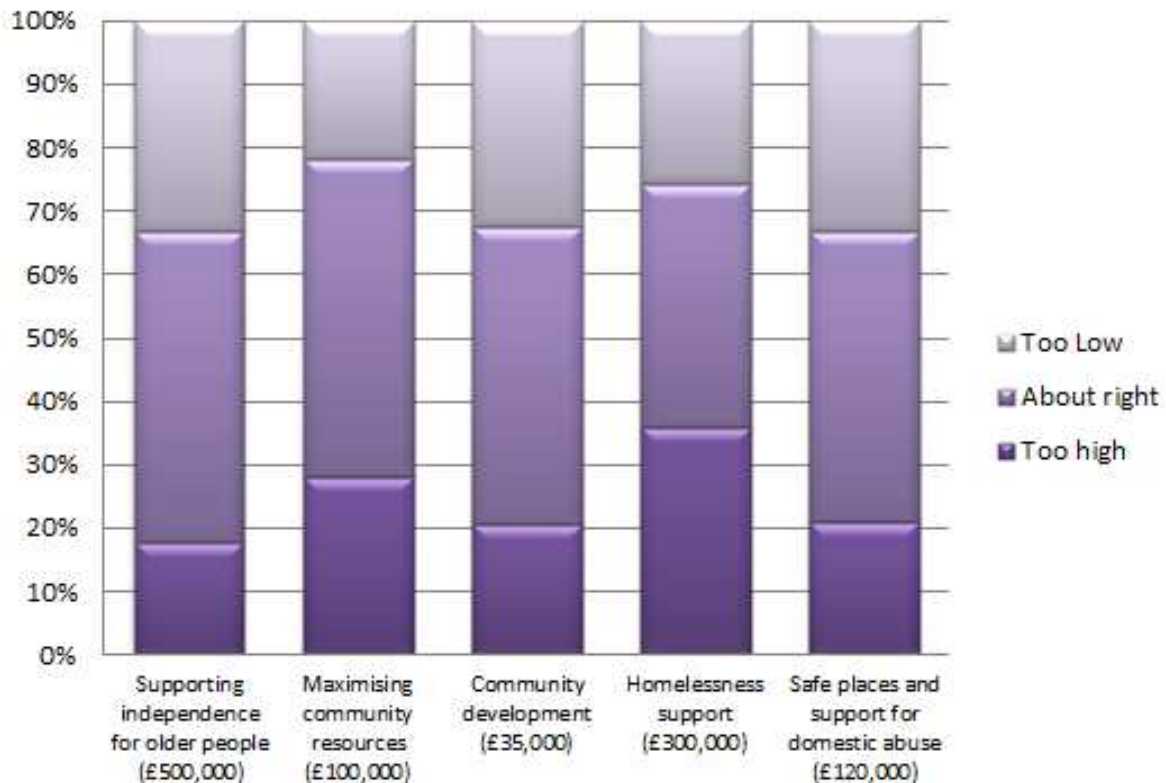
There was also some frustration expressed regarding the counter intuitive approach of reducing funding for prevention services when demand for services is increasing.

Feedback from the public workshops showed support for prevention as an approach, with an emphasis on people needing access to timely and accurate information and advice.

Contrary to provider feedback, Timebanking was seen as a valuable mechanism to support community development.

As part of the consultation views about the proposed level of investment for key elements were captured. The table below shows the variation in opinion regarding level of investment for different areas of proposed funding.

Given the financial context, do you feel that the proposed funding in these areas is...?



Over a third of respondents felt the level of funding was about right for all areas with the exception of homeless support which was just under a third (30%); in contrast 28 per cent of respondents thought investment in this area was too low. Variations in responses regarding adequacies of investment were apparent for the following:

- professionals and respondents under 65 were more likely to think that proposed investment in 'Supporting Independence for Older People' as too high whereas those 65 and over were more likely to think investment in this area was about right;
- respondents under 65 were much more likely to think that proposed investment in 'Maximising Community Resources' is too low whereas those 65 and over were more likely to think it was about right;
- professionals and respondents under 65 were much more likely to say that proposed investment in 'Community Development' was too high;
- professionals and respondents under 65 were much more likely to say that proposed investment in 'Homelessness Support' and 'Safe Places and support for domestic abuse';

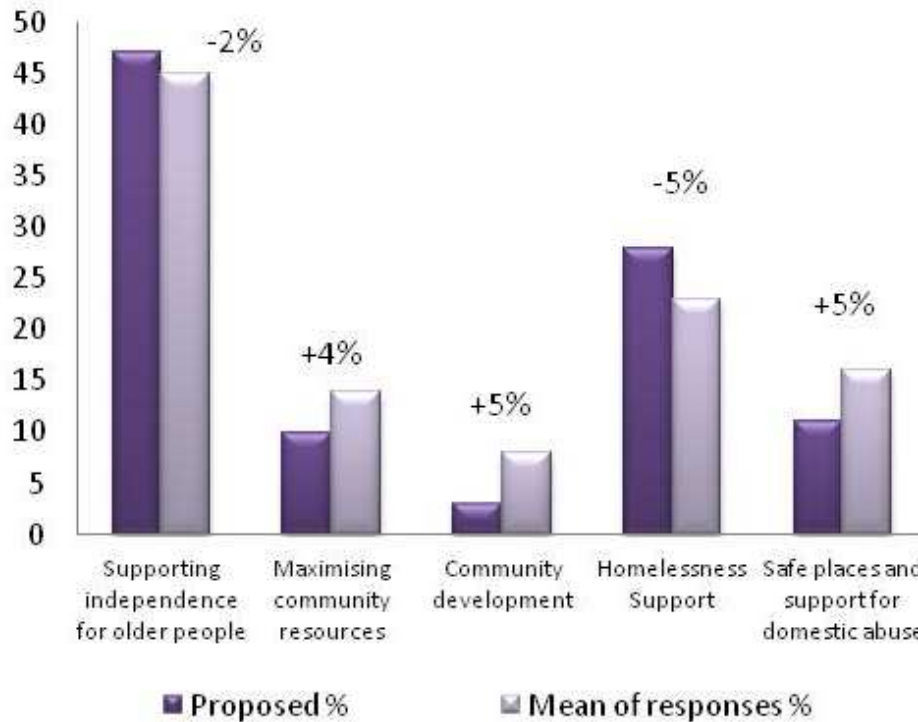
As stated, Healthwatch Leicestershire conducted an online survey regarding the prevention consultation. Overall there appeared to be greater support for the level of

investments proposed from Healthwatch respondents; however variation was greatest for the following:

- 'Supporting Independence for Older People (4.5 per cent of Healthwatch respondents compared to 28 per cent of council respondent thought investment was too low);
- 23 per cent of council respondents and 6 per cent of Healthwatch respondents thought investment in 'Maximising Community Resources' was too high;
- 16 per cent of council respondents compared with 4.5 per cent of Healthwatch respondents thought that investment in 'Community Development' was too high;
- 20 per cent of council respondents compared to 9 per cent of Healthwatch respondents thought that investment in 'Homelessness support' was too low;
- 17 per cent of council respondents and 6 per cent of Healthwatch respondents thought that investment in 'Safe Places and Support for Domestic Abuse' was too high.

NB: a full profile of Healthwatch Leicestershire respondents in terms of age, sex etc. was not available therefore it has not been possible to identify potential reasoning behind the differences in response.

Proposed level of investment compared to consultation feedback (average) as a percentage



The consultation also asked people how they thought the funding should be allocated. The following graph shows the proposed level of investment compared with the consultation feedback (based on average). This shows that investment in 'supporting independence' and 'homelessness support' should reduce, 'maximising community resources', 'community development' and 'safe places and support for domestic abuse' should increase. The questionnaire responses have been part of the overall feedback and these responses have been considered along with all the other responses, considering risks, to formulate the revised funding proposals.

Additional feedback from the public workshops was that services are already stretched and further cuts will have a detrimental impact. There was also some opinion expressed that money could be saved by ensuring there was less or no duplication of service provision within the Council and between partners.

Section 3: Responses to specific proposals

Supporting Independence for Older People

As part of the consultation exercise, a series of seventeen service user events were held at the existing older people sheltered schemes. These events allowed opportunity to explain the proposed model, receive feedback and also assist with completing the consultation questionnaires. The main points raised at these events may be summarised thus:

- there is a need to support older people to prevent isolation and promote/maintain independence;
- people valued the support from existing warden schemes; it is important to know that there is someone is available if needed
- Some felt that older people should be the absolute priority, whereas others felt that other vulnerable people had greater needs
- It is wrong that older people should compete for resources
- it's important to have a sense of community, whereby they can look out for each other;
- people can see how Timebanking could work for them;
- some felt they would prefer to have a 'pick list' of ways that they can be supported, therefore paying for tailor-made support
- Other felt that they would wish to 'opt out' of support

Questionnaire responses from people over the age of 65yrs clarified the most important elements of support for older people:

Which aspects of the support you received have helped you the most? (top 5 responses)
1. Help establishing personal safety and security
2. Developing domestic/life skills
3. Supervision and monitoring of health and well being
4. Help gaining access to other services
5. Help in establishing social contacts and activities

“Supporting independence in older people if it keeps them out of residential homes must be a good thing.”

Providers of current services felt strongly that the support they provided minimised the need for formal social care support and that resources for older people should be protected wherever possible. Providers did however recognise the financial pressures faced by the local authority.

From a stakeholder perspective, district and borough colleagues, including local councillors felt that warden support is a highly valued service.

Maximising Community resources: Social and specialist groups

The review team organised two workshops specifically for social groups, one for current providers and one for people accessing current social groups and visited eight social groups. Information sheets and questionnaires were distributed at meetings.

People accessing social groups stated that the groups provide:

- companionship and friendship;
- access to a range of informal support people wouldn't have had otherwise;
- advice and information (including specialist advice and information);
- for some people, volunteers provided free care and support;
- increased social opportunities and experiences;
- most people were not in favour of the removal of a meal subsidy;
- for some people transport was critical and they would not be able to attend without it.

Volunteers for the social groups stated:

- volunteering gives people an opportunity to make a valued contribution and provides a sense of purpose for people;
- volunteering provides work experience opportunities for people including those with disabilities;
- challenges include finding affordable, suitable room hire;
- it is difficult to recruit volunteers and time consuming to coordinate them;
- there is too much bureaucracy and paperwork;
- need to make approach for funding simple and straight forward including monitoring requirements.

Current providers of social groups stated:

- volunteers are key to supporting social groups;
- recruiting volunteers and the coordination of volunteers is a challenge;
- we need stability of funding, to plan and develop effectively;
- recognised that people enjoy the sharing of a meal and are likely to be unhappy with the loss of meals subsidy;
- preferred the Department to manage the budget (grant model approach);
- need to make approach for funding simple and straight forward including monitoring requirements;
- groups need support that provides information and advice about relevant funding options and support to apply for funding.

Community Development: Timebanking

The proposed investment in Timebanking has received mixed responses from providers, members of the public and current customers. As already highlighted, feedback from workshops held with providers affected by the review indicated some opposition to funding Timebanking within the 'Community development' element of the prevention model. However this was due to the recognition of risks associated with reductions in other types of provision, rather than opposition to Timebanking itself. Concerns were also raised from providers regarding safety assurances for vulnerable people

Contrary to provider feedback, in public and customer workshops Timebanking was seen as a valuable mechanism to support community development and the added value associated with encouraging people to see what their attributes are, rather than their need, was recognised. There was overall support for an approach that seeks to:

'Empower people so that they can deal with their problems...'

The overall comments received from the public consultation were:

- support from Healthwatch Leicestershire;
- opposition from Districts and Providers as they felt that this investment should be spent in areas where the impact of reduced resources is felt to be higher;
- within the public consultation event, members of the public were in agreement with this proposal: they said that community development was really important

'..the less development in the community, the less strong it is - equally the more investment the stronger the community can be'.

During the consultation period 74% of respondents either strongly agreed or agreed to the proposed investment in Community Development.

Other vulnerable People: Homelessness support and Safe places and support for domestic abuse

As part of the consultation it was important to understand the level of support or opposition for investment for other vulnerable people in line with the proposals.

The majority of people responding to the questionnaire either strongly agreed or tended to agree with the council's proposals to continue supporting other vulnerable people (69 per cent), 12 per cent of people either strongly disagreed or tended to disagree.

There was some variation in responses for support for investment in services for 'Other Vulnerable People'; professionals and respondents under 65yrs were more likely to strongly agree to continue supporting this group.

When asked for the reason for their response, those who were positive recognised the need to support a range of vulnerable people:

'All vulnerable people need support without it we would be a poor society indeed.'

Respondents who were generally not supportive of reinvestment highlighted the need to provide services for people with particular conditions, or that due to the level of funding available, older people should be prioritised.

Opinions regarding an individual's responsibility for their own situations were also expressed as a reason for not supporting 'other vulnerable people':

'Too many people fall into the category of not putting enough effort into helping themselves'

Feedback from the public workshops elicited some opinion that the council should consider supporting male victims of domestic abuse as well as female victims whilst there was a general concern that homeless people may 'slip through the net' of support.

Providers of services highlighted that:

- it is important to continue to support other vulnerable people;
- it is important that there is an element of accommodation-based support for other vulnerable people as well as floating support;
- the proposed level of investment is insufficient, particularly the £300,000 proposed for generic support.

Customer workshops (12 customers in attendance) highlighted that:

- It is important to continue to support other vulnerable people – there seems to be too great an emphasis on supporting older people
- there is concern that the proposed level of investment is insufficient

Stakeholder meetings raised the following concerns:

- the level of investment is insufficient, too much emphasis on funding for older people and community development;
- proposals will impact on the role of local housing authorities and their strategic objectives, particularly if accommodation-based support is lost or reduced
- proposals will have an adverse impact on the market and the sustainability of local providers;

- whilst recognising that the Council needs to make cuts, there was general concern that proposed level of investment may not be sufficient for effective service delivery (as proposed);
- proposals may impact on existing referral routes into services and move-on;
- reducing or cutting housing related support services will result in higher costs for the Adults and Communities department, unmet need and vulnerable people being unsupported.

Additional written responses raised the following points:

- concern over level of proposed investment – it is insufficient and level of cuts against other vulnerable people seem disproportionate to cuts against other groups;
- concern that proposals will impact on the role, work and strategic objectives of partner organisations and agencies;
- concern that reducing or cutting housing related support services will result in higher costs for the department, unmet need and vulnerable people being unsupported (in some cases, an evidence base was submitted to support these claims with reference to other published reports);
- the overall prevention model will not support those that are most vulnerable in society;
- proposals may impact on the Councils own strategic objectives – including the Leicestershire Health and Wellbeing Strategy and the Leicestershire Housing Related Support Strategy (2010 – 2015);

In addition to the meetings, questionnaire feedback and written responses, a petition with 875 signatures was submitted to Councillor Houseman Cabinet Lead Member, Adult Social Care asking the county council to reconsider proposals to cut the funding which

“....supports services for vulnerable people. Without such services we will see an increase in rough sleeping, domestic abuse, self-harm and anti-social behaviour.”

Visual / Dual sensory Impairment

A significant proportion of paper questionnaire responses were made by people accessing services provided by Vista who currently provide specialist services for people with visual impairment and dual sensory impairment. Comments are included in Section 2 of this report.

During and after the consultation period a total of eight letters and emails were received regarding the ending of services for people with sight loss/dual sensory impairment.

A summary of the key points made in correspondence were as follows:

- people had significant concerns raised regarding the impact regarding the potential loss of a specialist sight loss service (Vista);
- people had concerns associated with the changes proposed in the Care Act and consequence of not carrying out the Local Authorities legal duties if services end in line with proposals;
- people with sight loss should be classed as 'vulnerable';
- cuts to the specialist sight loss service is likely to result in increased needs resulting in more costly alternatives due to loss of independence for people.

Services Relating to Eligibility

During the review of prevention services, it was identified that a number of existing providers affected were meeting the needs of people who are deemed to be eligible for social care through the re-arrangement of funding via Personal Budgets. A provider workshop was arranged to gather feedback on the proposals and how they will affect this specific group.

Key points made by providers during the consultation period consisted of the following and were predominately made during the provider workshop:

- people may not want to access support from social care;
- if people access support via social care it is likely be more expensive;
- concerns that ending funding will result in people not getting the support that they require to help them to be independent and consequently their needs increasing to the point that they will require more costly social care;
- concerns regarding those people who are not eligible for social care and the lack of opportunities for support.

Customers from this group of services were invited to have their say on the proposals and how they are affected using the questionnaire (online or hard copy versions) and any responses are included in this summary.

Section 4: Conclusions

The significant and varying views received from users of services, carers, providers and key stakeholders has illustrated the challenges associated with delivering a preventative offer that recognises vulnerability in its broadest sense, but in addition addresses the need to prevent reliance on health and social care services in the future.

Across all contributors, concern has been expressed regarding the reduced level of investment in preventative services. However, it is also recognised that there is a necessity to better co-ordinate our approach to prevention, by working more effectively and efficiently with key partners. It is also recognised that evidence of

impact is a specific area that needs to be further developed to ensure that the council is investing in the right interventions.

Throughout the review opportunities to more effectively target services, co-ordinate services, identify those that most need support have been clarified, and there is a real ambition to work more effectively together through the creation of the Unified Prevention Board.

Although significant changes are proposed to be made, meaning that support will change/ no longer be available for some, proposals have been reviewed taking into account the views expressed and have focussed on minimising the impact of reduced resources on those affected, but ensuring that some level of investment is secured to support new ways of working.

The table below summarises key concerns raised through the consultation period and how proposals have been amended in light of views expressed. The department is confident that the amended proposals represent the very best preventative offer that can be implemented with the available resources for the people of Leicestershire.

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Pre-consultation proposal	Previous proposed reinvestment	Consultation feedback	Proposed amendments	Revised Proposal
Supporting Independence for Older People	£500,000	Six of the 12 current providers have indicated that they will be continuing the support provided. Although current provision is highly valued, greater concern has been raised regarding the impact of reduced homelessness provision.	Reduce reinvestment and align funding to the 'Lightbulb project'.	£240,000
Maximising Community resources: Social and specialist groups	£100,000	Consultation supports the continuing investment in social groups and specialist groups.	None	£100,000
Community Development: Timebanking	£35,000	Feedback from the general public, service users and Healthwatch was that Timebanking was a useful tool in providing low level support.	None	£35,000
Other vulnerable People: Homelessness support	£300,000	Stakeholders, including providers and District colleagues have expressed significant concern regarding the level of cuts proposed	Increase reinvestment to support generic homelessness provision. Commissioning of generic accommodation-based support with floating outreach support	£500,000
Other vulnerable people: Safe places and support for domestic abuse	£120,000	Consultation supports continuing to invest in this service, although significant proportion feel that funding is too low.	None	£120,000
Additional area of investment: Specialist reablement services	£17,000	Care Act Guidance provides further detail regarding our responsibilities in this area. Significant concerns raised through consultation regarding the loss of specialist services for people with sight impairment/ dual sensory loss.	Increase reinvestment in order to meet specialist requirements as detailed in Care Act 2014 guidance.	£160,000

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