

Item No.	Classification: Open	Date: 12 August 2015	Meeting Name: Cabinet Member for Adult Care and Financial Inclusion
Report title:		Grant Award for Community Support Services for 2015-2016	
Ward(s) or groups affected:		All wards. All adults	
From:		Director, Adult Social Care	

RECOMMENDATION(S)

1. That the Cabinet member for Adult Care and Financial Inclusion approves the allocations for the voluntary sector preventative services to the value of £390,000 for up to six months grant funding for 2015-2016 as summarised in Appendix 1 to allow for a transparent and efficient process to procure community based preventative services beyond this period in line with the Adult Social Care vision development work.

BACKGROUND INFORMATION

2. In July 2011 Cabinet agreed upon a strategy that fundamentally reshaped the offer for residents in terms of open access services. A key recommendation included proposals to recommission a range of voluntary sector preventative services (information, advice, access, wellbeing and befriending) from April 2012 that support the objectives of maintaining independence, health and wellbeing, and effective personalised services.
3. The aim of the model is to support older and disabled people to achieve the following outcomes:
 - Understand the choices they have and are able to make informed decisions about how to support themselves
 - Access services and activities that they choose
 - Take an active approach to supporting themselves within their means by planning their lives
 - Access services that support their health and wellbeing
 - Are able to develop social networks that support their independence
4. The three elements of the community support model are based on supporting people to achieve their own outcomes for health and wellbeing as follows:
 - Information, advice and access
 - Wellbeing planning
 - Social interaction development and befriending
5. The decision has been taken by the Council and the CCG to include the preventative voluntary sector services within the Better Care Fund. This provides a stable source of funding for these services and also offers an opportunity to review the role and model in order to ensure that the services are supporting the objectives of the revised council plan, the Health and Wellbeing Strategy and the wider Better Care Fund objectives including the integration of health and social care.
6. The current grant agreements were extended earlier this year to the end of September 2015.

7. In addition there are a number of other voluntary sector services that have been funded by Southwark Clinical Commissioning Group that also sit under the umbrella of the preventative services including the Yalding Healthy Living Centre and a number of other smaller scale services. The totality of these services is set out in Appendix 1.

KEY ISSUES FOR CONSIDERATION

8. Under the Care Act 2014 local authorities have an enhanced duty to provide adults in need / carers with information about care and support arrangements, including: how the care system operates; the care and support choices they have (including the choice of providers); how to access this support and how to raise safeguarding concerns. The information duty will also include how to access independent financial advice.
9. The expectation going forward is that the services within the voluntary and community sector prevention offer will support the council in delivering on this requirement.
10. One of the significant challenges facing older people is loneliness and isolation, and the subsequent effect this has on their mental and physical wellbeing. In Southwark 43% of older people live alone compared to the national average of 34%.
11. Services identified within this report, such as the wellbeing planning and social interaction services, enable older people with support needs to be identified and referred into appropriate services that can help to support them and reduce isolation and wider risks.
12. It is worth noting that although the services that are explicitly covered within this report underpin the prevention offer delivered within the voluntary and community sector, there is a much wider raft of services that also support the prevention agenda within the borough. Of these a number are funded directly by Adults and Children's commissioning. In addition there are a number that are funded by Housing and Community services through the grants programme.
13. In addition, since these services were established there have been significant changes in terms of the offer for people with disabilities and in particular those with a learning disability. There has been a major change in terms of day opportunities for people with a learning disability as well as legislative changes that have led to the development of the SEND local offer. The services within the community support structure will need to complement and respond to these changes in the future.
14. The contract for the 'Wellbeing Hub' for people with mental health problems (lead commissioned by Southwark CCG) has been awarded with the service established in April 2015. The service will provide a significant resource in the community for those living with a mental health issue, and those that support them. The current community support services structure does not offer support specifically for people with mental health problems so the new wellbeing hub will offer an additional resource that providers can refer into and work with.
15. The current model has been in place for over three years now and has had the opportunity to establish itself well. The services have developed a strong working relationship across the structure and generally with the council. The model has been the catalyst for the creation of COPSINS, the consortium of older people's organisations in Southwark. The strength of this consortium has ensured there is a coordinated and joined up response to the challenges facing older people locally.

Wider Community Support Offer

16. The services within the community support structure generally were developed as a response to the challenges faced by Adult Social Care in terms of personalisation and budget reductions. The model was developed to respond to these twin challenges and to support the council's efforts to improve the resilience and support networks of residents of the borough.
17. The fact that the funding has been identified within BCF reflects that recognition that the integration of health and social care requires the support of the wider voluntary and community sector in terms of preventing the development or acceleration of conditions that impact on the system.

Future Development of the Community Support Offer

18. There is an opportunity to reshape the model of prevention in order to incorporate the learning from the past 3 years, respond to the requirements of the Care Act and promote the integration of health and social care as highlighted in the BCF objectives.
19. There is currently a large piece of work to develop the Adult Social Care vision and priorities. The future direction and placement of these services is directly related and dependent on the shaping that is taking place within Adult Social Care, and as such further time and development work is required to ensure these services fit within any future pathways or service delivery models.
20. The future model will need to reduce pressure on hospital admissions and also support the timely discharge of patients in to the community.
21. There is recognition that future services must take account of and complement the wider prevention offer commissioned by the Council and the NHS Clinical Commissioning Group. Such services include floating support services, community-based resources such as the mental health hub and the broad range of services that support the discharge of people from hospital such as telecare and the handyperson service.
22. It is therefore recommended that the current grant funded services continue to be funded and their grant agreements extended for a further 6 months (to the end of March 2016). This will allow further development work through Adults Social Care and in shaping the preventative offer into a more cohesive and comprehensive model.

Policy implications

23. The vision for adult social care sets out the framework for delivering objectives within the council plan. It identifies the need to develop a sustainable system that puts people in control of their own care and support, make sure that the most vulnerable people are supported and delivers value for money for local residents.
24. A further consideration is the Care Act 2014 and the new requirements for local authorities including information and advice and the general duty to promote the well-being of individuals (i.e. adults and carers). There is also a general duty to provide a range of preventative services that will:
 - contribute towards preventing or delaying the development by adults in its area of needs for care and support;
 - contribute towards preventing or delaying the development by carers in its area of needs for support;
 - reduce the needs for care and support of adults in its area;

- Reduce the needs for support of carers in its area

Community impact statement

25. An equality impact assessment was completed as part of work to support the Cabinet decision in July 2011. This looked at each of the equality strands outlined in the Equality Act 2010 as well as considering the implications of the Public Sector Equality Duty (PSED) also contained in the Act.
26. Broadly, the assessment noted that, overall; the proposals for voluntary sector community support services were likely to have greatest impact on older and disabled people in Southwark due to the focus of services.
27. A key purpose of the service model is to reduce duplication, where possible, whilst maintaining the 'reach' to all sections of the community and raise standards across the community support groups.
28. Given that the model has been in place for almost 3 years the intention is to commission a new model and services beyond the term of existing services. The Council and the CCG will undertake engagement activities with existing providers and service users in order to understand the strengths and weaknesses of the current provision and identify the opportunities for commissioning an improved offer going forward. A full community impact assessment will be carried out in response to any proposed change that is deemed significant.

Resource implications

29. The funding available for the provision of the voluntary sector preventative services is set at £956k gross for 2015/16 and currently funds the services indicated within Appendix 1. Within this £910k is funded from BCF
30. As recommended in paragraph one, the services currently funded through the programme will be extended for the second half of 2015 – 16 to allow for the reallocation process to take place. This extension requires £390,000 to be allocated from the £956,000, allocated from BCF, to the current organisations as highlighted in appendix 1.

Consultation

31. No formal consultation is required to support the grants programme recommended within this report. However as indicated above there is work underway to shape the programme through the engagement with operational and CCG colleagues and current providers, and consultation will also involve service users and those individuals and sections of the community who are identified as having a protected characteristic under the Equality Act 2010.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Director of Legal Services

32. Officers from the corporate team of legal services have reviewed this report and confirm that under the provisions of Part 3D of the council's Constitution the Cabinet Member for Adult Care and Financial Inclusion may approve the recommendation set out in paragraph 1.
33. The Cabinet Member will be aware of the Public Sector Equality Duty (PSED) prescribed by section 149 of the Equality Act 2010. At each stage, in exercising its function (and in its decision making processes) the council must have due regard to the need to:

- a) Eliminate discrimination, harassment, victimisation or other prohibited conduct; Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it.
- b) Foster good relations between person who share a relevant protected characteristic and those who do not share it.
- c) The relevant protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Marriage and civil partnership are protected in relation to (a) only.

34. As part of the process for deciding the grant funding allocations officers should prepare a robust equality analysis in accordance with good practice at critical stages as the model for the community support offer is further developed which identifies the potential or actual effects of the proposals for the future provision of preventative services on those individuals and groups having a protected characteristic under the Act.

35. In relation to the future proposals, consultation should: (a) take place before a decision is made at the formative stage; (b) be meaningful and set out clearly the background, proposal and/or options, potential implications for funding, criteria, so that those consulted have no doubt about the proposals and implications and can provide a meaningful response; and (c) follow a process that is clear and transparent. In addition, it is good practice for individuals and groups who are to be affected by the proposals to be: (a) given copies of any relevant reports to comment on; and (b) given the opportunity to make representations before a decision is made.

36. Paragraphs 25 to 28 of the report evidence that equalities have been considered as part of the recommendation and decision to allocate grant funding, and note that an equality analysis has been undertaken. This demonstrates how the council has had due regard to PSED in this procurement and the Cabinet Member should satisfy him/herself that this duty as been complied with when considering the report recommendation.

APPENDICES

No.	Title
1	Funding summary for the community support services

Appendix
1:
Funding
summary
for the
community
support
services

Provider	Funding 2014 – 2015		Funding Oct 2015 – March 2016	
	Council	CCG	Council	CCG
Information, access and advice				
Riverside IAA	£130,000	-	-	-
Leonard Cheshire Disability	£90,000	-	£45,000	-
SDA	£47,500	-	£23,750	-
Age UK	£40,000	-	£20,000	-
Southwark Pensioners Centre	£40,000	£10,000	£20,000	£5,000
Alzheimer's Society	£29,100	£5,000	£14,550	£2,500
Wellbeing				
Lambeth Mencap	£41,000	-	£20,500	-
Lambeth Family Link	£28,300	-	£14,150	-
Blackfriars Settlement	£28,300	-	£14,150	-
Age UK	£28,300	-	£14,150	-
Southwark Pensioners Centre	£28,300	-	£14,150	-
Age UK - Yalding	-	£110,000	-	£55,000
Social Interaction Support				
SDA	£32,500	-	£16,250	-
Lambeth Family Links	£16,700	-	£8,350	-
Dulwich Helpline and Southwark Churches Care	£65,000	£51,500	£32,500	£25,750
Time and Talents	£32,500	25,750	£16,250	£12,875
Blackfriars Settlement	£22,500	£7,750	£11,250	£3,875
Total	£700,000	£210,000	£285,000	£105,000

AUDIT TRAIL

This section must be included in all reports.

Lead Officer	Jay Stickland, Director of Adult Social Care	
Report Author	Simon Mitchell, Senior Commissioning Manager	
Version	Final	
<i>Dated</i>	30 July 2015	
<i>Key Decision?</i>	Yes	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Legal Services	YES	YES
Strategic Director of Finance and Corporate Services	YES	YES
List other officers here		
Cabinet Member	Yes/No	Yes/No
Date final report sent to Constitutional Team/Community Council/Scrutiny Team		